

GP OOHSS

GP Out-of-Hours Surveillance System: England

15 June 2016

In This Issue:

Key Messages.

Weekly summary.

Year: 2016 Week: 23

Key messages

Data to: 12 June 2016

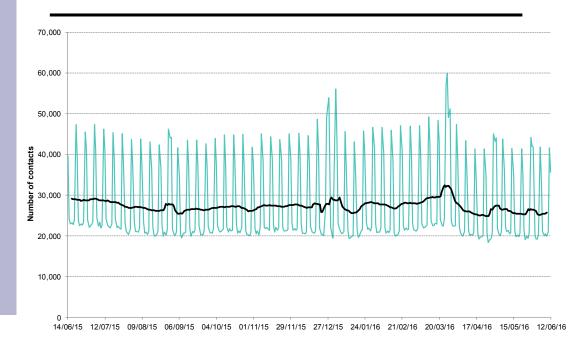
Nothing new to report.

There were further decreases in gastroenteritis, diarrhoea and vomiting indicators during week 23 (figures 7-9).

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 data during this period. Heat-health watch level (current reporting week): Level 1 Summer preparedness http://www.metoffice.gov.uk/public/weather/heat-health/

Key indicator	No. of contacts	% Week 23	% Week 22	Trend*
All OOH contacts, all causes	179,532			
Acute respiratory infection	9,930	12.10	14.22	$\mathbf{\Lambda}$
Influenza-like illness	97	0.12	0.10	←→
Bronchitis/bronchiolitis	90	0.11	0.18	←→
Difficulty breathing/wheeze/asthma	1,718	2.09	1.98	^
Pharyngitis	80	0.10	0.12	←→
Gastroenteritis	3,243	3.95	4.43	\mathbf{A}
Diarrhoea	862	1.05	1.18	$\mathbf{\Psi}$
Vomiting	1,114	1.36	1.43	$\mathbf{\Psi}$
Myocardial infarction	846	1.03	1.00	←→
Heatstroke	13	0.02	0.01	←→

*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).

Total contacts. Syndromic indicators. There indicat

- Notes and caveats.
- Further information.
- Acknowledgements.

Syndromic indicators at a glance:

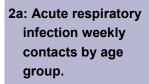
Number of contacts and percentage of Read coded contacts.

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Public Health England

2: Acute Respiratory Infection daily contacts.

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



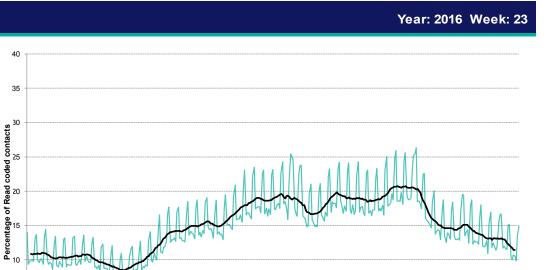
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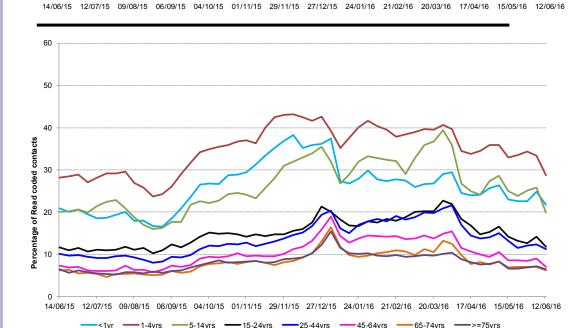
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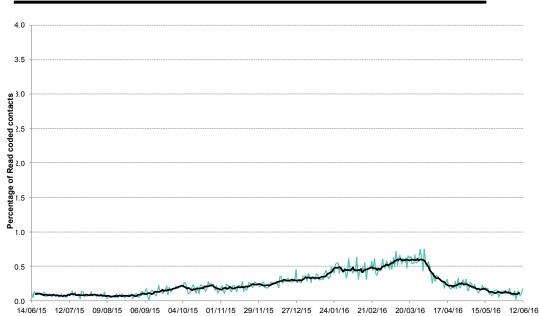
3: Influenza-like illness daily contacts.

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.







