Public Health England

GP OOHSS
GP Out-of-Hours Surveillance System: England

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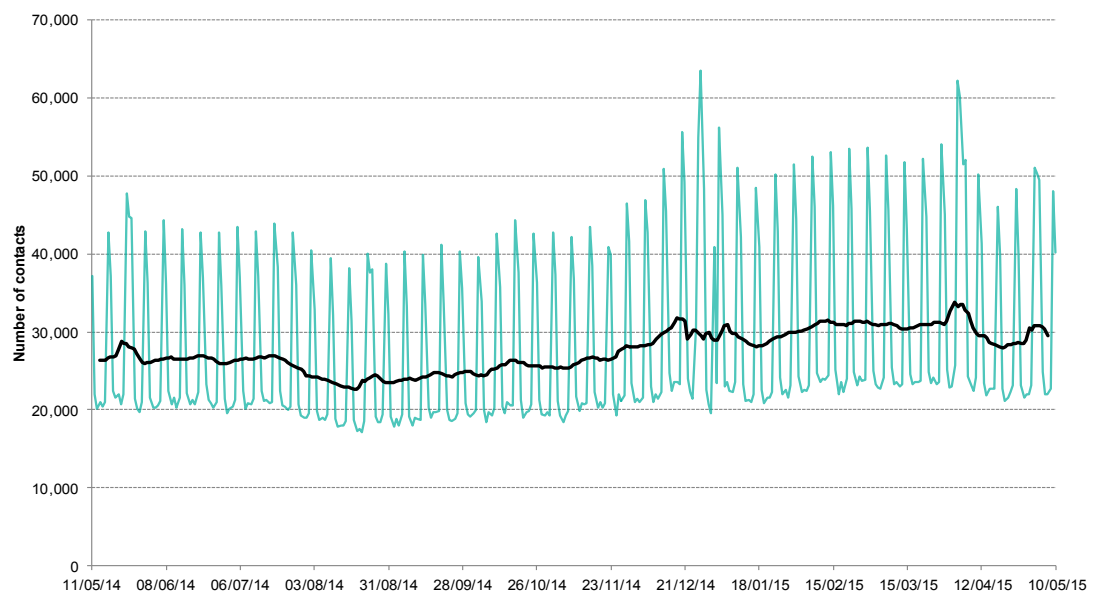
Acknowledgements.

Key messages

Data to: 10 May 2015

Consultations for vomiting in the 1 to 4 year olds are slightly higher than this time last year (figure 9a).

There was a further small increase in the acute respiratory infection indicator (figure 2) in week 19.

Syndromic indicators at a glance:

Number of contacts and percentage of Read coded contacts.

Key indicator	No. of contacts	% Week 19	% Week 18	Trend*
All OOH contacts, all causes	229,191			
Acute respiratory infection	17,310	15.58	13.85	↑
Influenza-like illness	192	0.17	0.15	←→
Bronchitis/bronchiolitis	186	0.17	0.16	←→
Difficulty breathing/wheeze/asthma	2,448	2.20	2.01	←→
Pharyngitis	132	0.12	0.10	←→
Gastroenteritis	5,970	5.37	4.95	←→
Diarrhoea	1,385	1.25	1.17	←→
Vomiting	1,919	1.73	1.64	←→
Myocardial infarction	1,266	1.14	1.05	↑

*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).
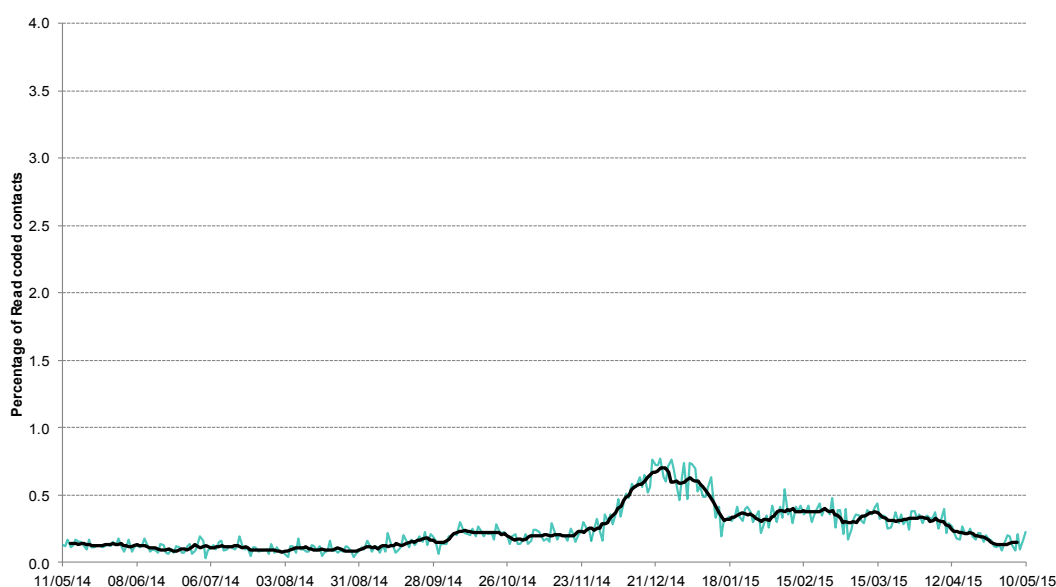
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2: Acute Respiratory Infection daily contacts.

