GP OOHSS

GP Out-of-Hours Surveillance System: England

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Key messages

Data to: 05 March 2017

During week 9 there were small increases in GP out of hours consultations for gastroenteritis and vomiting in the 1-4 years age group (figures 7a and 9a).

There were further decreases in respiratory conditions during week 9.
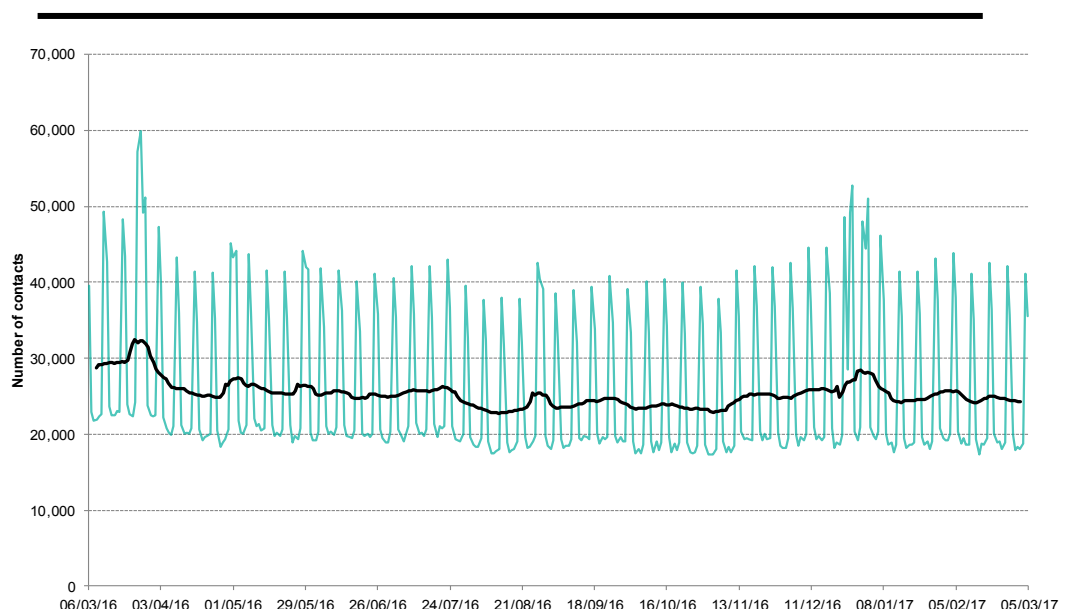
A Cold Watch System operates in England from 1 November to 31 March each year. As part of the Public Health England Cold Weather Plan for England the PHE Real-time Syndromic Surveillance Team will be monitoring the impact of cold weather on syndromic surveillance data during this period.
Cold weather alert level (current reporting week): **Level 1 Winter preparedness - 2 Alert and readiness**
http://www.metoffice.gov.uk/weather/uk/coldweatheralert/

Syndromic indicators at a glance:

Number of contacts and percentage of Read coded contacts.

Key indicator	No. of contacts	% Week 09	% Week 08	Trend*
All OOH contacts, all causes	169,644			
Acute respiratory infection	12,799	15.32	16.22	↓
Influenza-like illness	136	0.16	0.23	↓
Bronchitis/bronchiolitis	161	0.19	0.24	↓
Difficulty breathing/wheeze/asthma	1,589	1.90	1.94	↓
Pharyngitis	76	0.09	0.11	←→
Gastroenteritis	3,914	4.69	4.64	←→
Diarrhoea	841	1.01	1.14	←→
Vomiting	1,404	1.68	1.52	←→
Myocardial infarction	1,003	1.20	1.11	↑

*Trend: reports on the trend seen over previous weeks in the percentage of Read coded contacts.
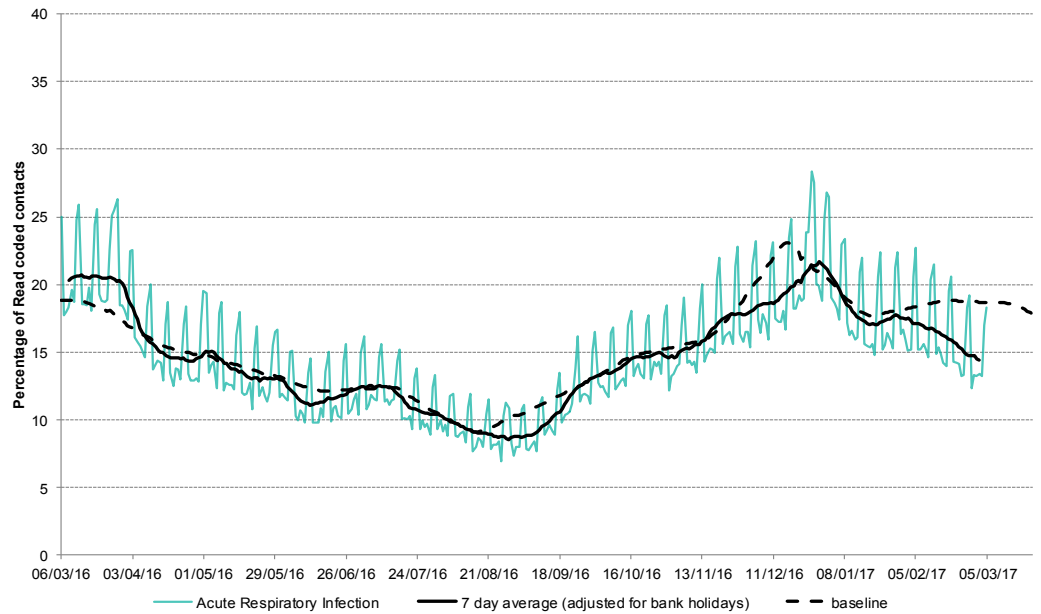
1: Total out-of-hours contacts:

