



31 May 2017

Year: 2017 Week: 21

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## Syndromic indicators at a glance:

Number of contacts and 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).

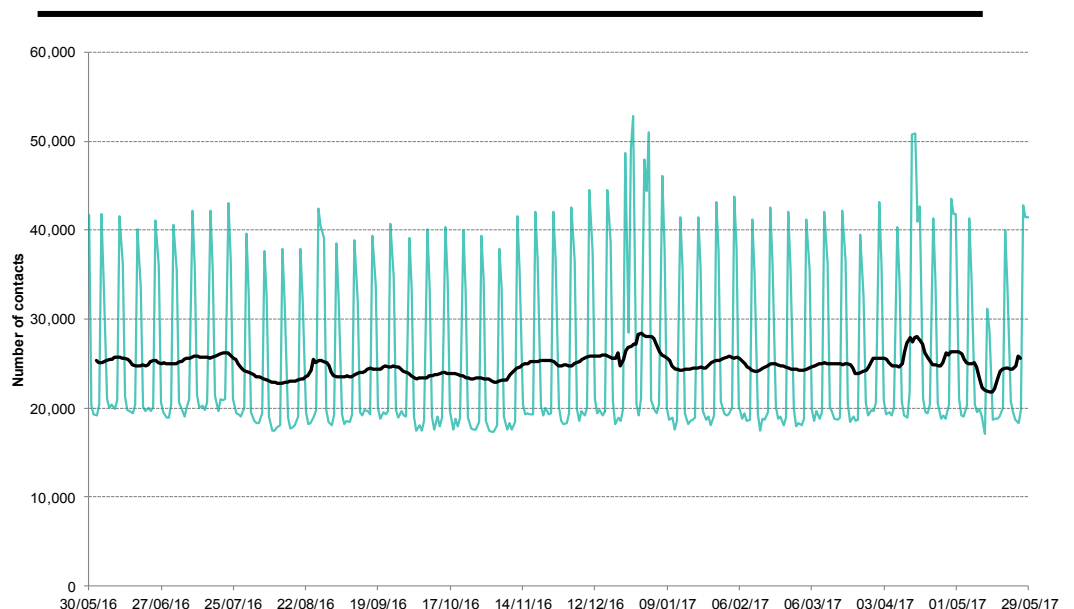
## Key messages

Data to: 29 May 2017

There were increases in GP out of hours heat stroke consultations during week 21 (note small numbers), which peaked on Fri 26 May, in line with a period of warm weather (figure 10).

Key indicator	No. of contacts	% Week 21	% Week 20	Trend*
All OOH contacts, all causes	181,157			
Acute respiratory infection	10,603	12.55	13.38	↔
Influenza-like illness	73	0.09	0.08	↔
Bronchitis/bronchiolitis	122	0.14	0.16	↔
Difficulty breathing/wheeze/asthma	1,492	1.77	1.82	↔
Pharyngitis	73	0.09	0.09	↓
Gastroenteritis	3,355	3.97	4.36	↓
Diarrhoea	890	1.05	1.10	↓
Vomiting	1,181	1.40	1.49	↓
Myocardial infarction	769	0.91	0.95	↓
Heatstroke	19	0.02	0.00	↑

