



03 May 2016

Year: 2016 Week: 17

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Syndromic indicators at a glance:

Number of contacts and percentage of Read coded contacts.

1: Total out-of-hours contacts:

Daily total number of out-of-hours and unscheduled contacts and 7 day average (adjusted for bank holidays).

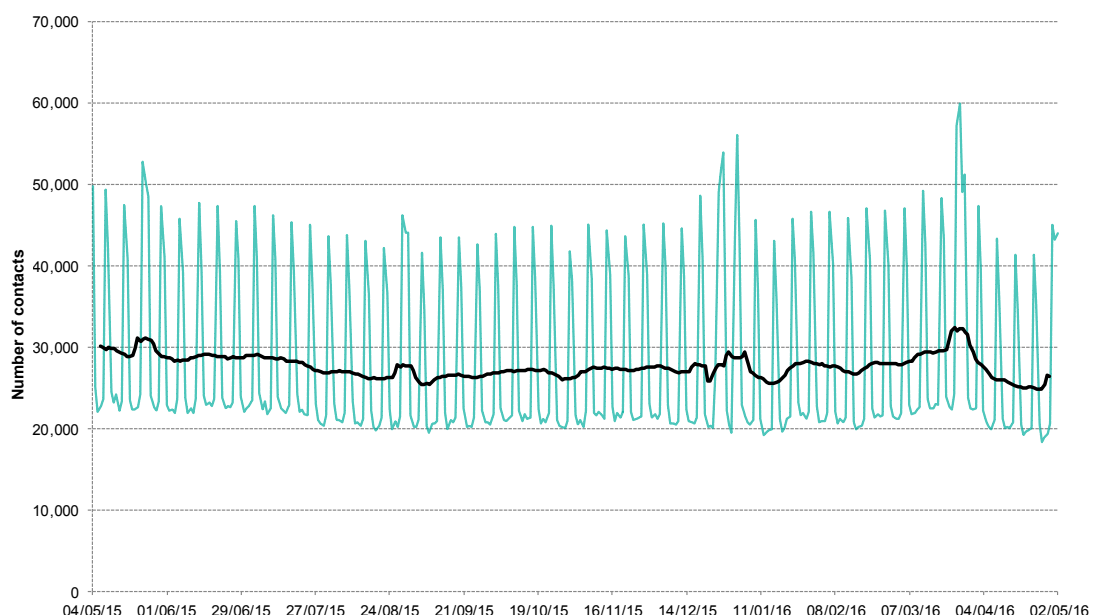
Key messages

Data to: 02 May 2016

There were further small increases in GP out of hours consultations for difficulty breathing/wheeze/asthma (figure 5). These increases were mainly in <1 and 5-14 years age groups (highest rates remain in the 1-4 years age group; figure 5a).

Key indicator	No. of contacts	% Week 17	% Week 16	Trend*
All OOH contacts, all causes	185,987			
Acute respiratory infection	13,653	15.73	15.39	↔
Influenza-like illness	230	0.26	0.21	↔
Bronchitis/bronchiolitis	135	0.16	0.17	↔
Difficulty breathing/wheeze/asthma	1,840	2.12	2.07	↑
Pharyngitis	94	0.11	0.11	↔
Gastroenteritis	3,757	4.33	4.46	↔
Diarrhoea	878	1.01	0.96	↔
Vomiting	1,367	1.57	1.54	↔
Myocardial infarction	863	0.99	1.11	↓

*Trend: reports on the trend seen over previous weeks in the percentage of Read coded contacts.