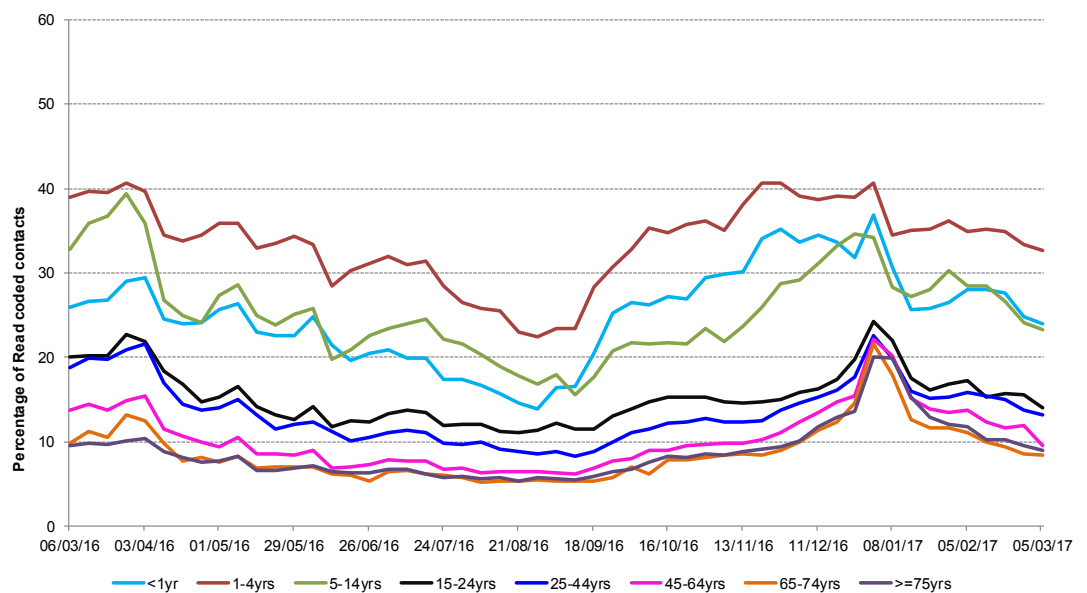Daily total number of out-of-hours and unscheduled contacts and 7 day average (adjusted for bank holidays).

2: Acute Respiratory Infection daily contacts.

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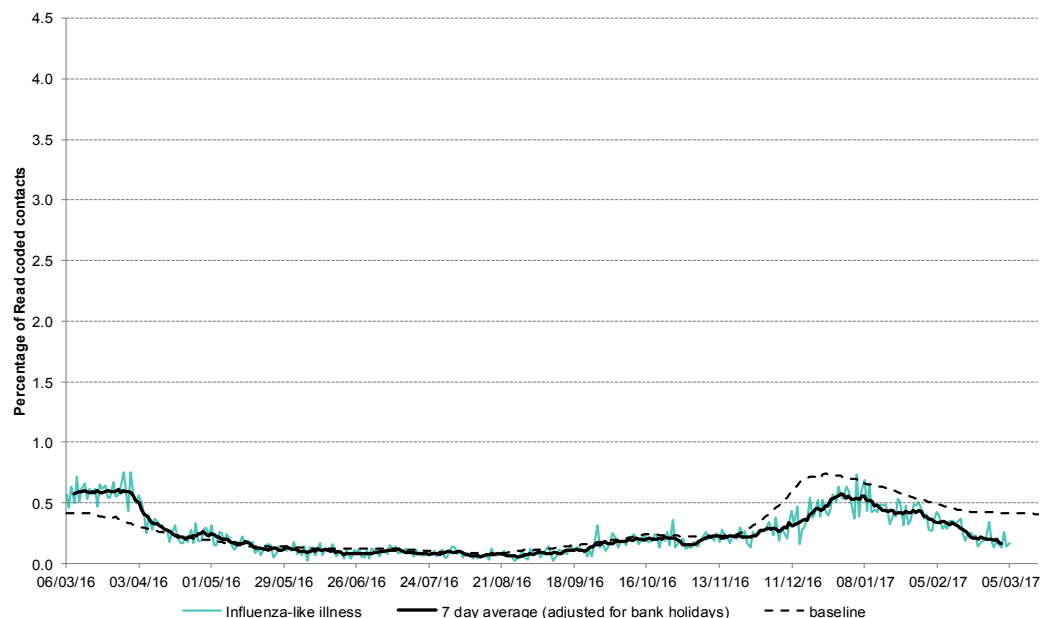