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

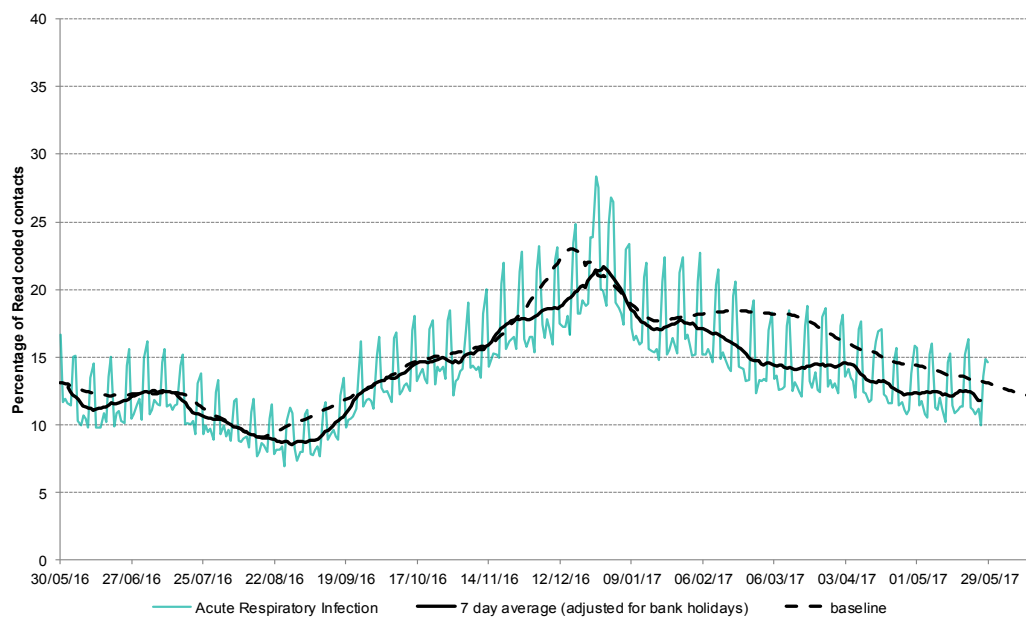


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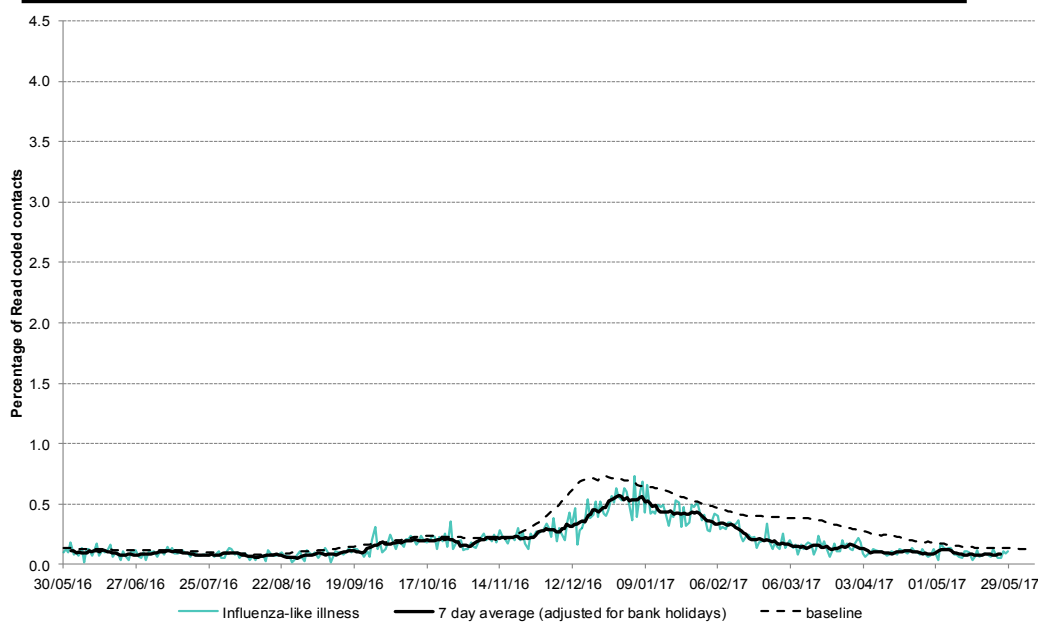
**2: Acute Respiratory Infection daily contacts.**