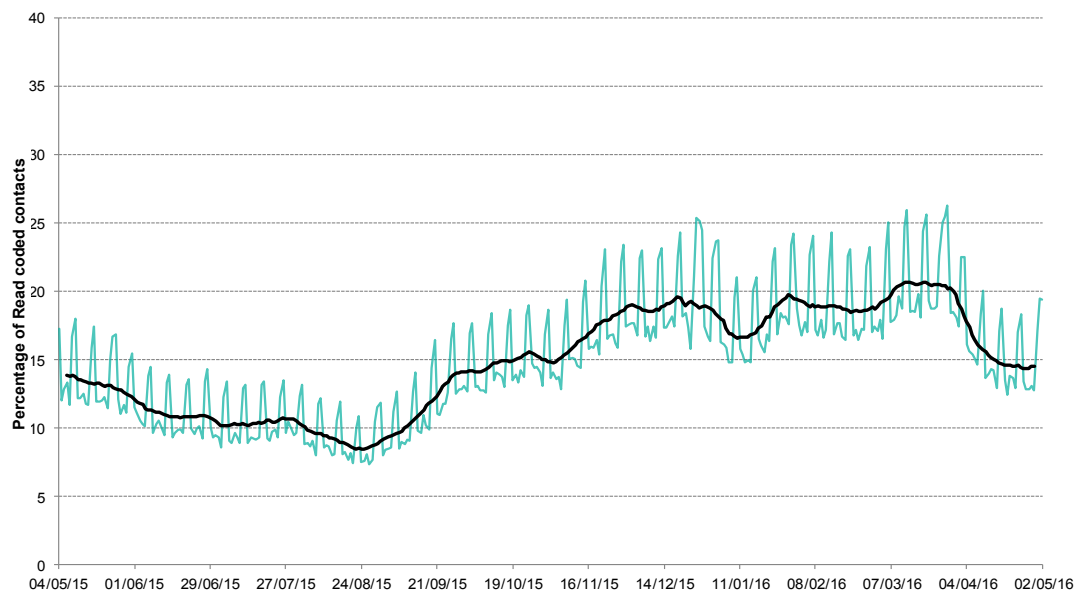


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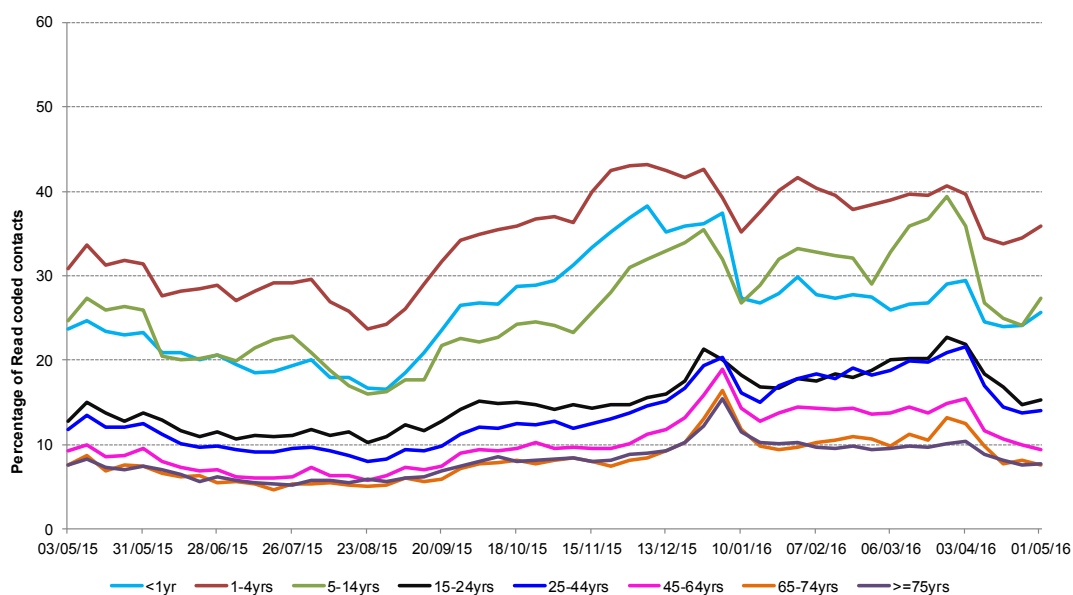
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2: Acute Respiratory Infection daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

