Public Health England

GP OOHSS

GP Out-of-Hours Surveillance System: England

11 October 2016 **Year: 2016 Week: 40**

In This Issue:

Key messages

Data to: 09 October 2016

During week 40 GP out of hours consultations for respiratory conditions continued to increase, but remain within seasonally expected levels.

Syndromic indicators at a glance:

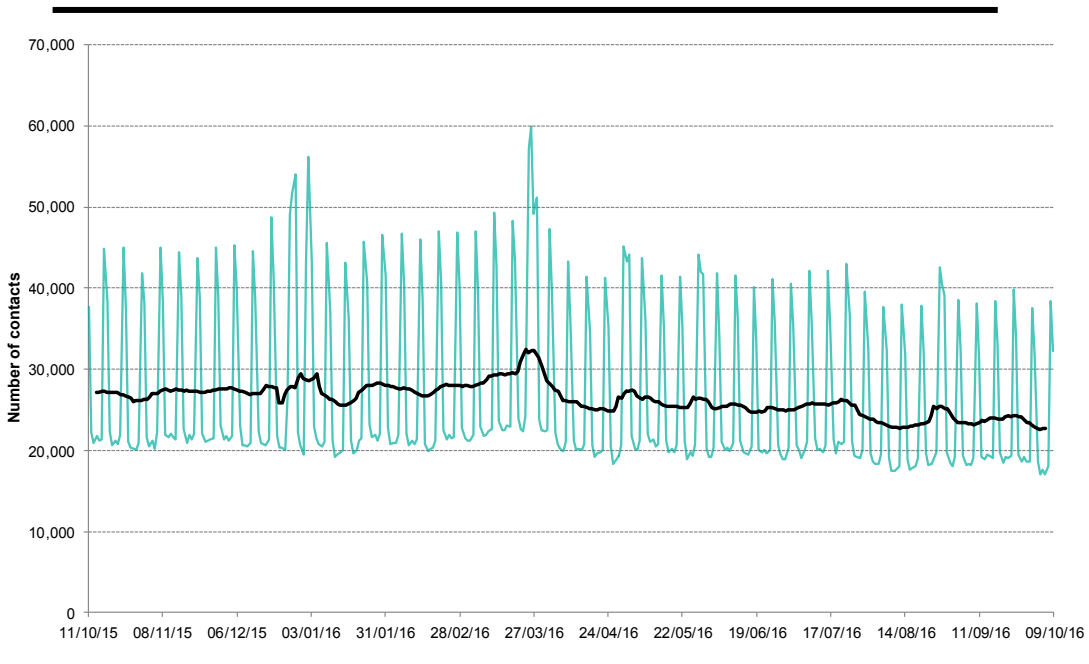
Number of contacts and percentage of Read coded contacts.

Key indicator	No. of contacts	% Week 40	% Week 39	Trend*
All OOH contacts, all causes	158,994			
Acute respiratory infection	11,228	14.25	13.42	↑
Influenza-like illness	145	0.18	0.17	↑
Bronchitis/bronchiolitis	173	0.22	0.21	↑
Difficulty breathing/wheeze/asthma	2,026	2.57	2.61	↑
Pharyngitis	60	0.08	0.09	↔
Gastroenteritis	3,265	4.14	4.03	↑
Diarrhoea	779	0.99	1.06	↔
Vomiting	1,236	1.57	1.46	↑
Myocardial infarction	835	1.06	1.10	↔

