

GP OOHSS

GP Out-of-Hours Surveillance System: England

Data to: 07 June 2015

08 June 2015 Year: 2015 Week: 23

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Key messages

Nothing new to report.

A Heat-Health Watch system operates in England from 1 June to 15 September each year. As part of the Heatwave Plan for England, the PHE Real-time Syndromic Surveillance team will be routinely monitoring the public health impact of hot weather using syndromic surveillance system during this period.

Heat-health watch level (current reporting week): level 1 Summer preparedness http://www.metoffice.gov.uk/weather/uk/heathealth/

Syndromic indicators at a glance:

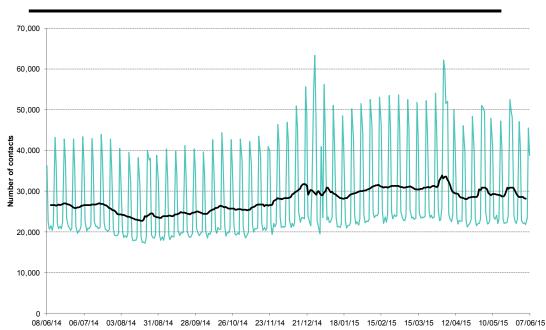
Number of contacts and percentage of Read coded contacts.

	No. of	%	%	
Key indicator	contacts	Week 23	Week 22	Trend*
All OOH contacts, all causes	196,339			
Acute respiratory infection	11,150	12.34	14.15	Ψ
Influenza-like illness	96	0.11	0.11	←→
Bronchitis/bronchiolitis	91	0.10	0.13	←→
Difficulty breathing/wheeze/asthma	1,606	1.78	1.94	$lack \Psi$
Pharyngitis	96	0.11	0.13	←→
Gastroenteritis	4,440	4.91	5.11	←→
Diarrhoea	1,145	1.27	1.34	←→
Vomiting	1,441	1.59	1.65	←→
Myocardial infarction	1,006	1.11	1.00	←→
Heatstroke	1	0.00	0.00	←→

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

1: Total out-of-hours contacts:

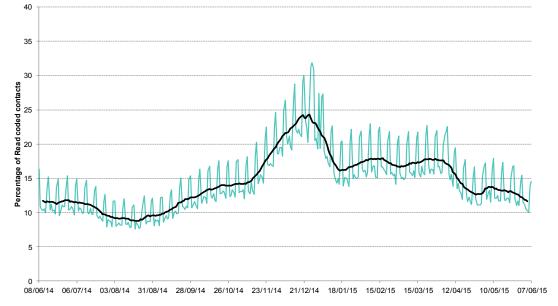
Daily total number of out-of-hours and unscheduled contacts and 7 day average (adjusted for bank holidays).





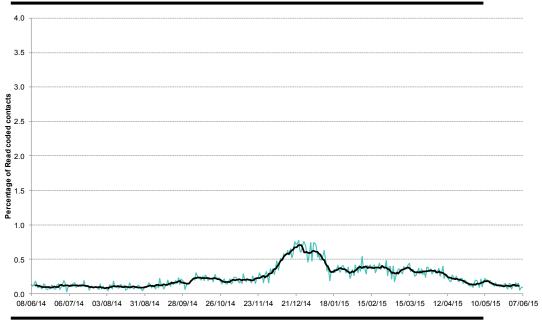
2: Acute Respiratory Infection daily contacts.

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



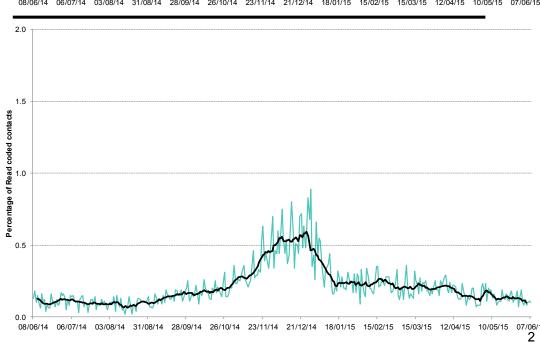
3: Influenza-like illness daily contacts.

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



4: Bronchitis/ bronchiolitis daily contacts.

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

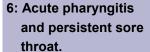




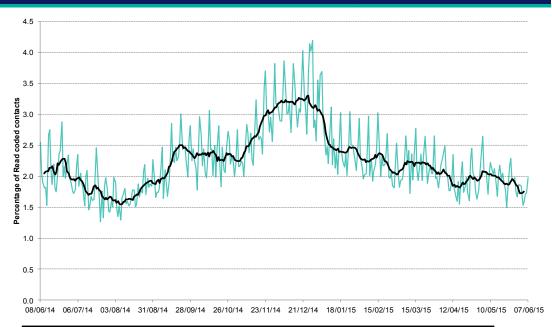
5: Difficulty breathing/ wheeze/asthma daily contacts.

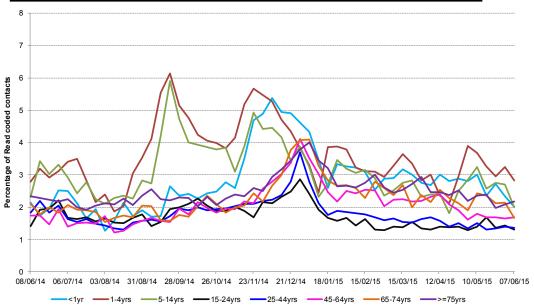
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

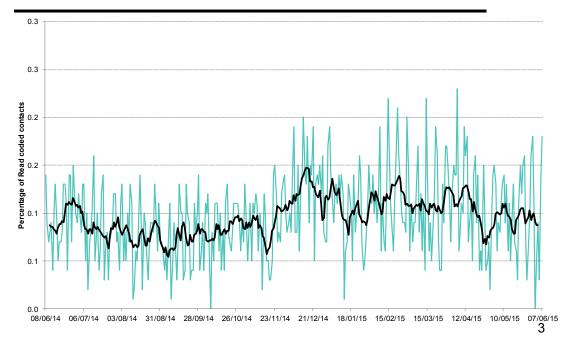
5a: Difficulty
breathing/wheeze/
asthma weekly
contacts by age
group.