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



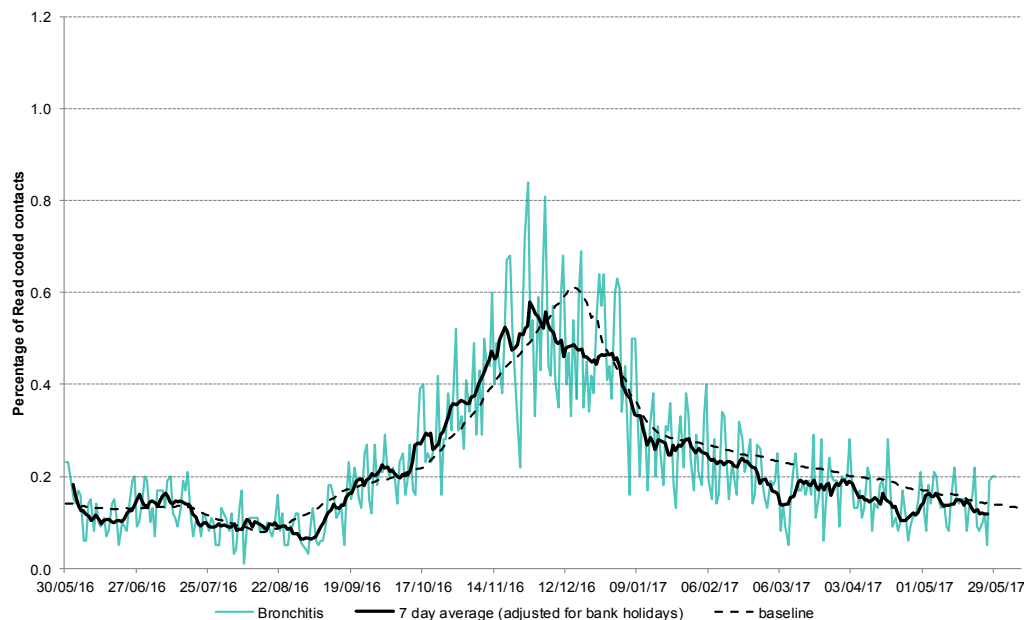
**3: Influenza-like illness daily contacts.**

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



**4: Bronchitis/ bronchiolitis daily contacts.**

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



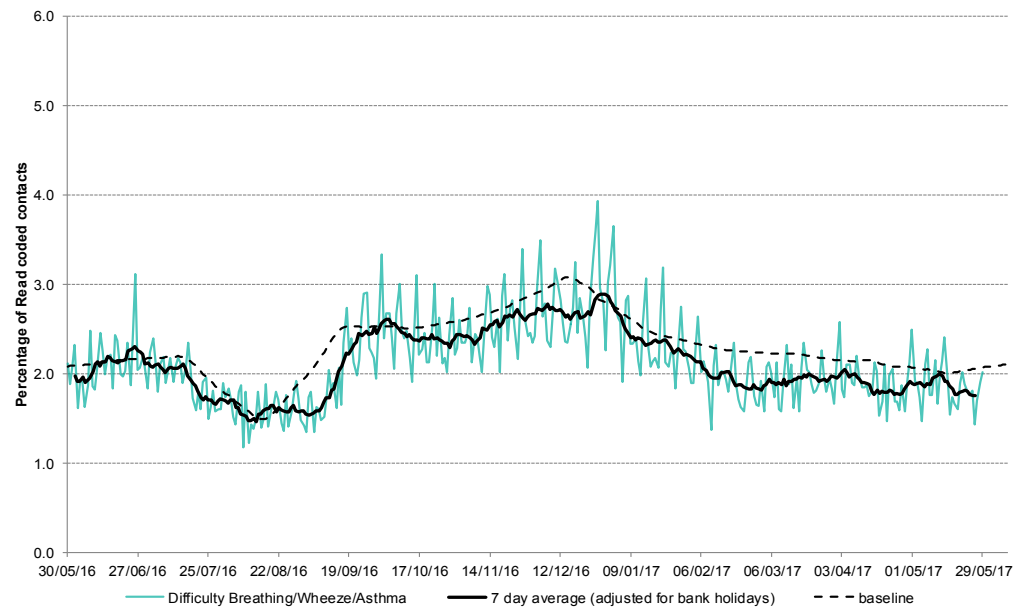
\*7-day moving average adjusted for bank holidays.

