# The emergency bed service in London — who uses it?

B.G. EVANS, MRCGP, MFCM
Senior Lecturer in Community Medicine, Kings College School of Medicine and Dentistry, London

*SUMMARY. As part of wider review, this study examines the pattern of referrals to the emergency bed service from seven selected health districts in London over a six-month period. A 12-fold variation in the use of the emergency bed service was found between the different districts. Half the referrals to the service were made by doctors working in deputizing services, less than 1% of referrals were due to inter-hospital transfers and half the referrals were made by general practitioners. A few general practitioners were high users: 46% of the general practitioner referrals were accounted for by only 5% of the practitioners.*

*The second part of the study concerned a questionnaire survey of a sample of general practitioners in the seven health districts (n = 963) and an 83% response rate was achieved. Almost three-quarters of the respondents did not use the emergency bed service. Wide variation between the different health districts was again demonstrated. In spite of the variations described, the survey revealed a continuing demand for the service by general practitioners.*

## Introduction

THE emergency bed service in London was set up in 1938 by the King Edward VII Hospital Fund for London following an approach by the London Voluntary Hospitals Committee. Since 1978 the service has been run by the four Thames regions as an independent unit within the National Health Service. A telephone service is provided, which takes details of patients from general practitioners or their deputies. Hospitals are then contacted in order to secure a bed for each patient. The emergency bed service attempts to ease the patient's situation by making it easier for general practitioners to obtain emergency admission to hospital for their patients.

At its inception the following reasons for setting up the service were stated: to help in emergency admission to voluntary hospitals by cutting down the delay and inconvenience caused by general practitioners having to telephone several hospitals before finding a bed for urgent cases; to improve the service given by the voluntary hospitals; to enable hospitals within London to cooperate with each other; to lessen grounds for criticism of the voluntary hospitals; and to preserve emergency admissions for teaching and hospital practice.

The emergency bed service has taken on additional roles in the past[1] and is one of the few health organizations that cover the whole of London. The use of the emergency bed service is unevenly distributed between the four Thames regions but funding is equally provided by each of these regions and this was one of the factors which led to a review of the need for the emergency bed service within London.[2] This paper, as part of that wider review, examines the pattern of referrals to the emergency bed service from doctors in different health districts.

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## Method

### *Information from case sheets*

Information kept by the emergency bed service from seven selected districts was coded. The districts were randomly selected from each of seven different use categories (very high to very low on the basis of the extent of use of the emergency bed service during six months of 1983). The method chosen yielded a one-in-four stratified random sample of days in 1983 (stratified to select an equal number of days of the week).

The general practitioners in this sample were those within the seven selected districts who could be identified from the family practitioner committee (FPC) list as having practices within the district. General practitioners whose practices were outside the district boundaries (but whose patients were registered as living within the district) or those who could not be identified from the FPC list (for example, trainees, locums, new doctors) constituted only 15% of the total.

### *Survey of general practitioners*

A postal survey was undertaken with one follow-up letter to non-respondents. The questionnaire used was a modified form of an earlier, smaller survey of local medical committee members. The same seven districts from different use categories were used and, within each, principals in general practice having premises in the district were identified and surveyed.

## Results

### *Case sheet analysis*

From the sample of districts selected, 49.5% of calls to the emergency bed service were from general practitioners, 50.1% from deputizing doctors and 0.4% were inter-hospital transfers.

*Use by general practitioners.* The seven districts were coded for 89 days in 1983. Most general practitioners (71%) did not use the service during this period. Of the 232 general practitioners (29%) who did use the service, 40 of them (5%) accounted for 46% of the general practitioner use and 10 of them (1.2%) accounted for 20% of the general practitioner use of the service.

Twelve general practitioners in the sample of districts used the emergency bed service more than 10 times during the 89 days. Eight of these 12 doctors were listed in the *Medical directory* and had been qualified for an average of 29 years. The use of the service by the partners of the high-user general practitioners was examined (Table 1). The figures reveal large variations in use of the service within group practices.