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

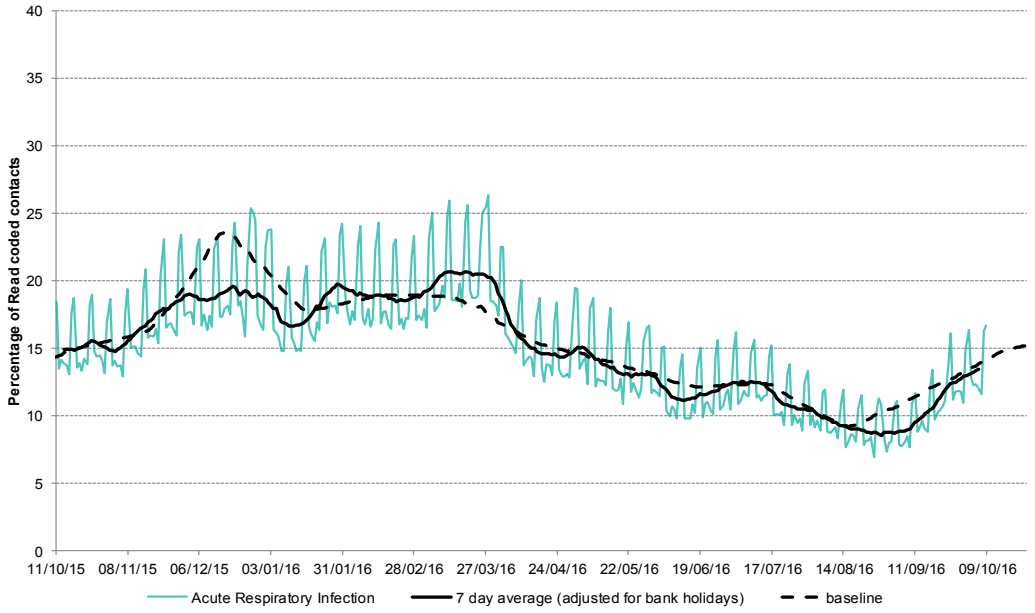
1: Total out-of-hours contacts:

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

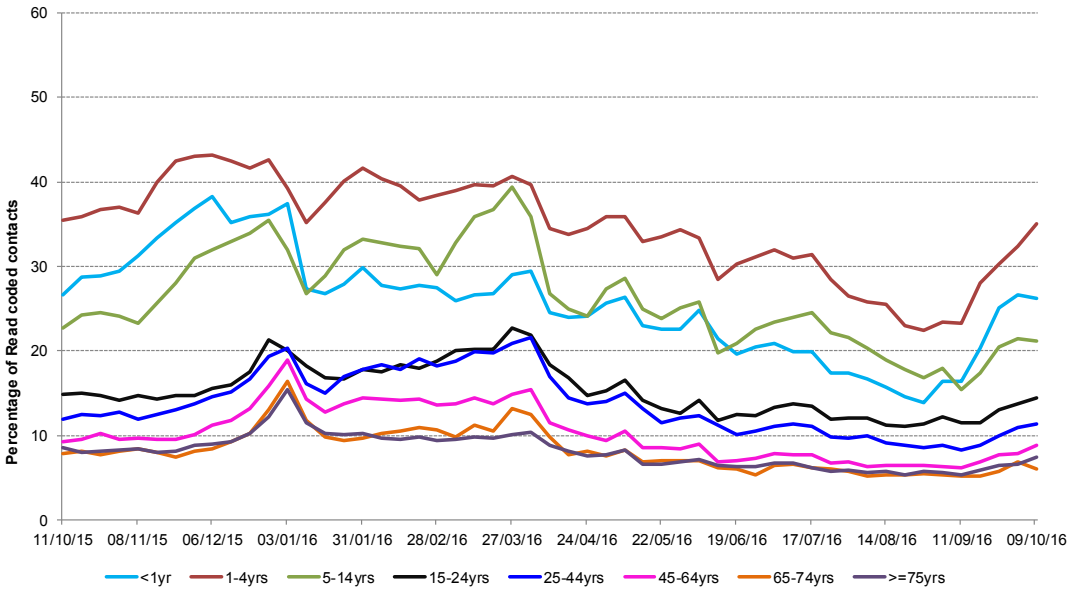


2: Acute Respiratory Infection daily contacts.