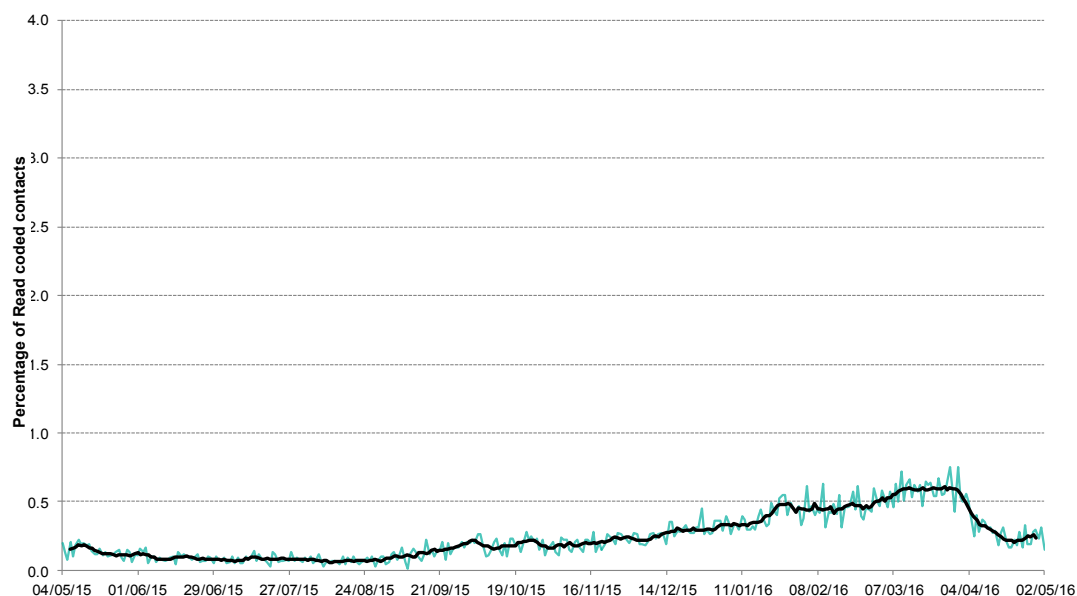


2a: Acute respiratory infection weekly contacts by age group.



3: Influenza-like illness daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

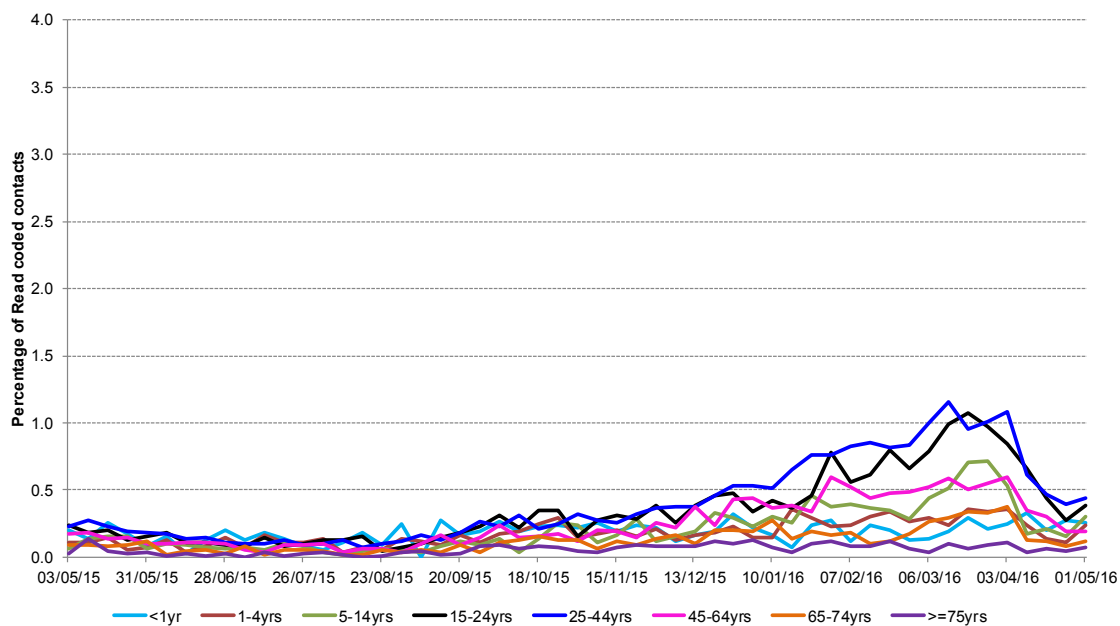


*7-day moving average adjusted for bank holidays.

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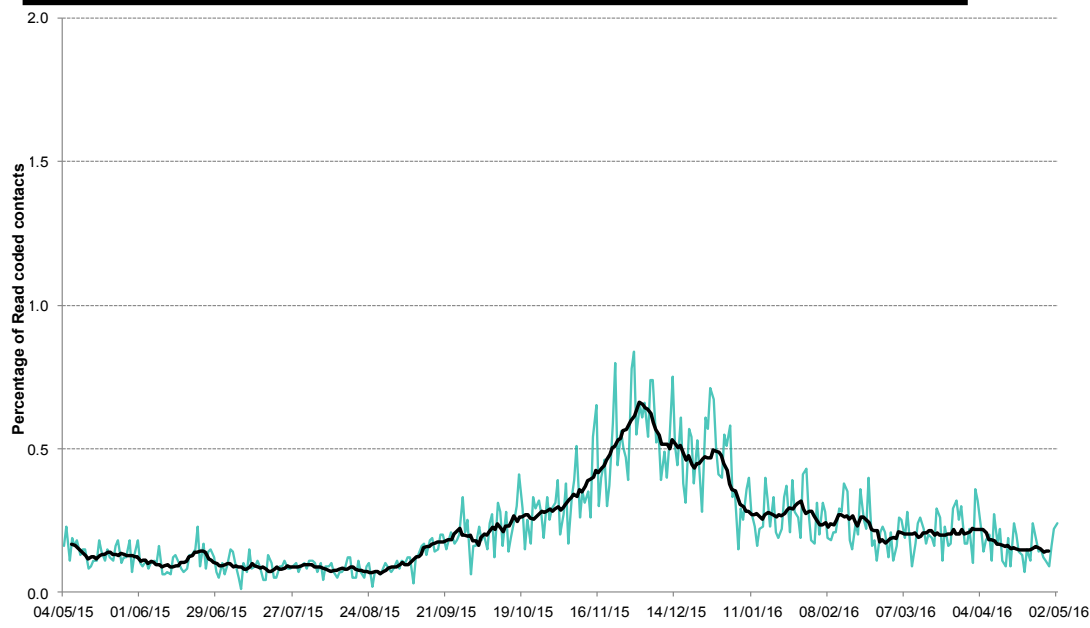
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3a: Influenza-like illness daily contacts by age group.