*Use of the service by deputizing doctors.* Overall, deputizing doctors accounted for 50.1% of the use of the emergency bed service in 1983; 97% of night-time calls (00.01–08.00 hours), 70% of evening calls (18.01–24.00) and 75% of weekend calls (Saturday and Sunday) to the emergency bed service were from deputizing doctors.

There was a large variation between different health districts in the ratio of use of the service by deputizing doctors to use by general practitioners (Table 2).

**Table 1.** Use of the emergency bed service by partners of the 12 high-user general practitioners (number of referrals to service in 89 days in 1983).

| | Number of referrals by: | | | | |
|---|---|---|---|---|---|
| | High user | Second partner | Third partner | Fourth partner | Fifth partner |
| Single-handed doctors | 22 | — | — | — | — |
| | 14 | — | — | — | — |
| | 11 | — | — | — | — |
| Two-doctor practice | 17 [a] | 12 | — | — | — |
| | 12 [a] | 17 | | | |
| | 12 | 6 | — | — | — |
| | 11 | 1 | — | — | — |
| Three-doctor practice | 21 | 7 | 0 | — | — |
| Four-doctor practice | 22 | 5 | 2 | 0 | — |
| Five-doctor practice | 17 [b] | 15 | 6 | 3 | 0 |
| | 15 [b] | 17 | 6 | 3 | 0 |
| | 19 | 4 | 4 | 2 | 1 |

[a,b]Doctors in the same practice as another high user.

**Table 2.** Use of the emergency bed service by health district and use in those districts by general practitioners and deputizing services (1983 figures).

| Health district | Total number of requests | Percentage of requests | | |
|---|---|---|---|---|
| | | General practitioner | Deputizing doctor | Inter-hospital |
| Newham | 2905 | *69* | *29* | *2* |
| Barking, Havering and Brentwood | 2505 | *58* | *42* | *0* |
| Waltham Forest | 1535 | *38* | *62* | *0* |
| Tower Hamlets | 1081 | *35* | *64* | *1* |
| Barnet | 980 | *26* | *73* | *1* |
| Paddington and North Kensington | 353 | *48* | *52* | *0* |
| Richmond, Twickenham and Roehampton | 192 | *47* | *53* | *0* |

### *Survey of general practitioners*

Of the 963 questionnaires circulated to general practitioners, 589 replies were received initially. A further 211 replies were received after non-respondents had been circulated again, giving a total response rate of 83%. The range of response rates between the seven districts surveyed was 80–88%.

Background information about the number of principals in the doctor's practice/group showed that 51% of respondents were in one- or two-doctor practices, while only 15% were in groups of five or more doctors.

Of the respondents, 19% never used the service; 44% used it rarely; 18% used it once a month and 17% once a week or more (2% did not reply). The range of use according to health district was large. In Newham, 48% of respondents used the service once a week or more compared with 2% in Paddington and North Kensington and 7% in Barnet.

When asked what additional roles the emergency bed service could fulfil which would be of help to them, 14% of general practitioners suggested an additional role. The most frequently mentioned were geriatric admissions (17), psychiatric admissions (14), bed state information (14) and outpatient and/or operating waiting times (9). Supportive comments were received from 18% of general practitioners who mentioned most frequently: courtesy, efficiency and time saved for the doctors. Out of 30 doctors who had negative comments (4% of respondents), 23 complained about the amount of case detail required by emergency bed service staff. Only seven general practitioners questioned the need for the service itself.

Table 3 shows the response to questions about the difficulties experienced by general practitioners trying to admit patients directly to hospital. The most commonly mentioned 'other difficulties' concerned psychiatric and geriatric admissions.

**Table 3.** Difficulties experienced by general practitioners ($n$ = 800) in obtaining direct admission for patients to hospital.

| Problem | Number (%) of responses | | | Range of yes responses within districts (%) |
|---|---|---|---|---|
| | Yes | No | No reply | |
| Switchboard difficulties | 445 (*56*) | 270 (*34*) | 85 (*10*) | *38–74* |
| Time taken | 519 (*65*) | 199 (*25*) | 82 (*10*) | *52–86* |
| Non-acceptance of patient | 556 (*70*) | 194 (*24*) | 50 ( *6*) | *49–91* |
| Unhelpful junior staff[a] | 309 (*38*) | 373 (*47*) | 118 (*15*) | *23–59* |
| Other | 121 (*15*) | — | 679 (*84*) | — |

[a] Many general practitioners prefixed positive replies with 'sometimes' or 'occasionally'.