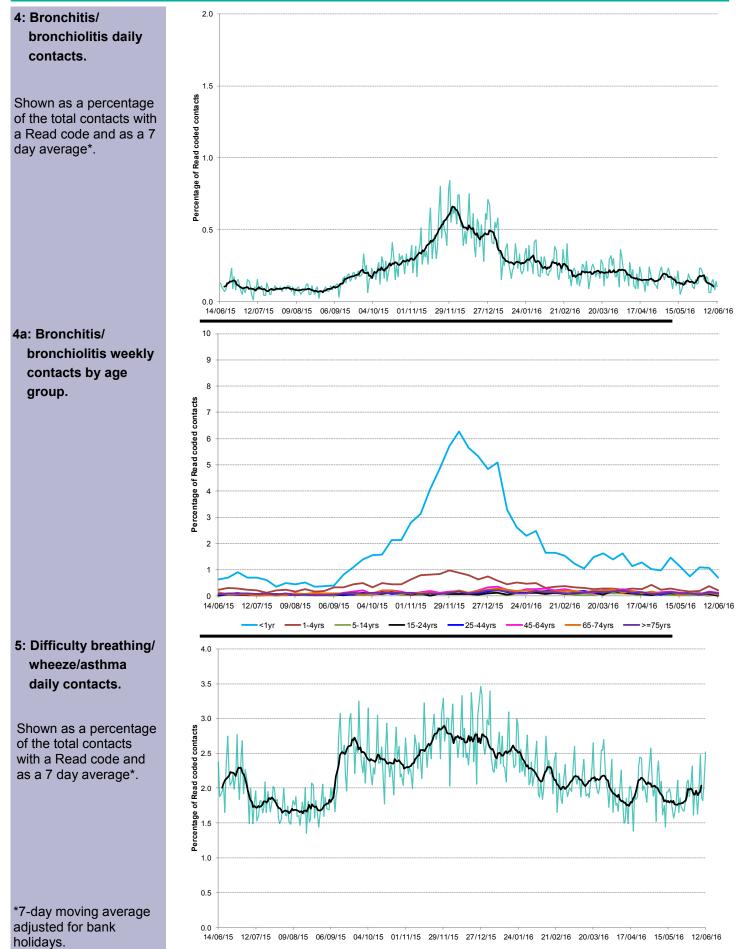
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Year: 2016 Week: 23



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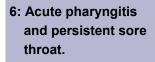
15 June 2016

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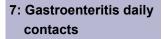
Public Health England

5a: Difficulty

breathing/wheeze/ asthma weekly contacts by age group.

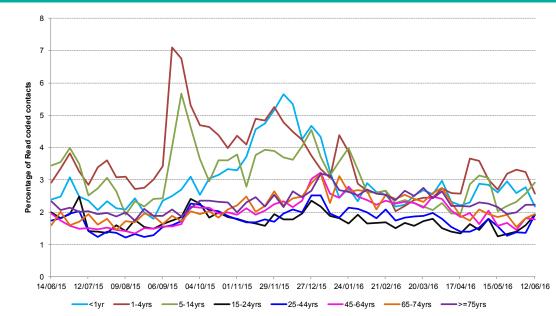


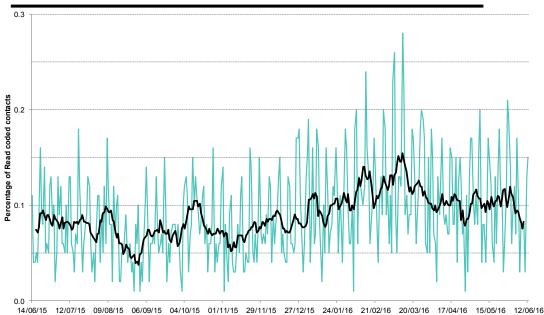
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

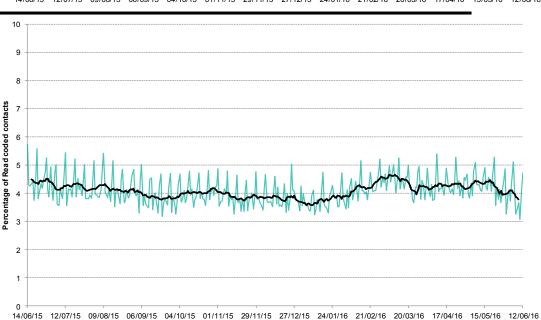


Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

*7-day moving average adjusted for bank holidays.



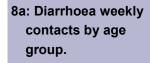


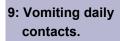




8: Diarrhoea daily contacts.