2a: Acute respiratory infection weekly contacts by age group.

3: Influenza-like illness daily contacts.

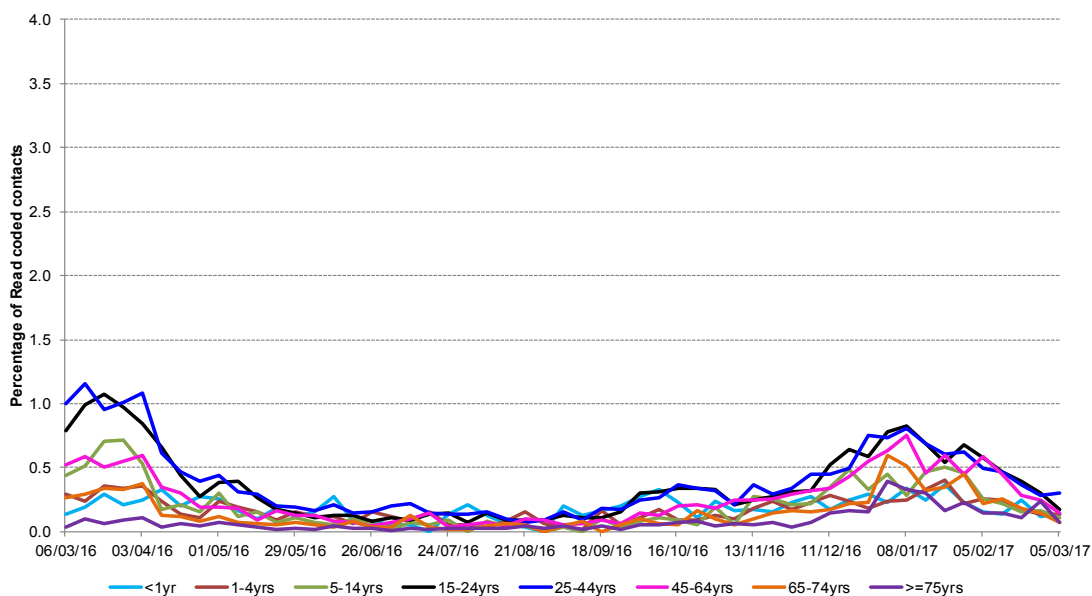Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

*7-day moving average adjusted for bank holidays.
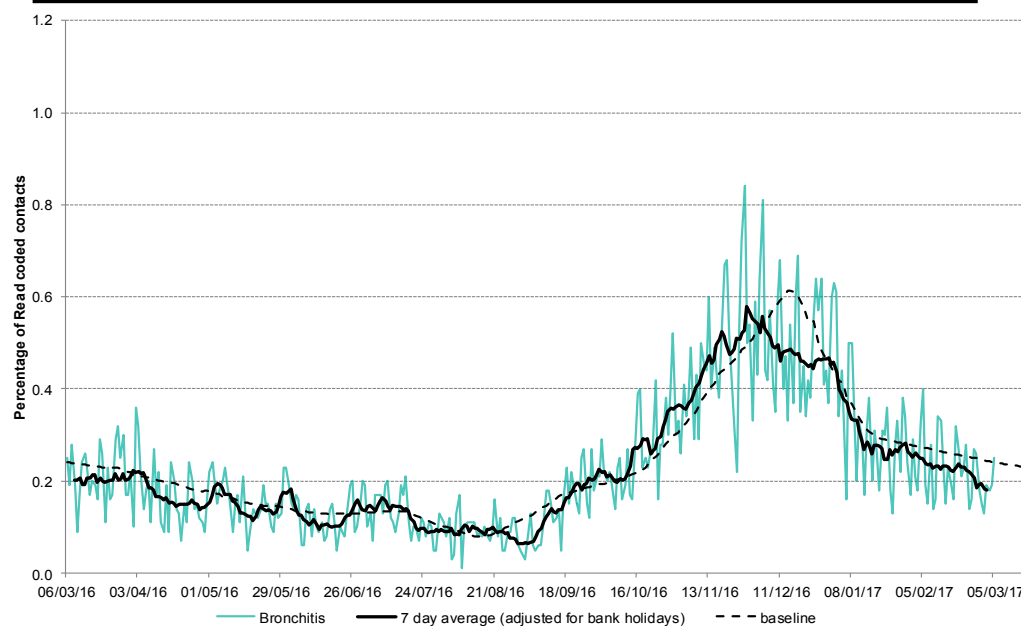