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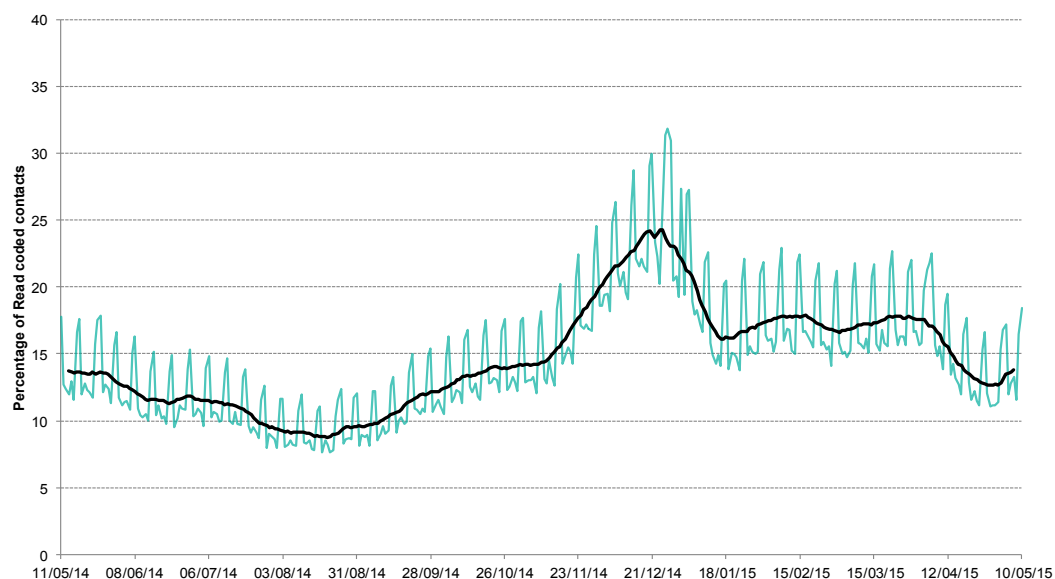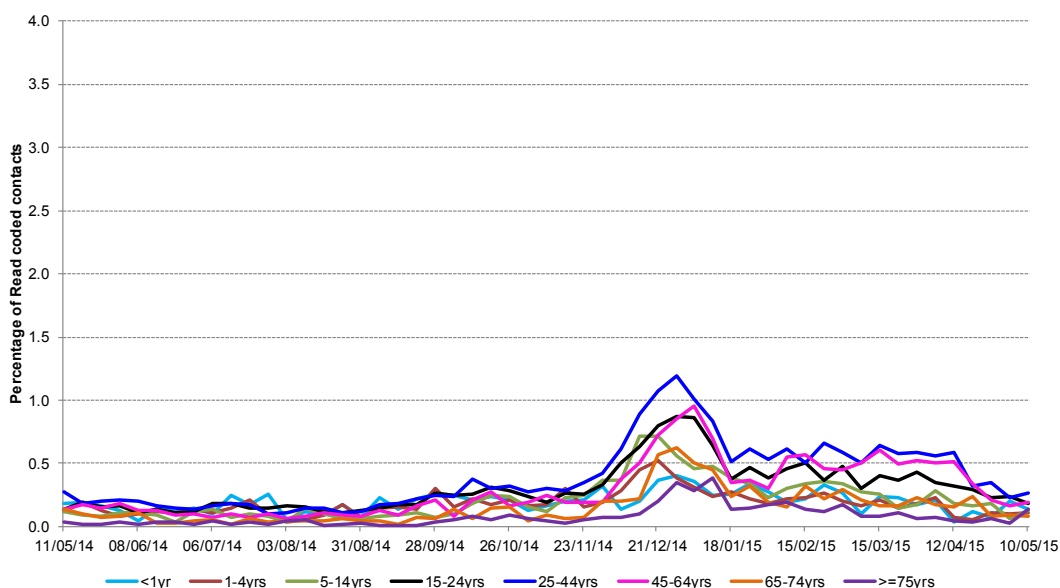

3: Influenza-like illness daily contacts.