## Discussion

The survey of the emergency bed service in London demonstrates a clear demand by general practitioners for what is perceived by the majority as a useful service. However, 71% of the general practitioners did not use the service at all in the 89 days studied in 1983.

The degree of difficulty faced by general practitioners in obtaining emergency admission for patients is underlined by the results of this survey, in which 62% of the doctors reported difficulty with the hospital switchboard and 72% reported problems with the time taken to secure admission. Despite these problems, the majority of general practitioners managed to obtain admission for emergency patients with little or no use of the emergency bed service.

Little is known about the large differences in emergency referral rates by general practitioners to hospital or about the routes used for these referrals. Other methods of emergency referral are patient self-referrals, '999' calls, general practitioner referrals to accident and emergency departments and general practitioner referrals direct to the emergency receiving team. Small studies of the patterns of use of these methods have been carried out but, as shown in a review in 1979,[3] there are many unknown factors in admission practices. Implicit in the literature seems to be an assumption that the 'best' method of emergency referral is directly from the general practitioner to the emergency receiving team. While this may be true, a search of the literature has failed to reveal any article discussing the relative merits of these different routes of admission.

Evidence from general practitioners on frequency of use was supported by the results of the survey of 89 days. In Barnet 84% of general practitioners stated that they were rare or never users and indeed 91% in this district did not use the services

of the emergency bed service on the days studied. However, in Newham, only 18% of general practitioners said they were rare or never users and 21% did not use the services of the emergency bed service on the days sampled. Part of Newham's high general practitioner use during 1983 may have been due to the opening of its new nucleus hospital and the closure to acute admissions of several smaller hospitals.

Some of the use of the emergency bed service may be due to external factors, such as difficulties with hospital switchboards, and this may account for part of the inter-district variation. However, the magnitude of the differences in use of the service within group practices suggests that much of the difference may be due to general practitioner's preferences.

General practitioners may refer their patients who are difficult to admit via the emergency bed service while making their own arrangements for more straightforward problems. This point is considered in more detail in the report published by South East Thames Regional Health Authority.[2] On the evidence given there it seems unlikely that the majority of use by general practitioners is made up in this way. A few doctors make extensive use of the service — 5% of general practitioners accounted for 46% of general practitioner use in the districts studied — but most use the service infrequently or not at all — 82% used the service once or less in the 89 days studied in 1983.

Most general practitioners, therefore, make only low demands on the emergency bed service. At present, however, it is not known what mechanisms London general practitioners use for emergency referral. In contrast, use of the emergency bed service by the deputizing services is high, comprising almost exclusive night-time use and most evening and weekend use.

There is a clear demand from general practitioners for a back-up service such as the emergency bed service. The deputizing doctors refer the majority of their emergency admissions via the emergency bed service and alternative provision would be needed if the service were disbanded.

In considering the funding of the emergency bed service the issue arises of when the emergency admission procedure becomes the responsibility of a health authority (that is, a hospital) rather than a general practitioner or deputizing doctor. If the responsibility belongs to the general practitioner until the patient enters the hospital then it would not be unreasonable to ask for funding from general practitioners or deputizing services. However, general practitioners see the problem of emergency admission as being essentially an unwillingness of hospitals to face up to catchment responsibility for patients, that is, it is essentially a hospital problem, and any system to remedy this needs health authority funding.

Perhaps the existence and continuance of the emergency bed service into the 1980s is indicative of the fact that the relationship between some general practitioners and hospitals within London is not what it should be. That relationship may be changing but not quickly enough to justify the closure of the emergency bed service at this stage.

## References

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**Address for correspondence**

Dr B.G. Evans, Community Unit, St Giles' Hospital, London SE5 7RN.

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