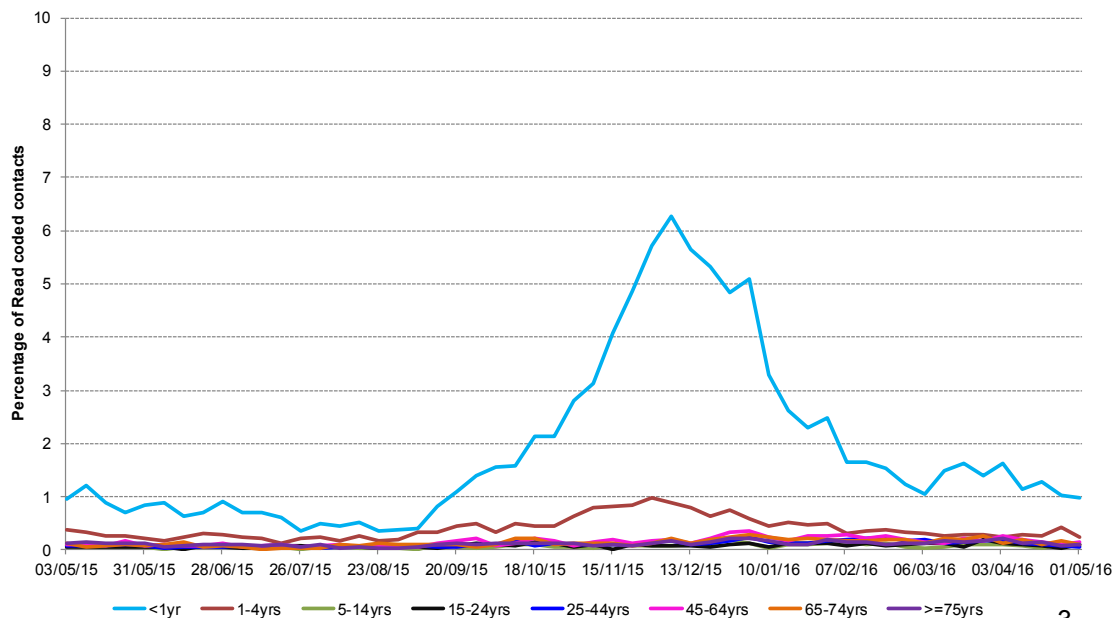


4: Bronchitis/ bronchiolitis daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



4a: Bronchitis/ bronchiolitis contacts by age group.



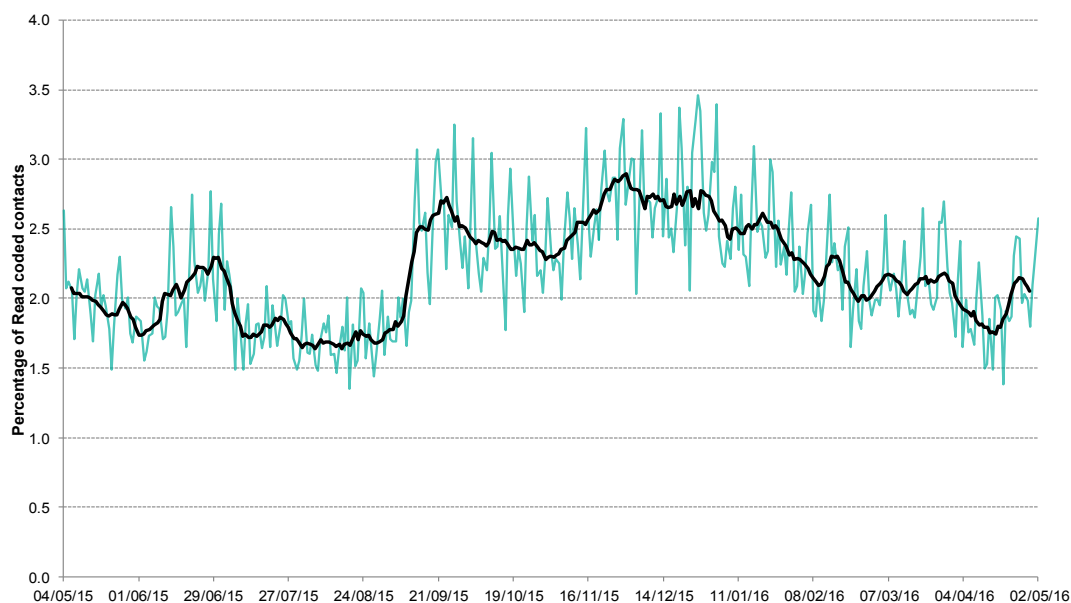
*7-day moving average adjusted for bank holidays.