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

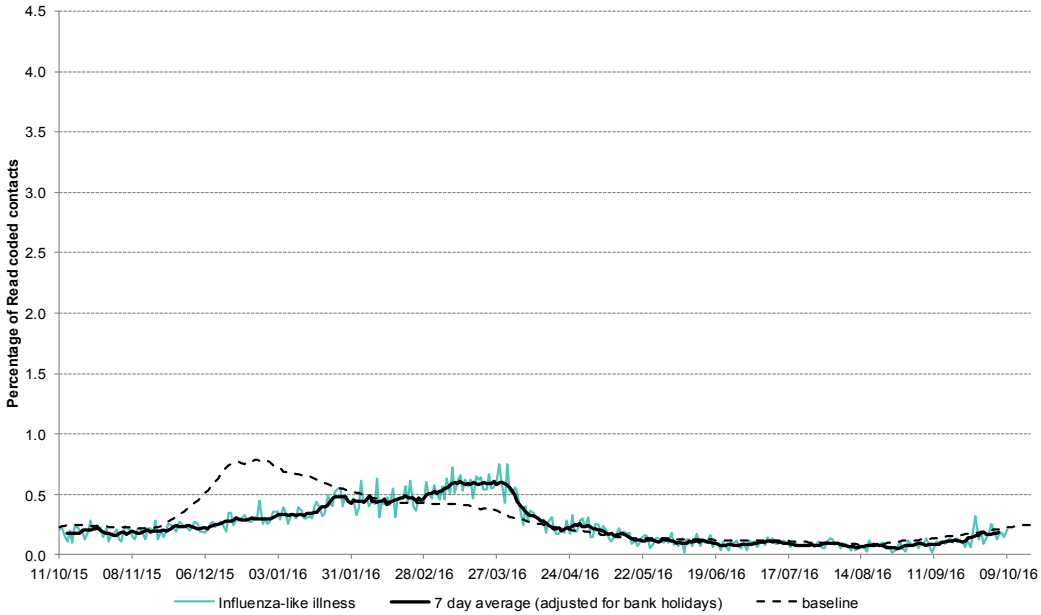


2a: Acute respiratory infection weekly contacts by age group.



3: Influenza-like illness daily contacts.

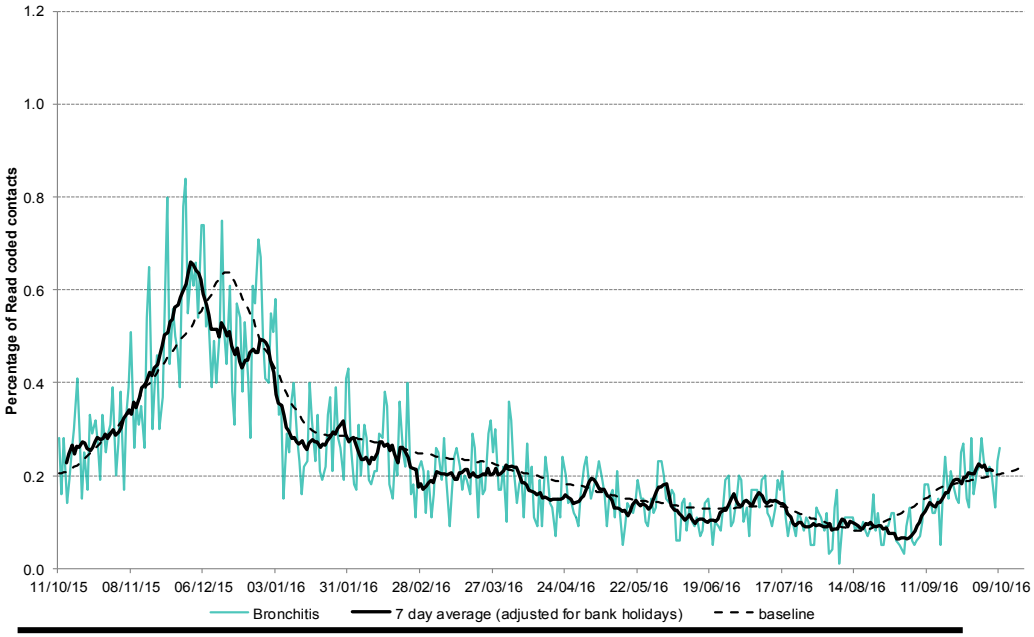
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



*7-day moving average adjusted for bank holidays.