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

3a: Influenza-like illness weekly contacts by age group.
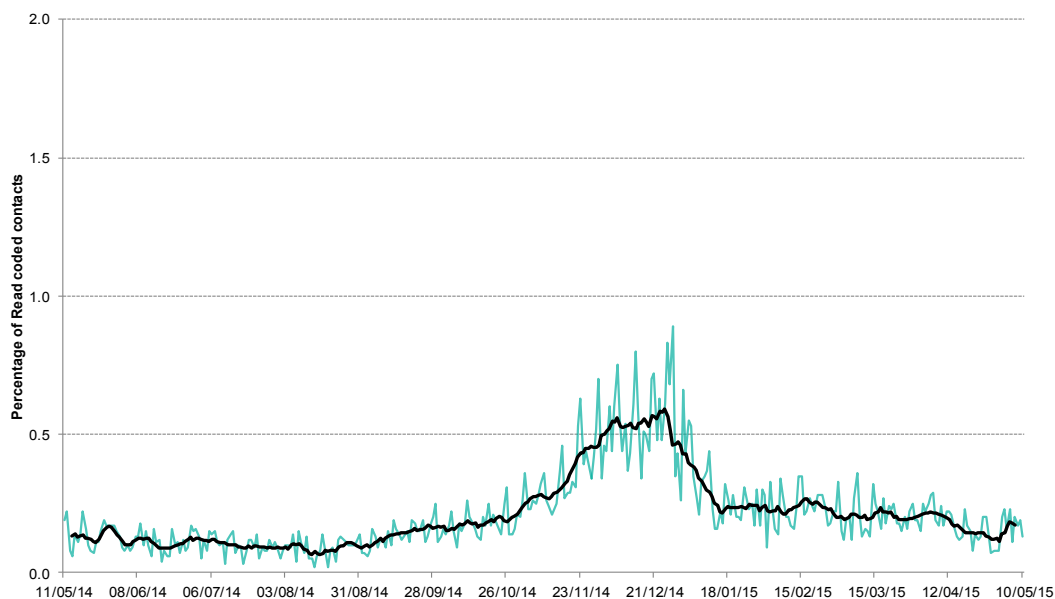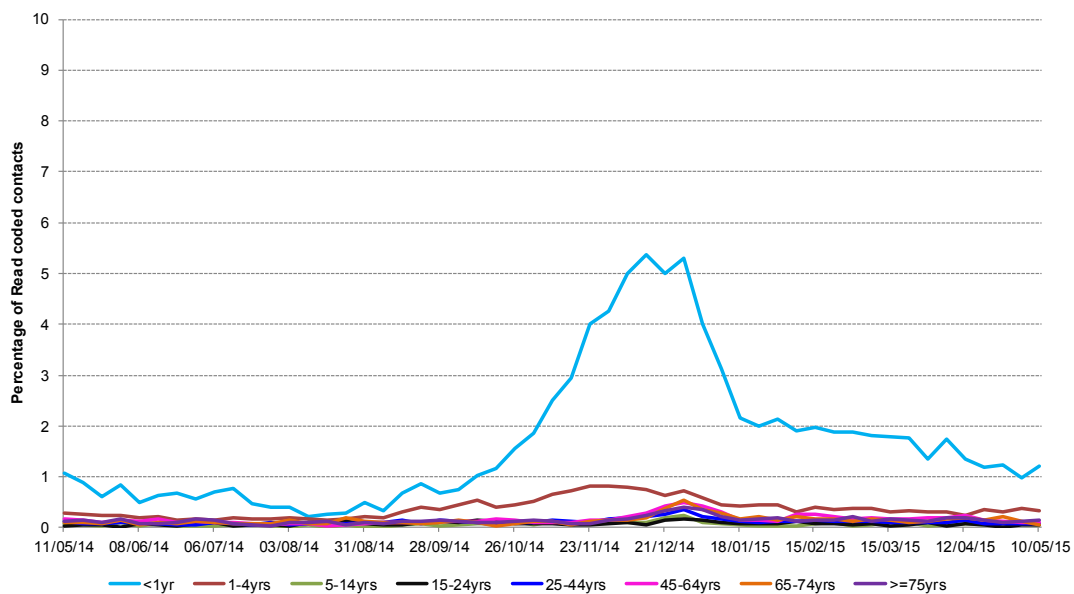
*7-day moving average adjusted for bank holidays.