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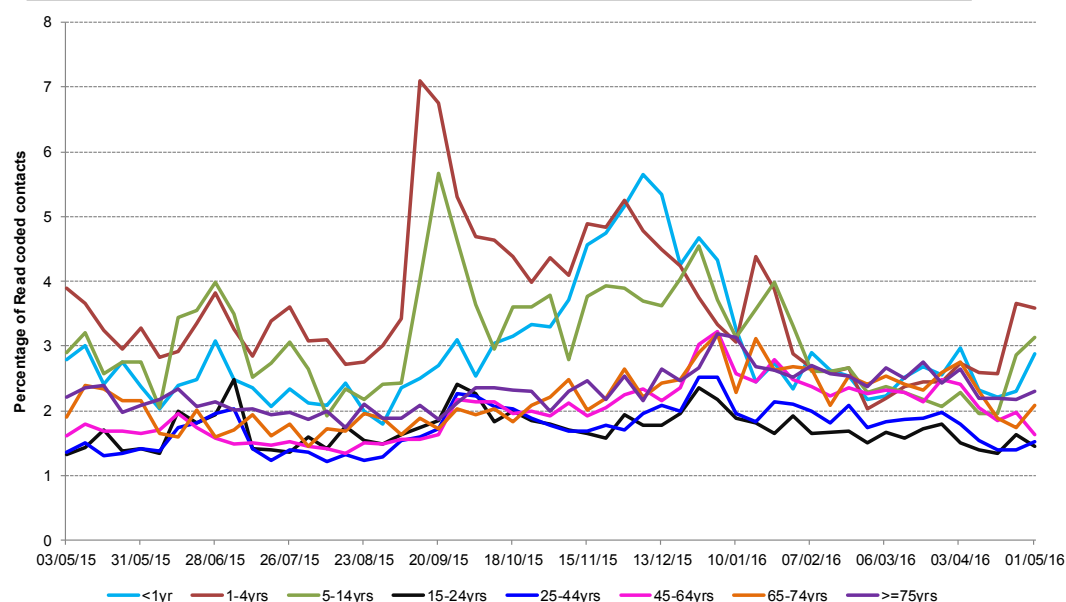
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**5: Difficulty breathing/
wheeze/asthma
daily contacts.**