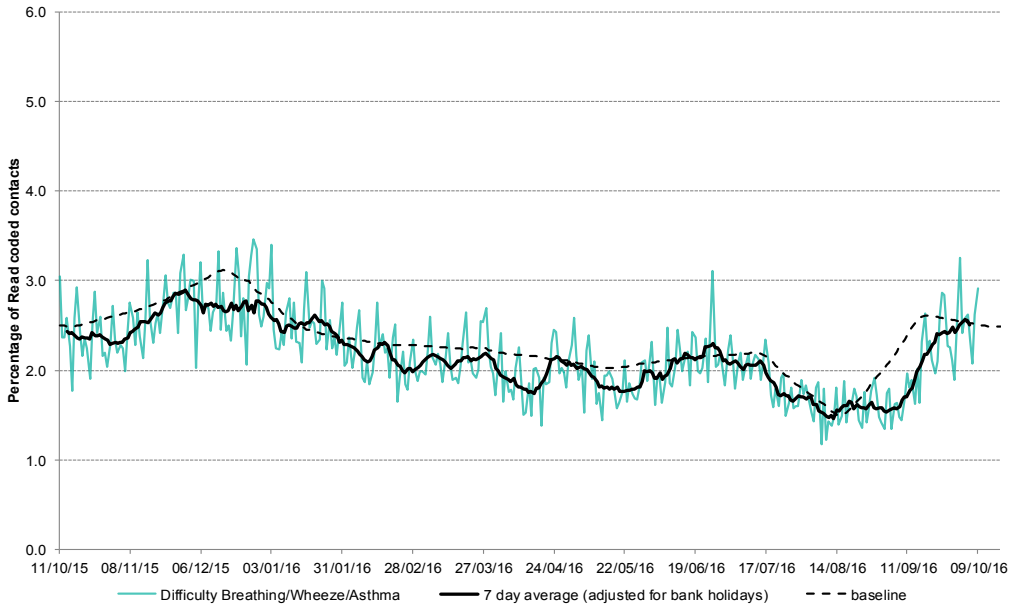
4: Bronchitis/ bronchiolitis daily contacts.

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

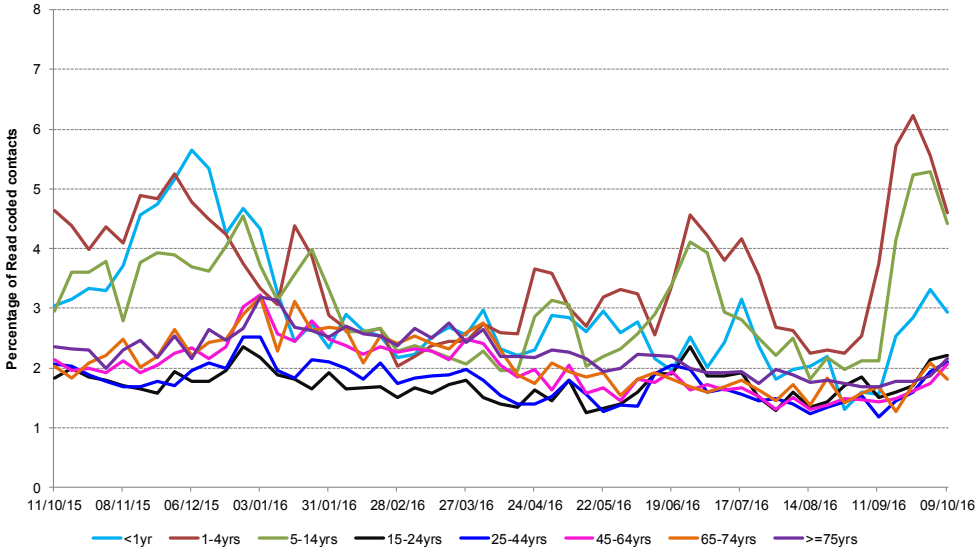


5: Difficulty breathing/ wheeze/asthma daily contacts.