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

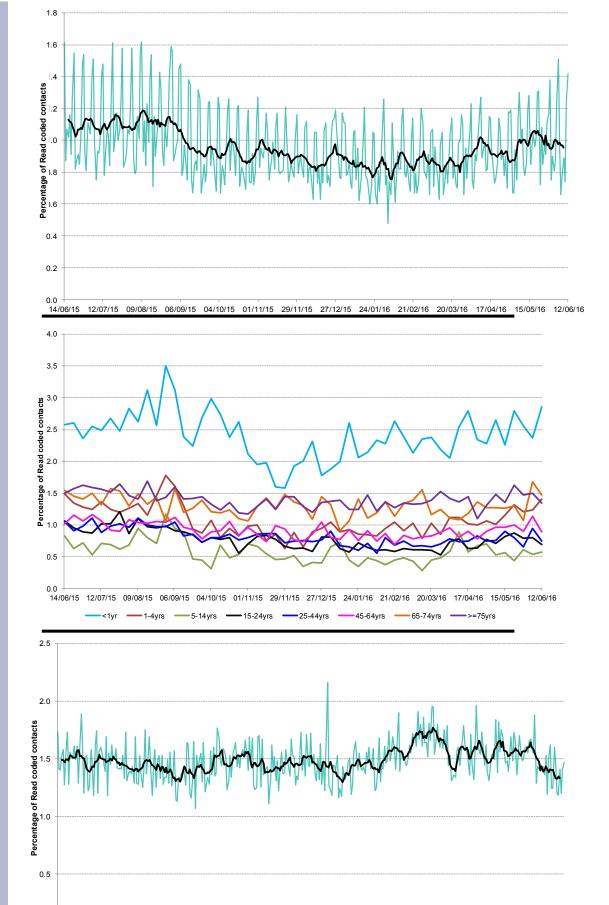




Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

*7-day moving average adjusted for bank holidays.

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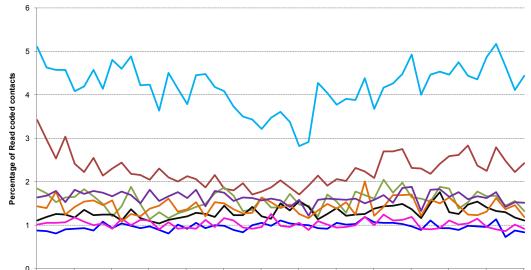
Year: 2016 Week: 23

12/06/16 **5** 14/06/15 12/07/15 09/08/15 06/09/15 04/10/15 01/11/15 29/11/15 27/12/15 24/01/16 21/02/16 20/03/16 17/04/16 15/05/16

9a: Vomiting weekly contacts by age

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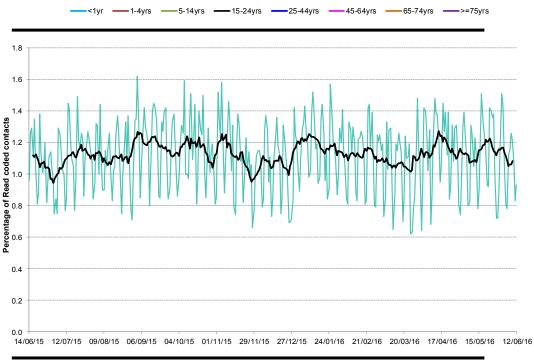
10: Myocardial Infarction daily contacts.

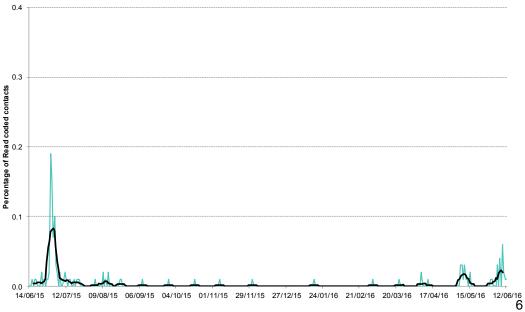
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

11: Heatstroke 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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15 June 2016	Year: 2016 Week: 23
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
Contact ReSST:	Produced by: PHE Real-time Syndromic Surveillance Team 6 th Floor, 5 St Philip's Place, Birmingham, B3 2PW Tel: 0344 225 3560 > Option 4 > Option 2 Fax: 0121 236 2215
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