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

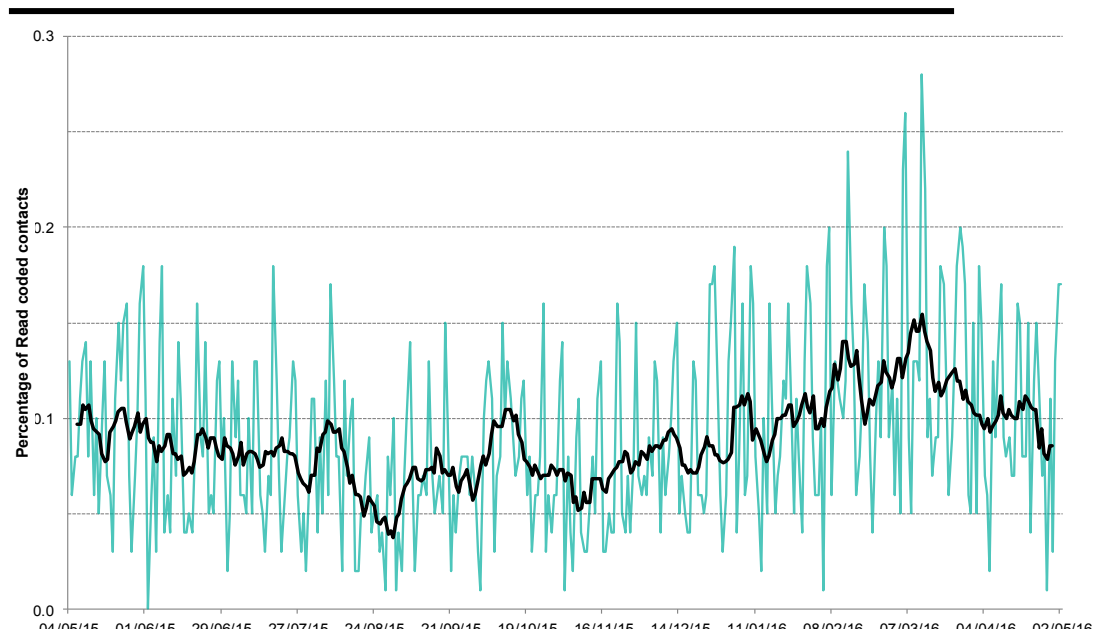


**5a: Difficulty
breathing/wheeze/
asthma weekly
contacts by age
group.**



**6: Acute pharyngitis
and persistent sore
throat.**

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



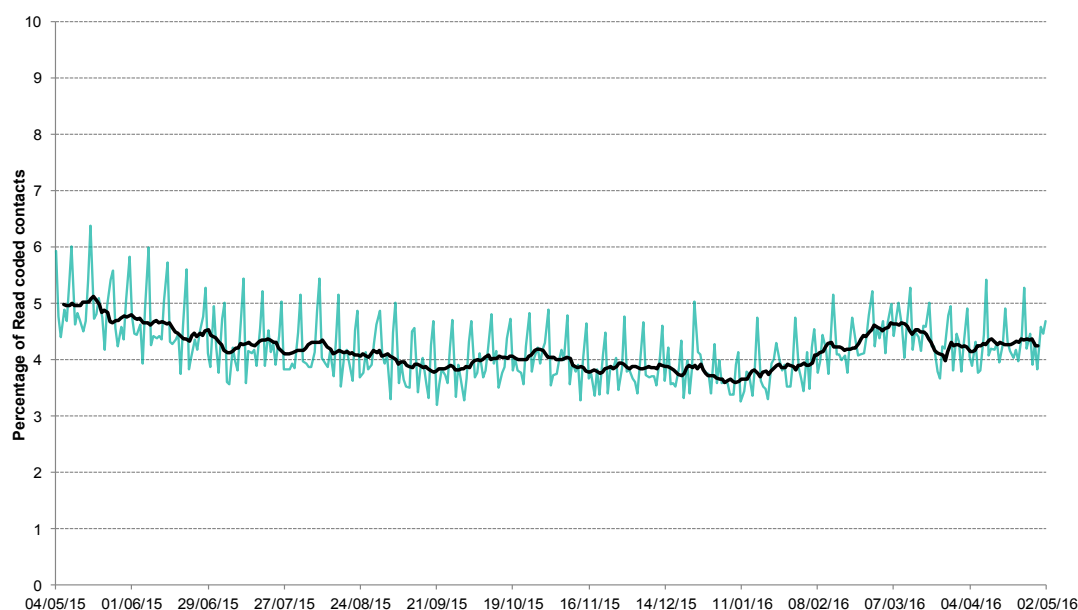
*7-day moving average
adjusted for bank
holidays.

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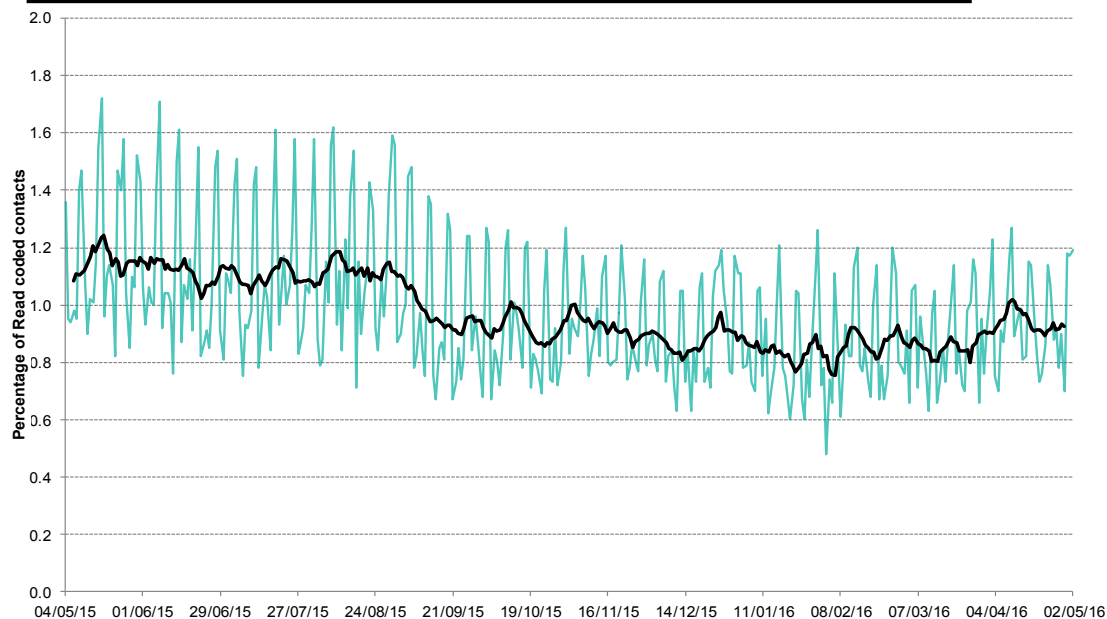
7: Gastroenteritis daily contacts