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



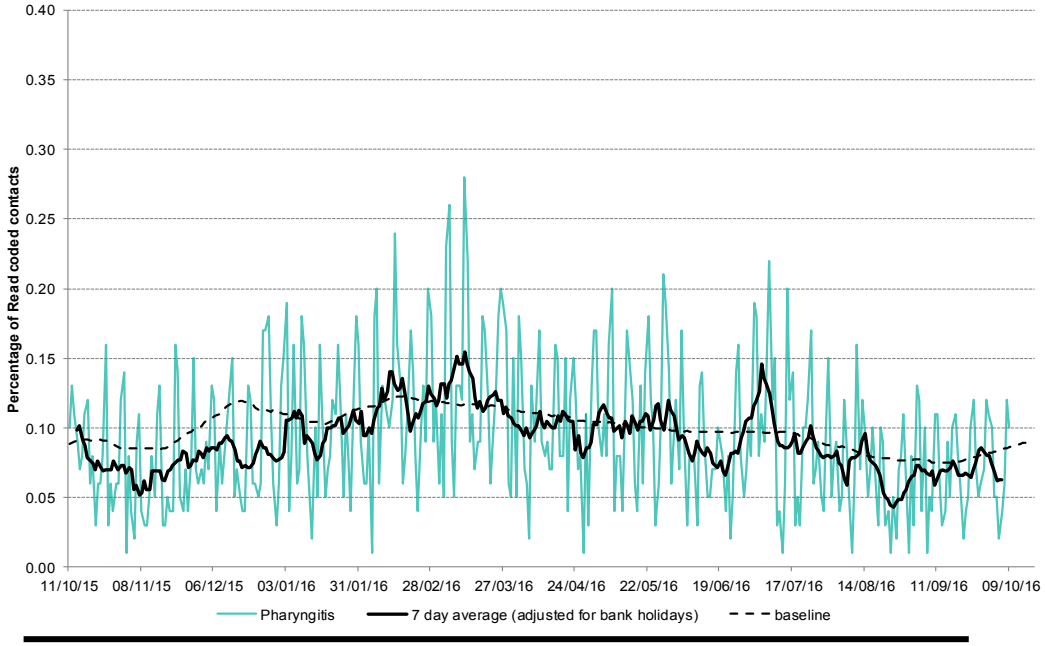
5a: Difficulty breathing/wheeze/ asthma weekly contacts by age group.



*7-day moving average adjusted for bank holidays.

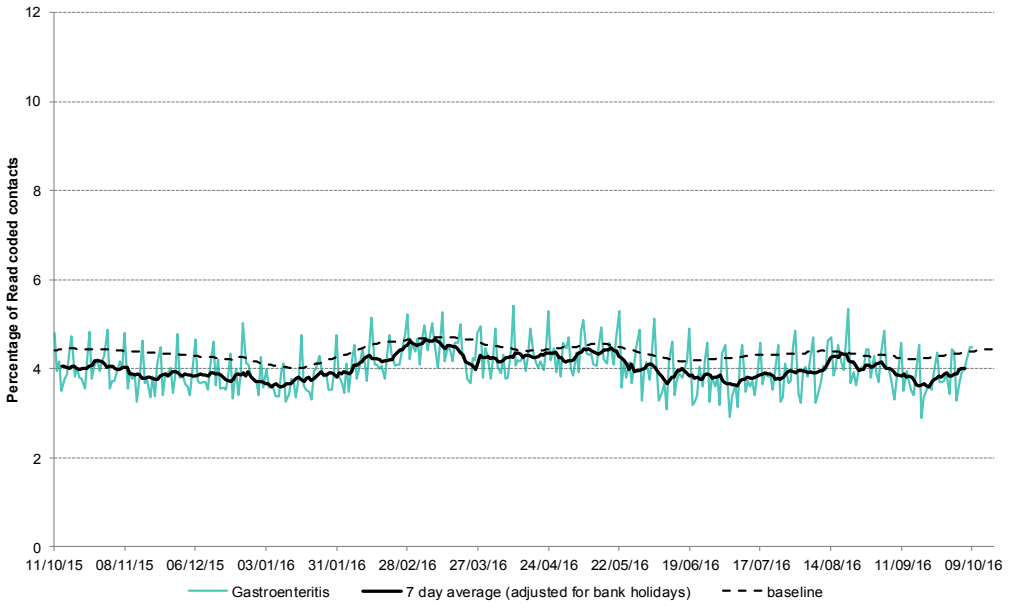
6: Acute pharyngitis and persistent sore throat.