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4a: Influenza-like illness weekly contacts by age group.
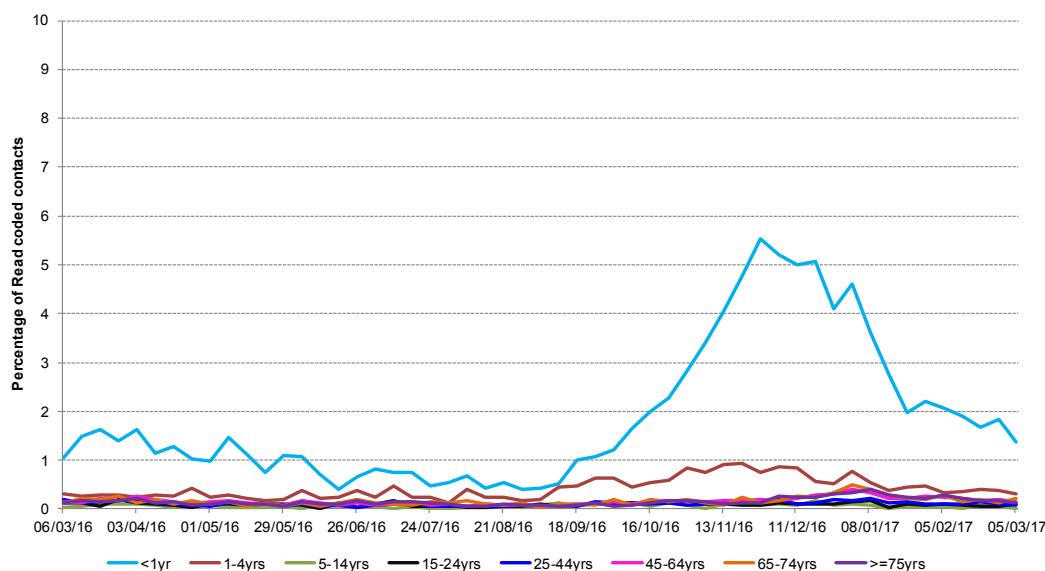

4: Bronchitis/ bronchiolitis daily contacts.

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

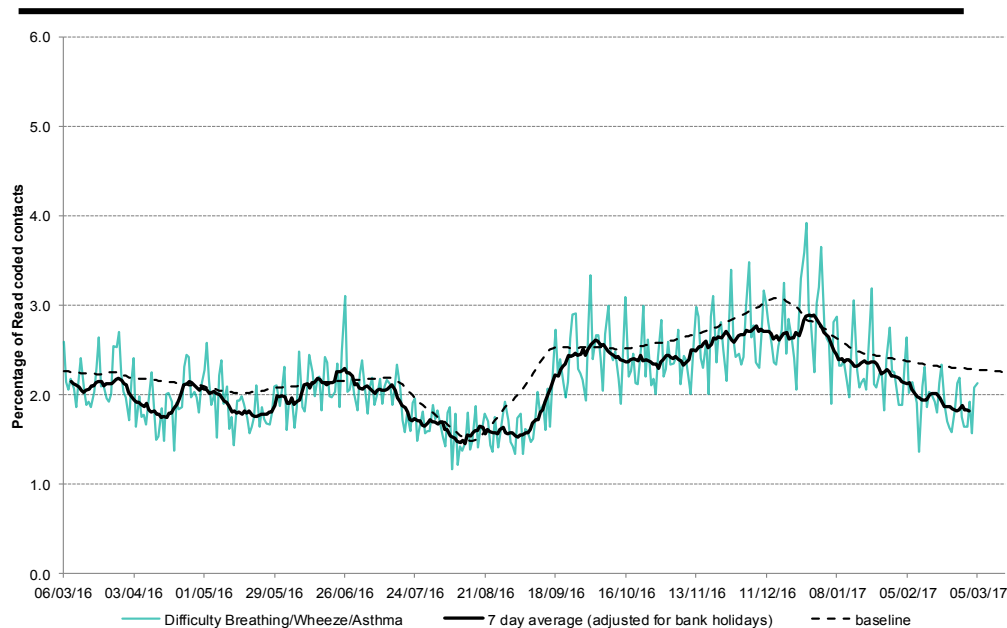**4a: Bronchitis/ bronchiolitis weekly contacts by age group.**