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



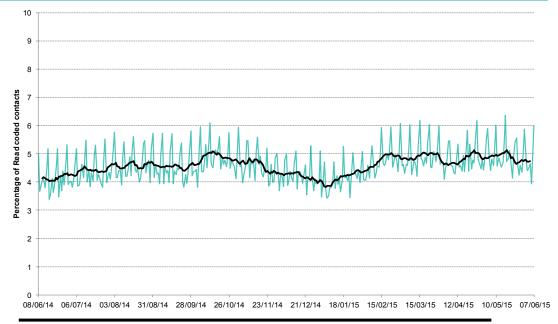




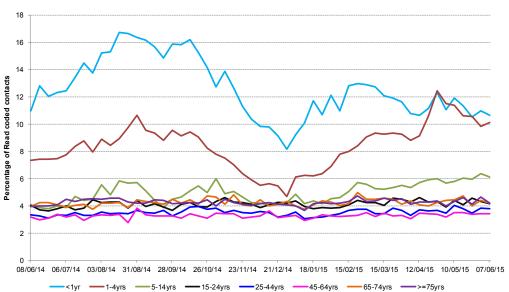


7: Gastroenteritis daily contacts

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

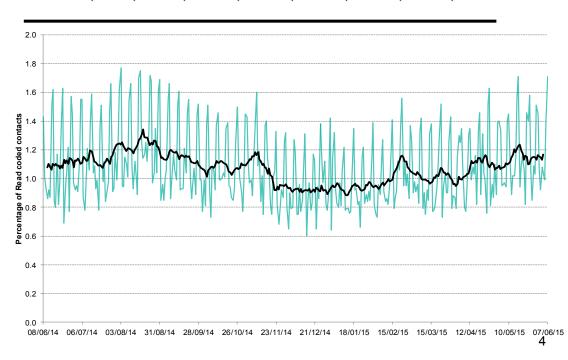


7a: Gastroenteritis weekly contacts by age group.



8: Diarrhoea daily contacts.

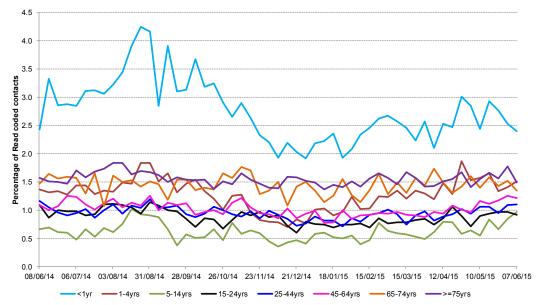
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.





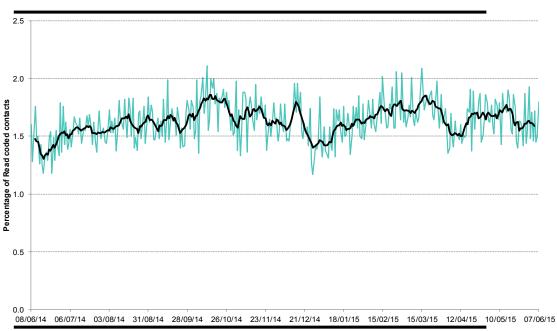
8a: Diarrhoea weekly contacts by age group.

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

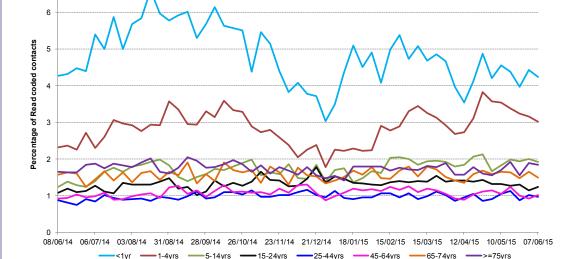


9: Vomiting daily contacts.

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



9a: Vomiting weekly contacts by age group.

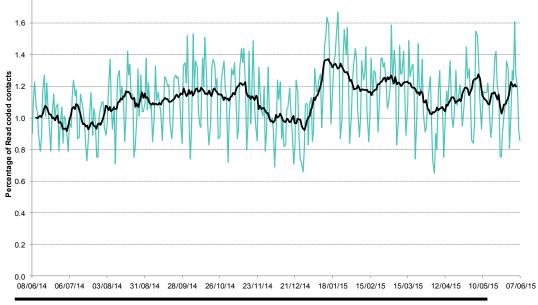




10: Myocardial Infarction daily contacts.

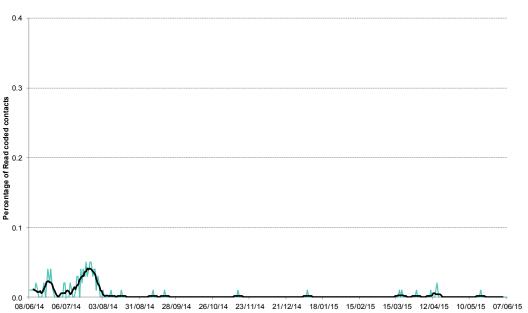
1.8

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



11: Heatstroke and sunstroke.

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



Intentionally left blank.



Notes and caveats:

- This bulletin presents data from the Public Health England (PHE) GP Out-ofhours\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.

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