

GP OOHSS

GP Out-of-Hours Surveillance System: England

Data to: 13 December 2015

14 December 2015 Year: 2015 Week: 50

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Key messages

GP out of hours consultations for acute respiratory infection, bronchitis/bronchiolitis and difficulty breathing all decreased during week 50, particularly in the under 1 and 1-4 years age groups (figures 2, 2a, 4, 4a, 5 & 5a).

A Cold Watch System operates in England from 1 November to 31 March each year. As part of the Public Health England Cold Weather Plan for England the PHE Real-time Syndromic Surveillance team will be monitoring the impact of cold weather on syndromic surveillance data during this period.

Cold weather alert level (current reporting week): Level 1- Winter preparedness

http://www.metoffice.gov.uk/weather/uk/coldweatheralert/

Syndromic indicators at a glance:

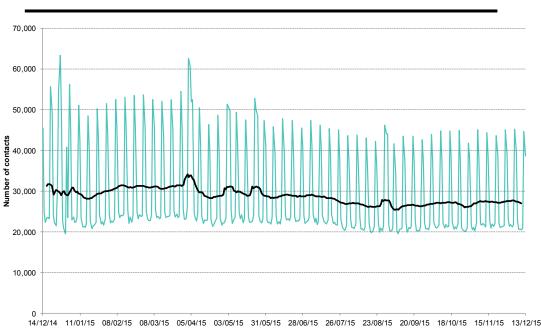
Number of contacts and percentage of Read coded contacts.

| | No. of | % | % | |
|------------------------------------|----------|---------|---------|-----------|
| Key indicator | contacts | Week 50 | Week 49 | Trend* |
| All OOH contacts, all causes | 188,841 | | | |
| Acute respiratory infection | 17,224 | 19.69 | 20.00 | ←→ |
| Influenza-like illness | 221 | 0.25 | 0.21 | ←→ |
| Bronchitis/bronchiolitis | 474 | 0.54 | 0.67 | ullet |
| Difficulty breathing/wheeze/asthma | 2,462 | 2.81 | 2.83 | ullet |
| Pharyngitis | 92 | 0.11 | 0.10 | ^ |
| Gastroenteritis | 3,473 | 3.97 | 4.01 | ←→ |
| Diarrhoea | 779 | 0.89 | 0.96 | ullet |
| Vomiting | 1,333 | 1.52 | 1.50 | ←→ |
| Myocardial infarction | 877 | 1.00 | 0.97 | ←→ |

^{*}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.

40

35

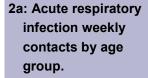
30

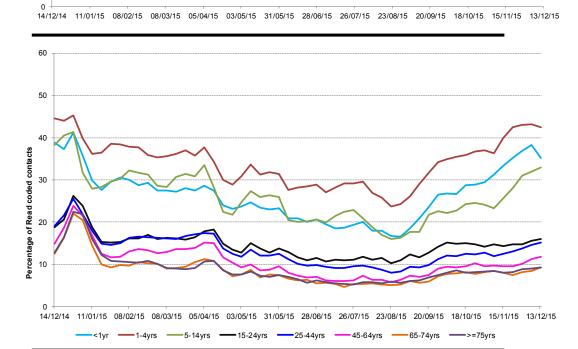
Percentage of Read coded contacts

10

5

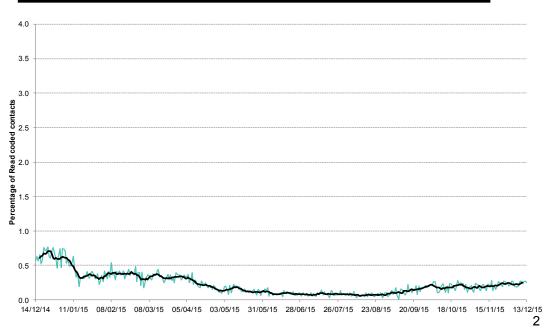
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