*7-day moving average adjusted for bank holidays.
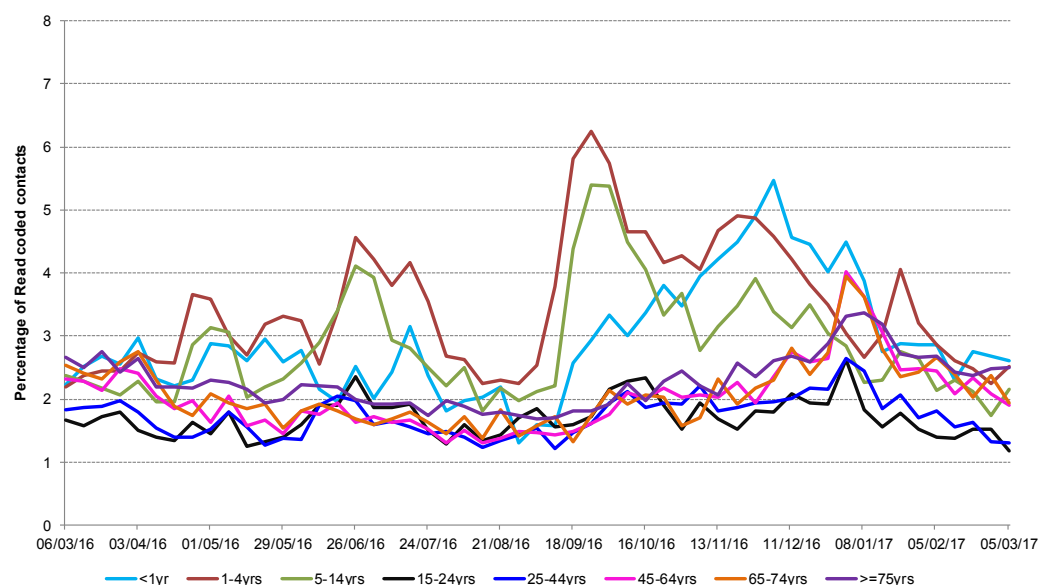
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5: Difficulty breathing/ wheeze/asthma daily contacts.

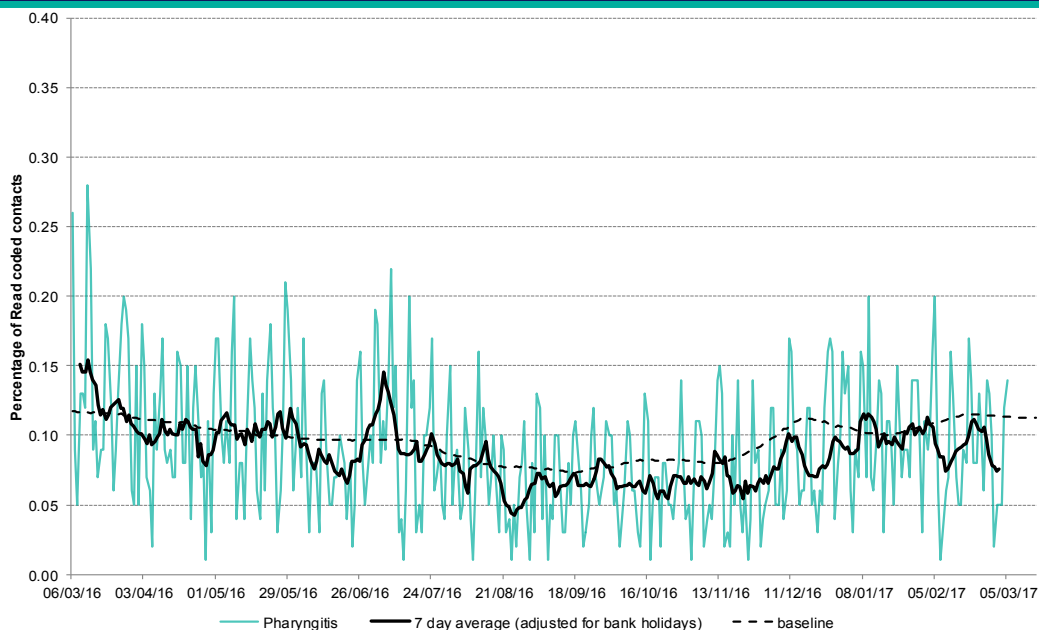Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

Difficulty Breathing/Wheeze/Asthma — 7 day average (adjusted for bank holidays) - - - baseline