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4: Bronchitis/ bronchiolitis daily contacts.

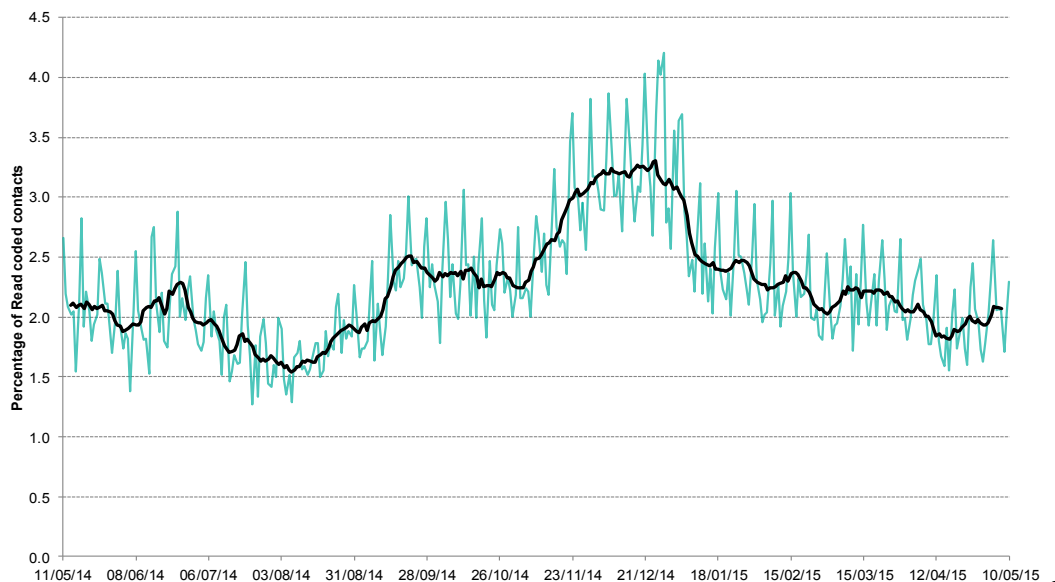Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

4a: Bronchitis/ bronchiolitis weekly contacts by age group.

5: Difficulty breathing/wheeze/ asthma daily contacts.

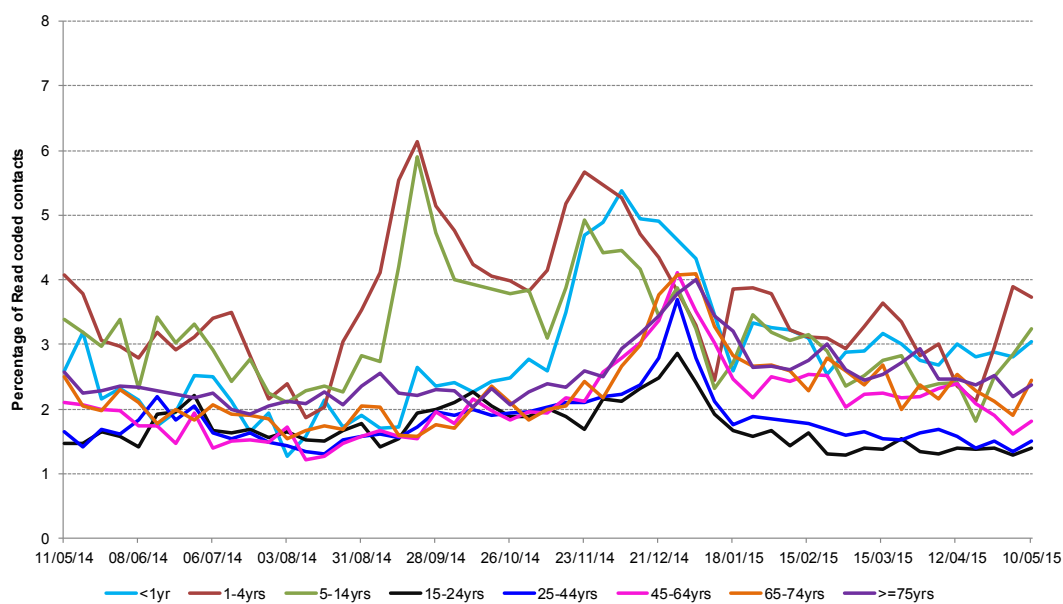Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

*7-day moving average adjusted for bank holidays.