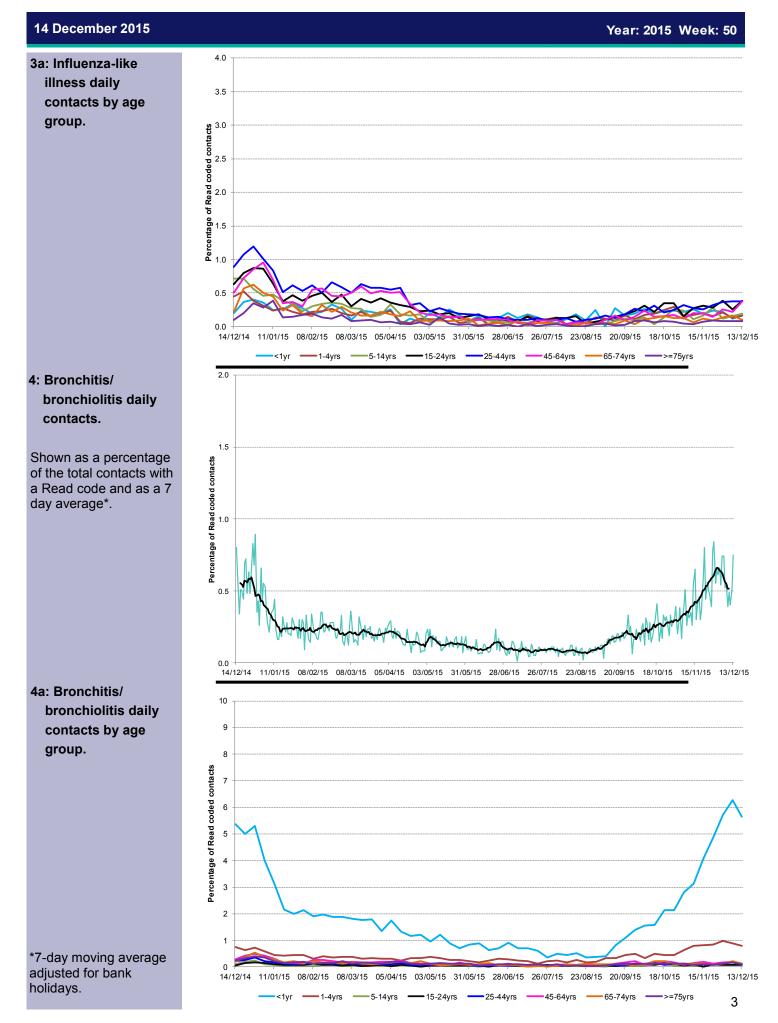


3: Influenza-like illness daily contacts.

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



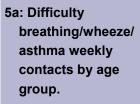


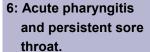




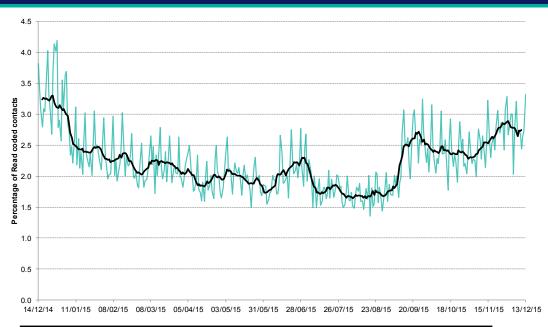
5: Difficulty breathing/ wheeze/asthma daily contacts.

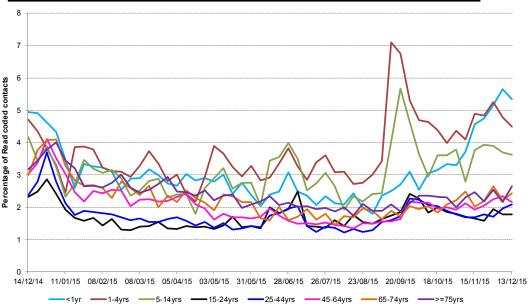
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

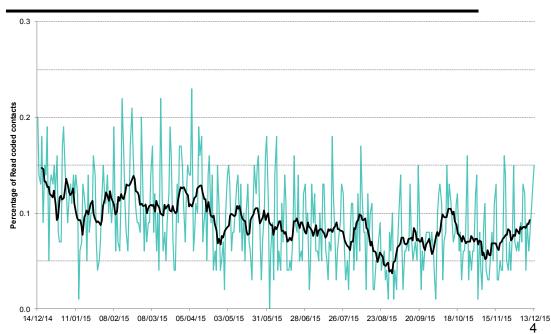




Shown as a percentage of the total contacts with a Read code and as a 7 day average*.









7: Gastroenteritis daily contacts

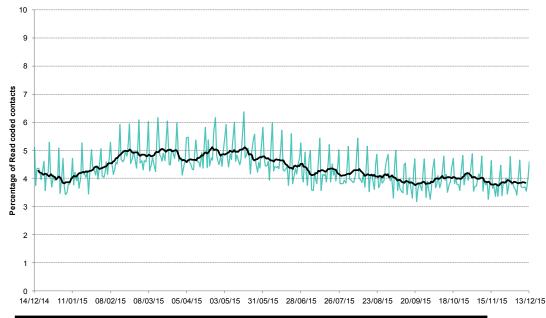
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

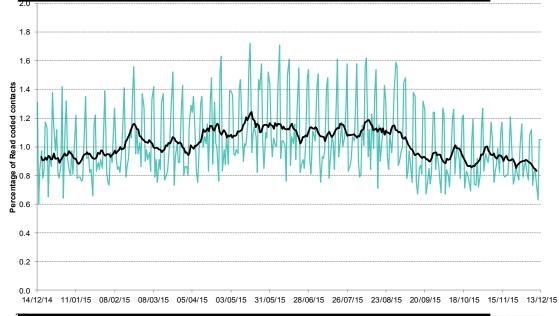
8: Diarrhoea daily contacts.

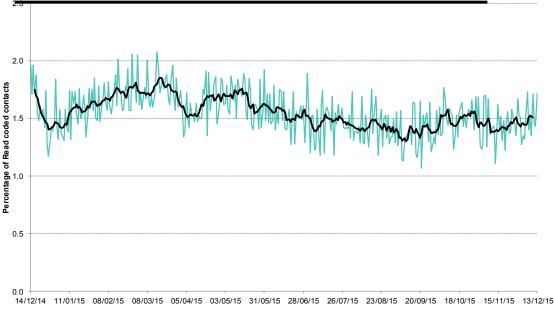
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

9: Vomiting daily contacts.

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



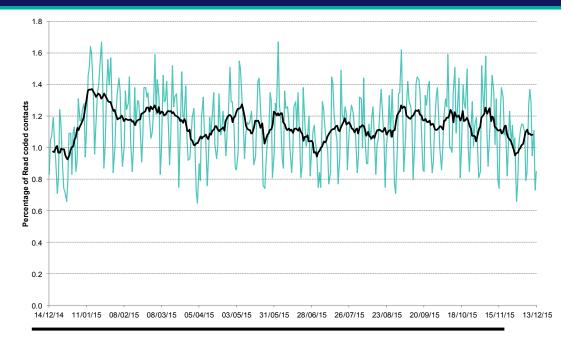






10: Myocardial Infarction daily contacts.

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



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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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