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

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

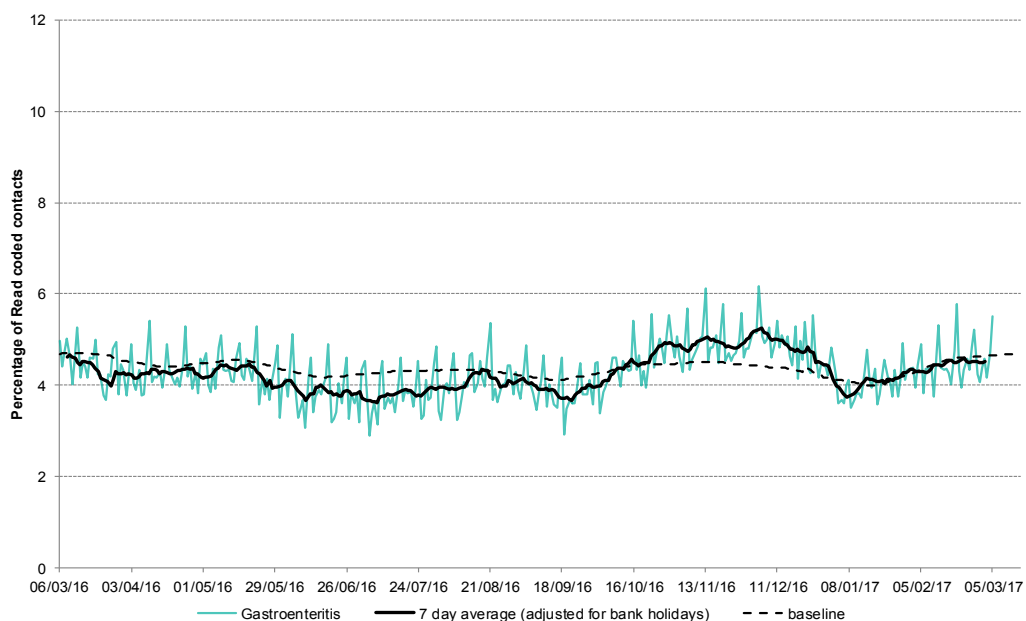*7-day moving average adjusted for bank holidays.

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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*.
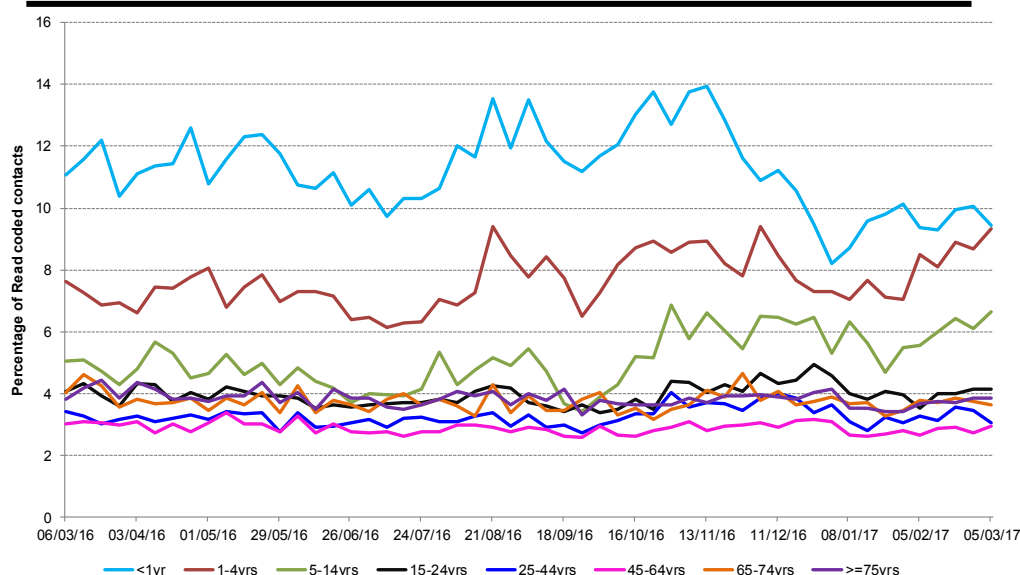