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

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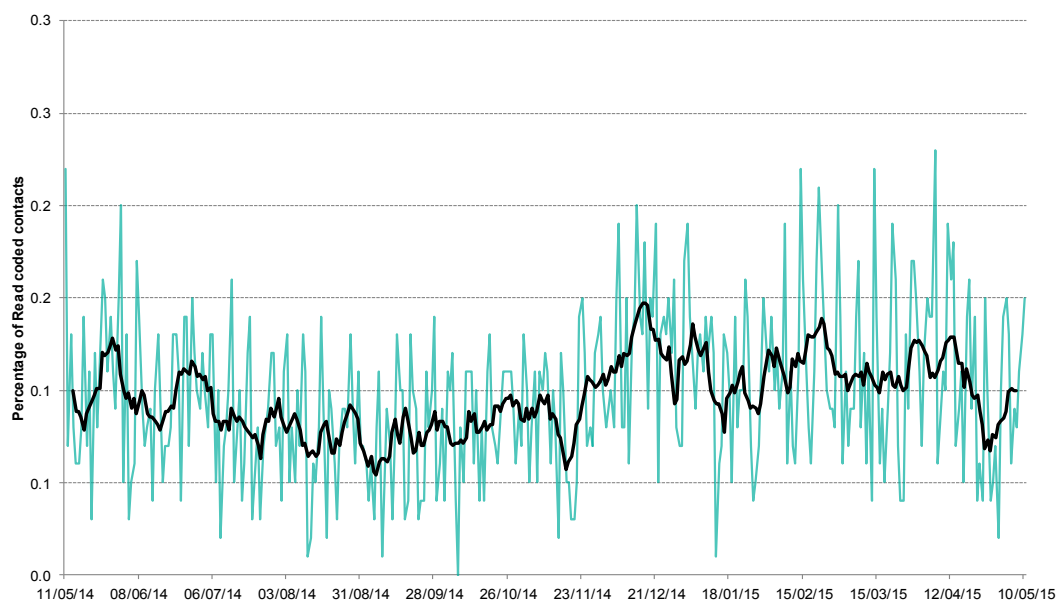

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*7-day moving average adjusted for bank holidays.
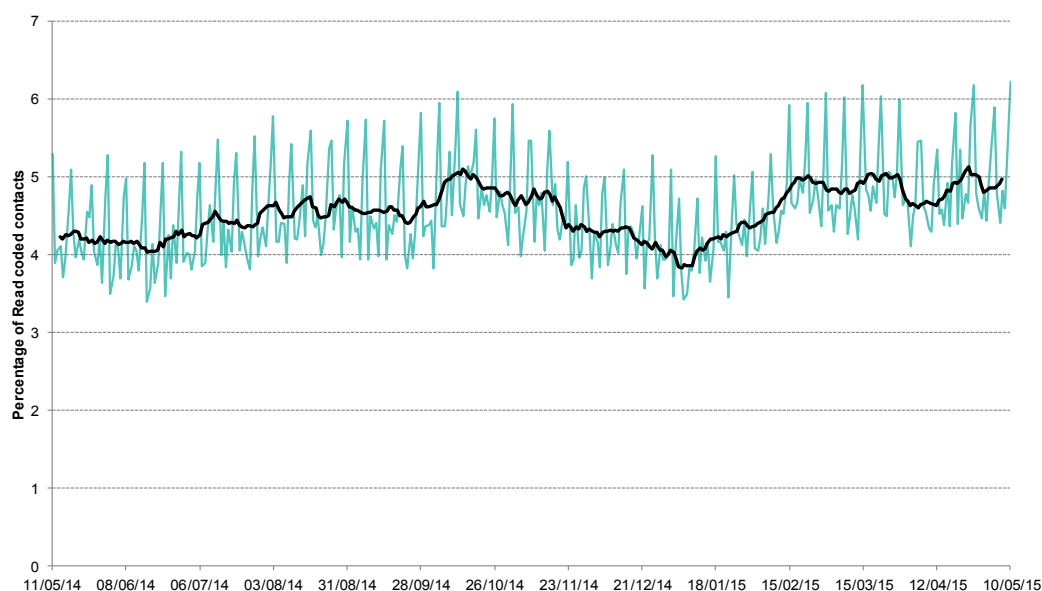
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6: Acute pharyngitis and persistent sore throat.