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



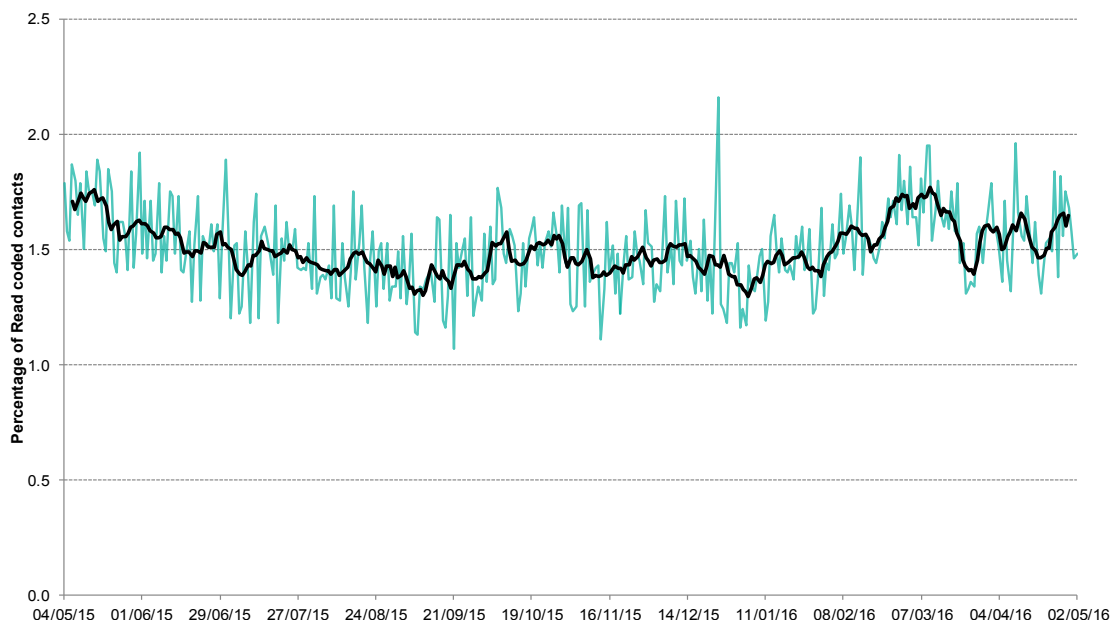
8: Diarrhoea daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



9: Vomiting daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



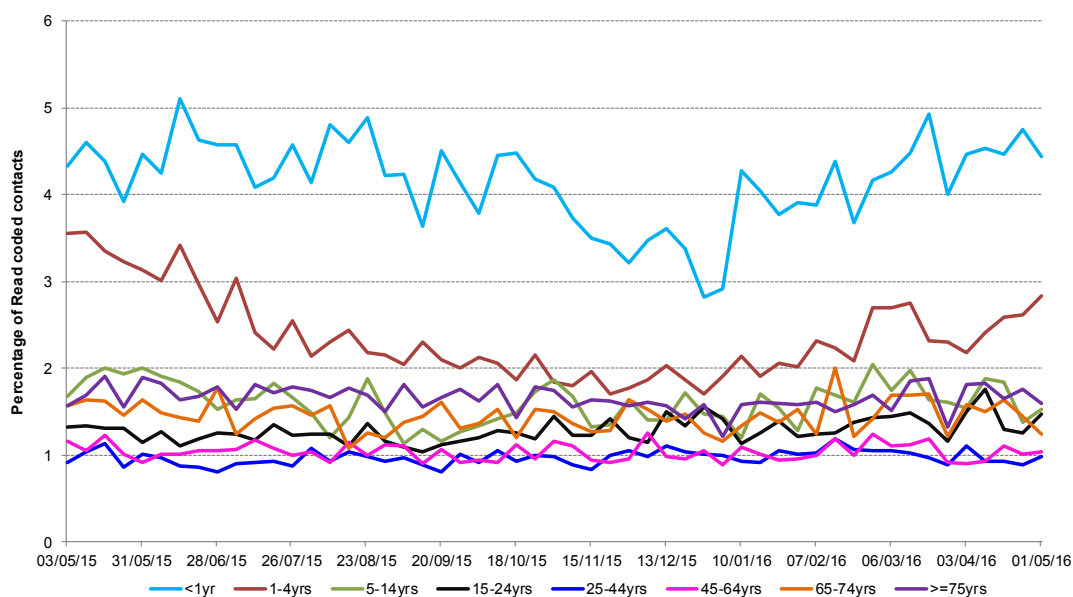
*7-day moving average adjusted for bank holidays.