7: Gastroenteritis daily contacts

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

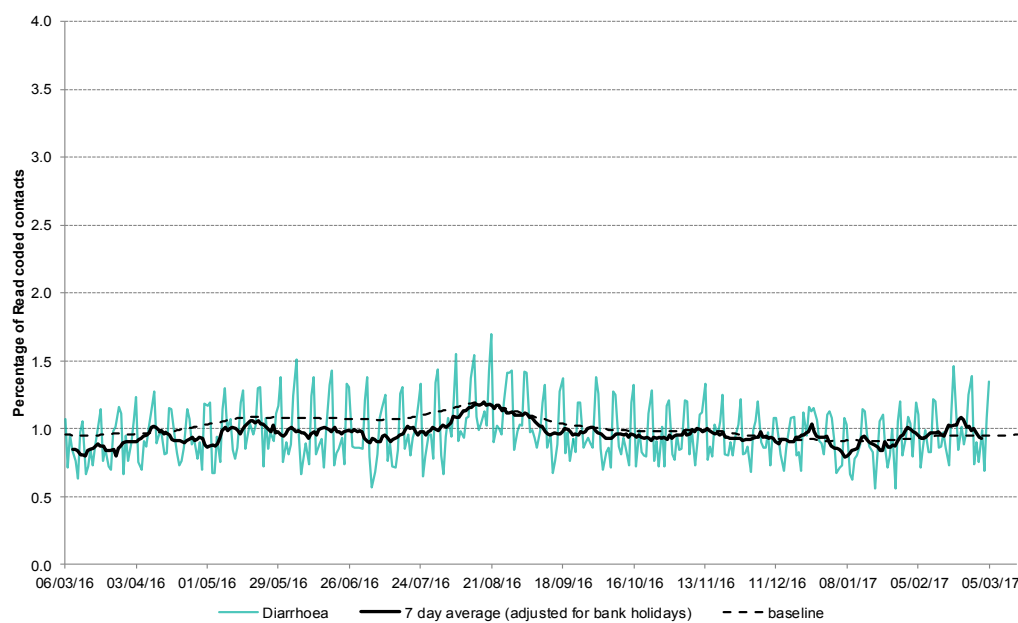**7a: Gastroenteritis weekly contacts by age group.**

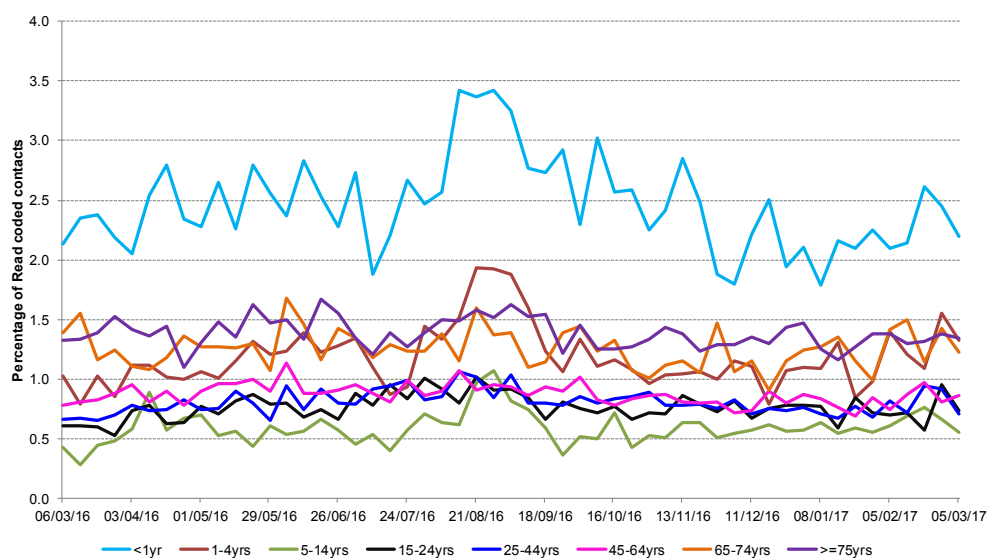*7-day moving average adjusted for bank holidays.

8: Diarrhoea daily contacts.

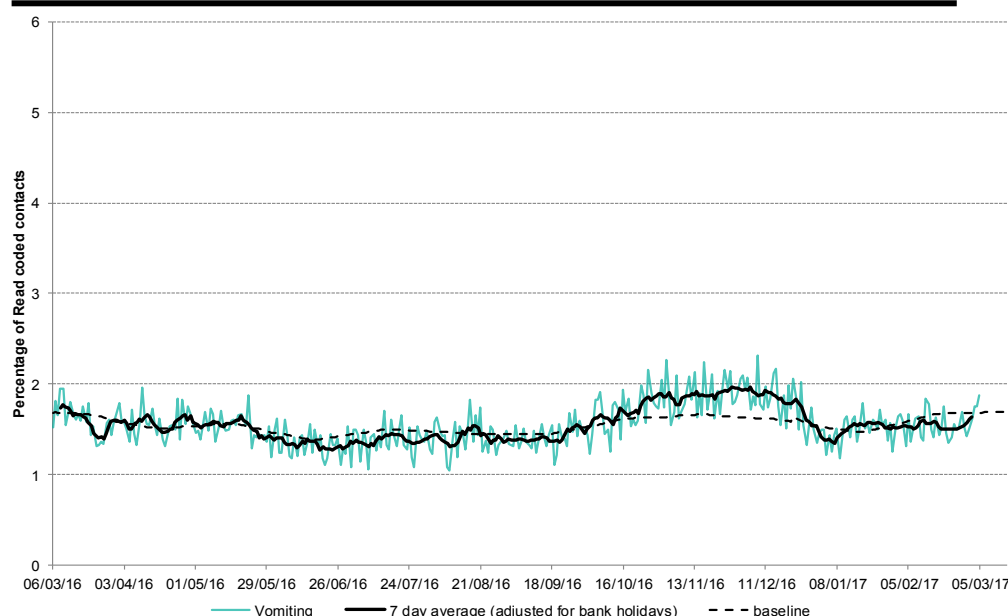Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

8a: Diarrhoea weekly contacts by age group.