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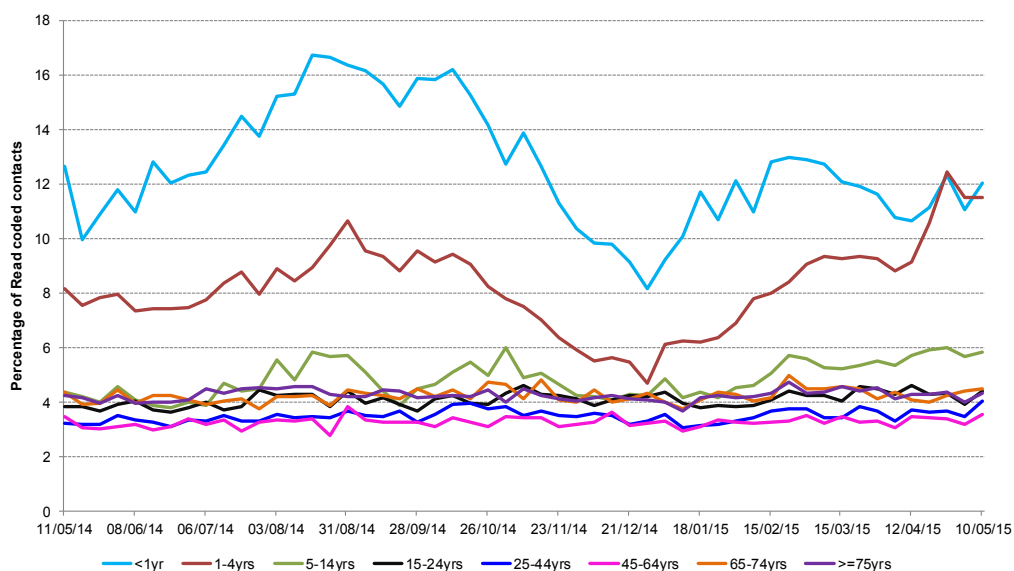

7: Gastroenteritis daily contacts

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

7a: Gastroenteritis weekly contacts by age group.

Legend: <1yr 1-4yrs 5-14yrs 15-24yrs 25-44yrs 45-64yrs 65-74yrs >=75yrs
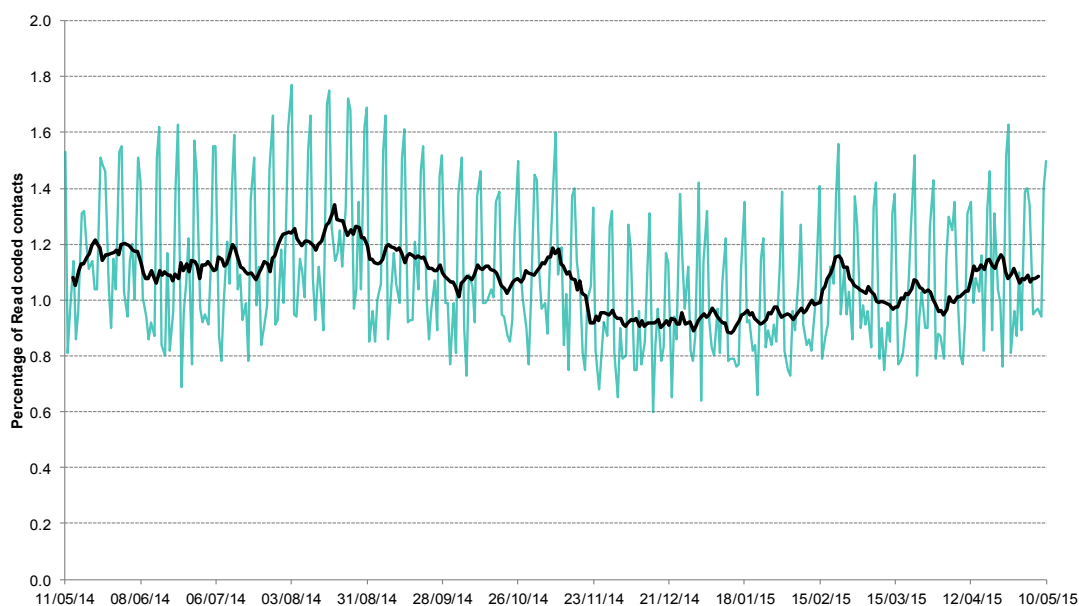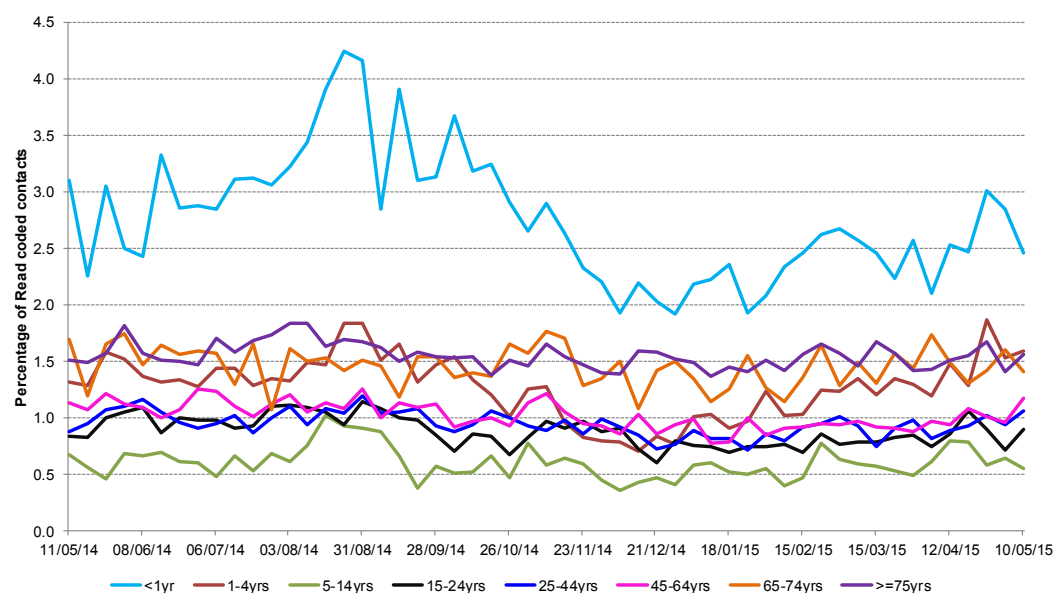
*7-day moving average adjusted for bank holidays.