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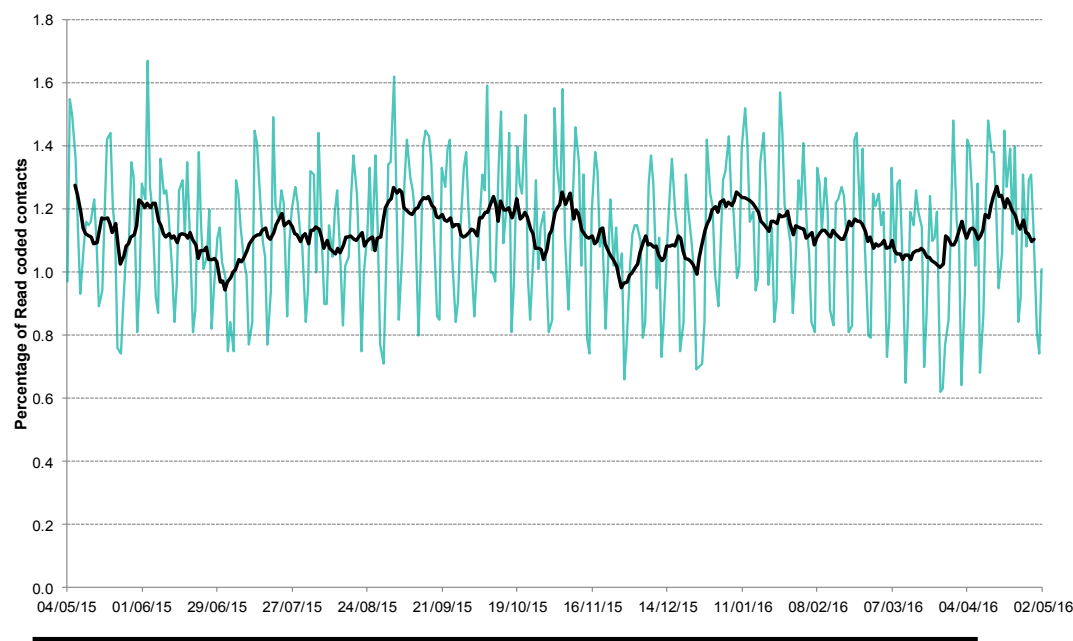
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**9a: Vomiting contacts
by age group.**

Shown as a percentage
of the total contacts
with a Read code and
as a 7 day average*.



**10: Myocardial
Infarction daily
contacts.**



Intentionally left blank.

*7-day moving average
adjusted for bank
holidays.

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Notes and caveats:

- This bulletin presents data from the Public Health England (PHE) GP Out-of-hours\Unscheduled Care Surveillance System (GP OOHSS).
- Fully anonymised data from GP out-of-hours (OOH) and unscheduled care service providers in England are being transferred to the PHE for analysis and interpretation by the PHE Real-time Syndromic Surveillance Team (ReSST).
- This new system supplements existing PHE syndromic surveillance systems by monitoring data on general practitioner consultations outside of routine surgery opening times (evenings, weekends and bank holidays) and unplanned contacts within NHS primary care.
- The key indicators presented within this bulletin are derived by grouping selected Read coded consultations.
- GP OOH consultation data are analysed on a daily basis to identify national and regional trends. A statistical algorithm underpins each system, routinely identifying activity that has increased significantly or is statistically significantly high for the time of year. Results from these daily analyses are assessed by the ReSST, along with analysis by age group, and anything deemed of public health importance is alerted by the team.

Further information:

The GP Out-of-Hours Surveillance System Bulletin can also be downloaded from the PHE Real-time Syndromic Surveillance website which also contains more information about syndromic surveillance:

<https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>

Acknowledgements:

We are grateful to Advanced Health and Care and the GP out-of-hours and unscheduled care service providers who have kindly agreed to participate in this system.

PHE Out-of-Hours/Unscheduled Care Surveillance

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