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



7: Gastroenteritis daily contacts

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

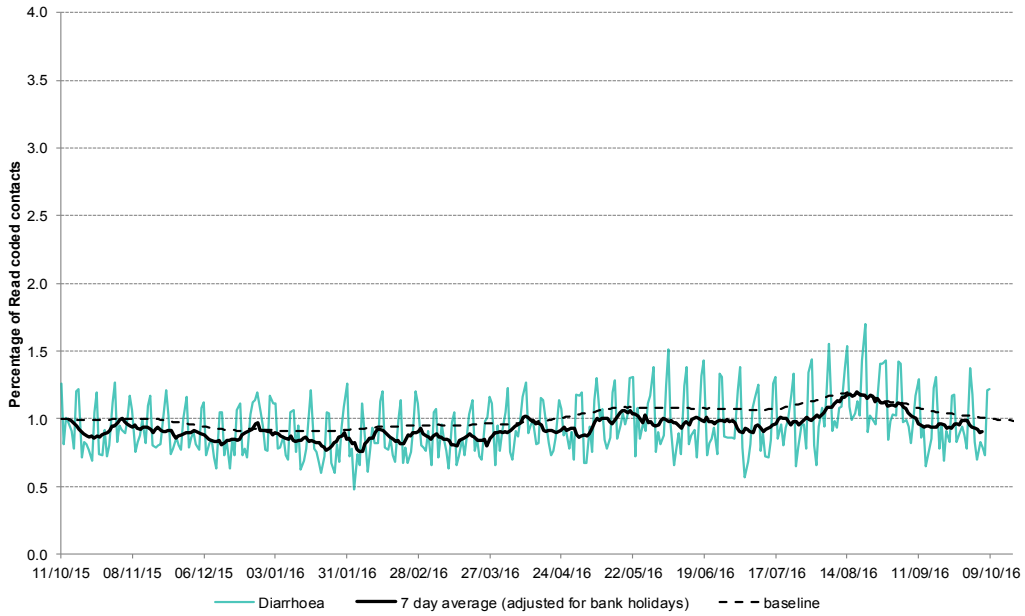


Intentionally left blank.

*7-day moving average adjusted for bank holidays.