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8: Diarrhoea daily contacts.

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

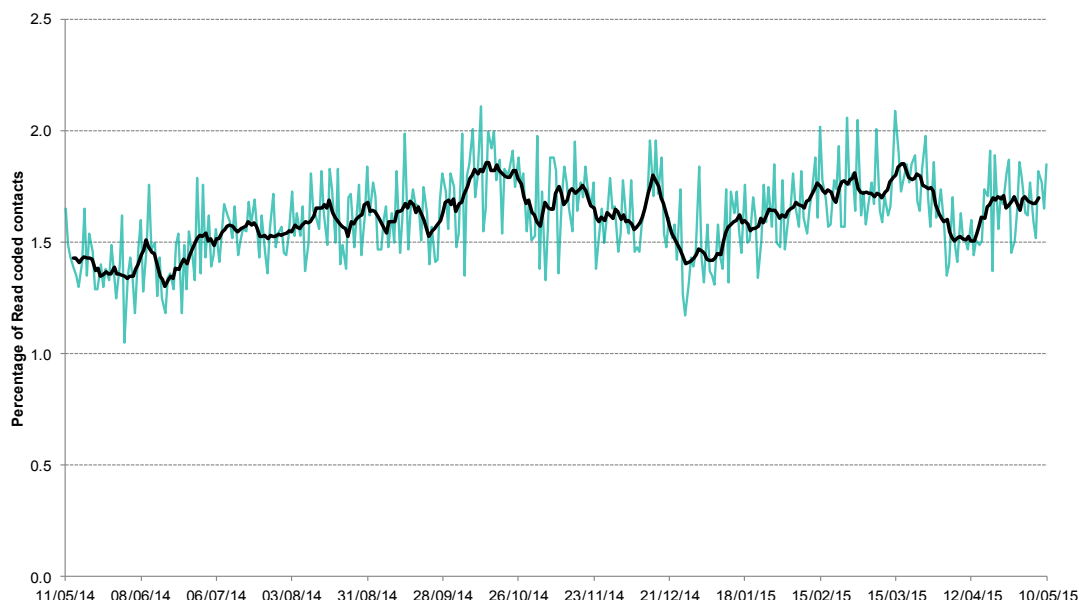**8a: Diarrhoea weekly contacts by age group.**