9: Vomiting daily contacts.

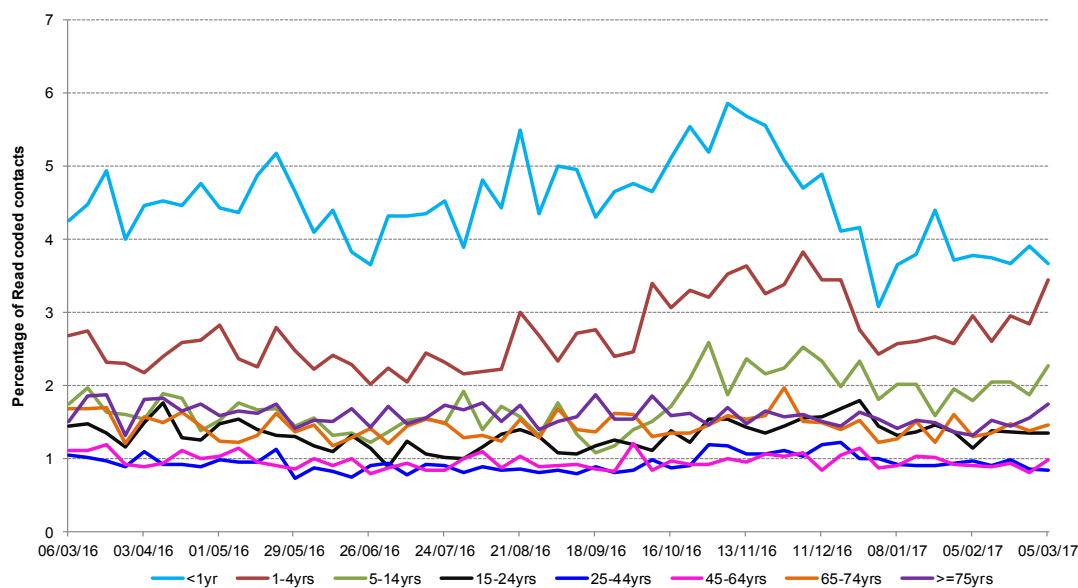Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

*7-day moving average adjusted for bank holidays.
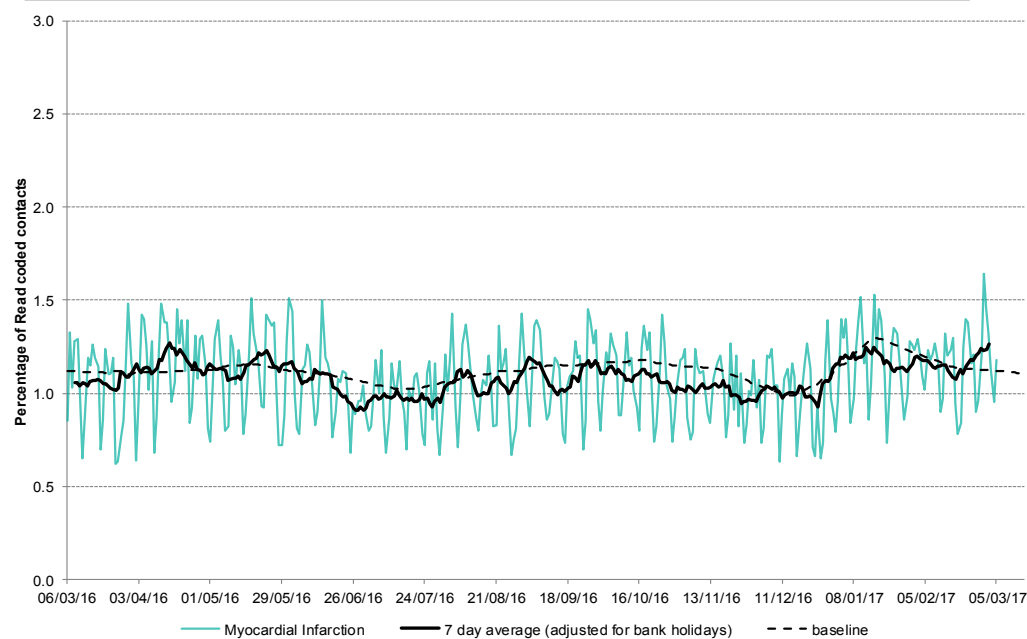

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9a: Vomiting weekly contacts by age group.

10: Myocardial Infarction daily contacts.

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

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*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

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Acknowledgements:

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PHE Out-of-Hours/Unscheduled Care Surveillance

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