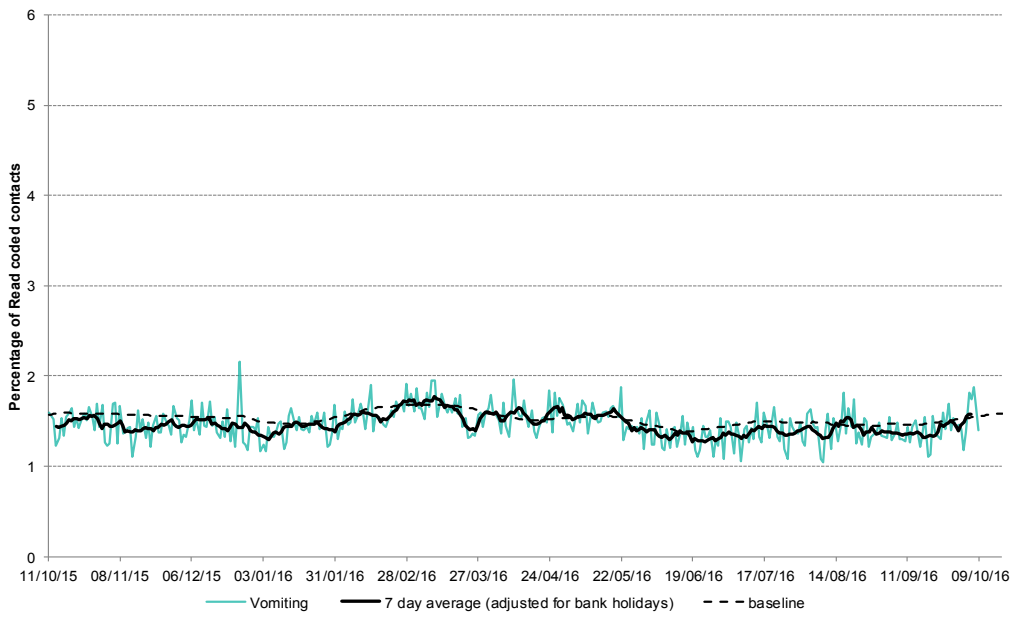
8: Diarrhoea daily contacts.

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



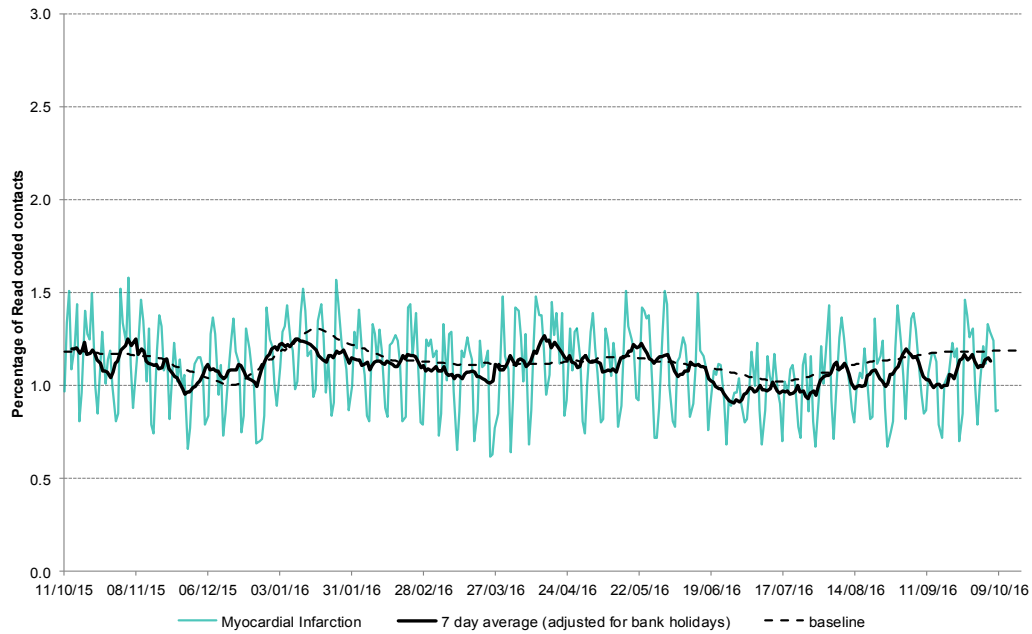
9: Vomiting daily contacts.

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



10: Myocardial Infarction 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.

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 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.
- Baselines represent seasonally expected levels of activity and are constructed from historical data. Furthermore, they take into account any known substantial changes in data collection, population coverage or reporting practices. Baselines are refreshed using the latest data on a regular basis.

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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