<1yr   1-4yrs   5-14yrs   15-24yrs   25-44yrs   45-64yrs   65-74yrs   >=75yrs

9: Vomiting daily contacts.
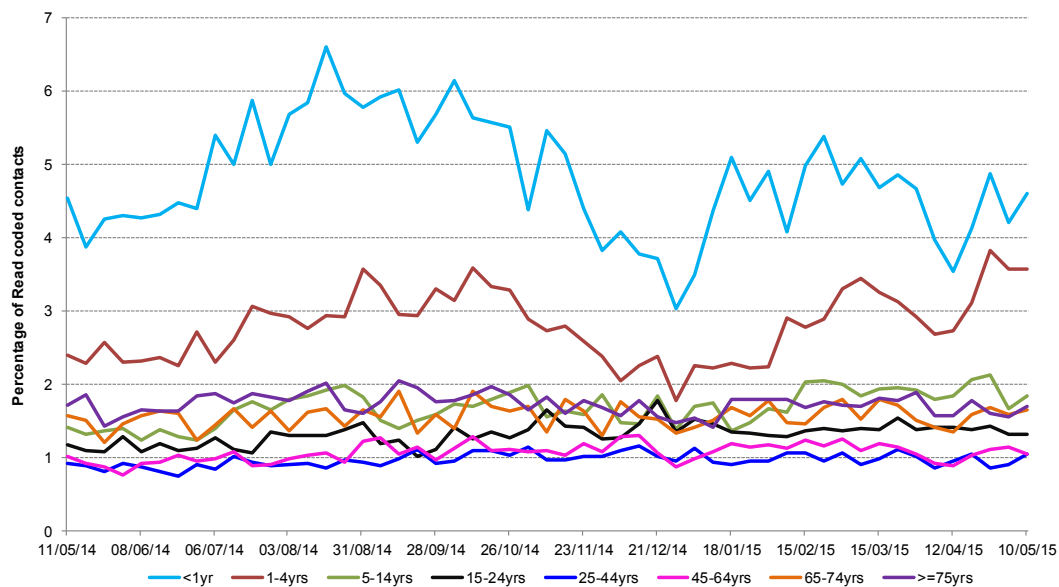
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.
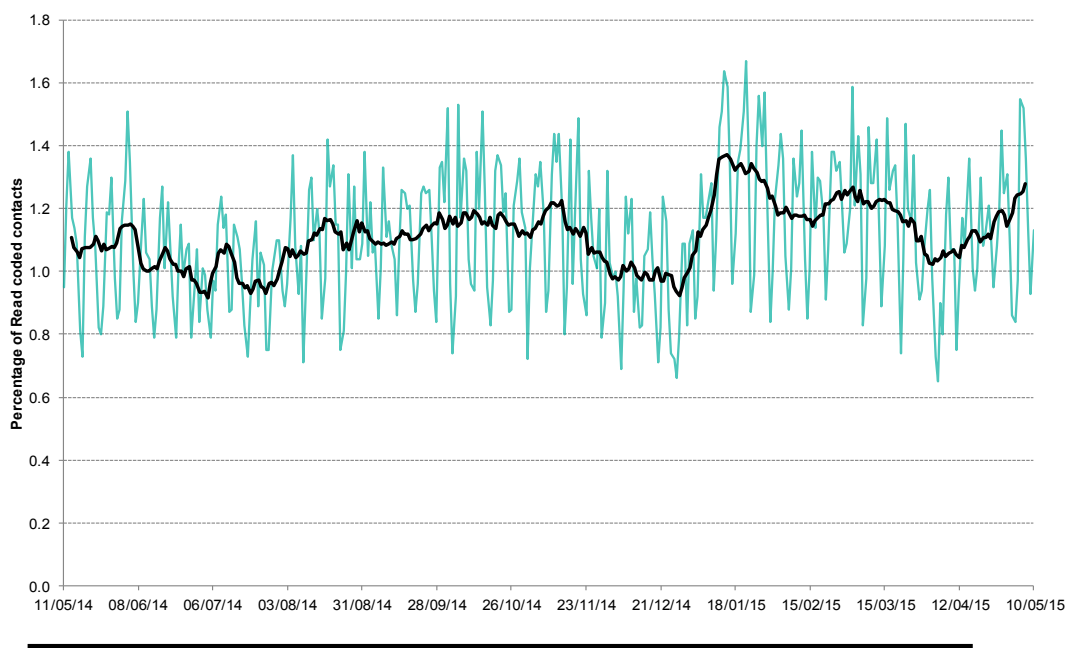
*7-day moving average adjusted for bank holidays.

9a: Vomiting weekly contacts by age group.

10: Myocardial Infarction daily contacts.

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

11: Intentionally left blank.

*7-day moving average adjusted for bank holidays.

12 May 2015 **Year: 2015 Week: 19**

Notes and caveats:	• This bulletin presents data from the Public Health England (PHE) GP Out-of-hours\Unscheduled Care Surveillance System (GP OOHSS).

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- 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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