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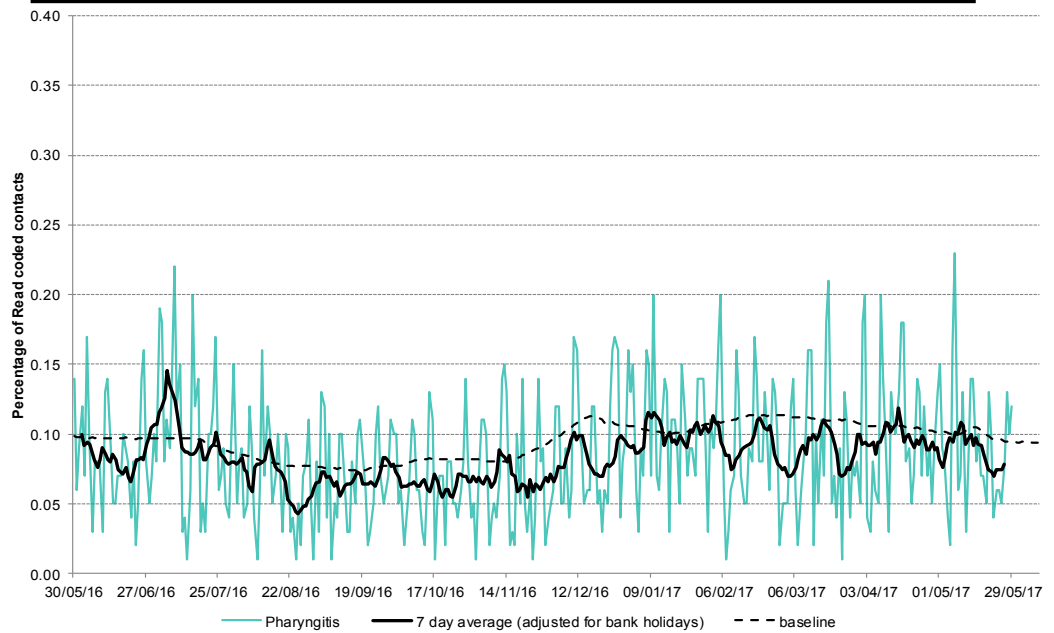
**5: Difficulty breathing/  
wheeze/asthma daily  
contacts.**

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



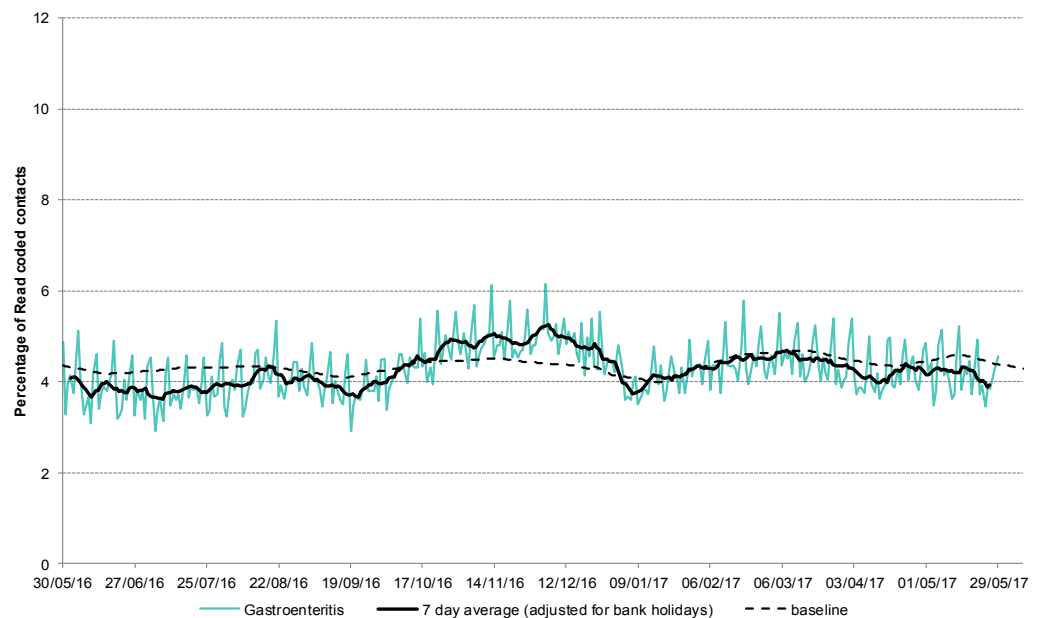
**6: Acute pharyngitis  
and persistent sore  
throat.**

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\*.

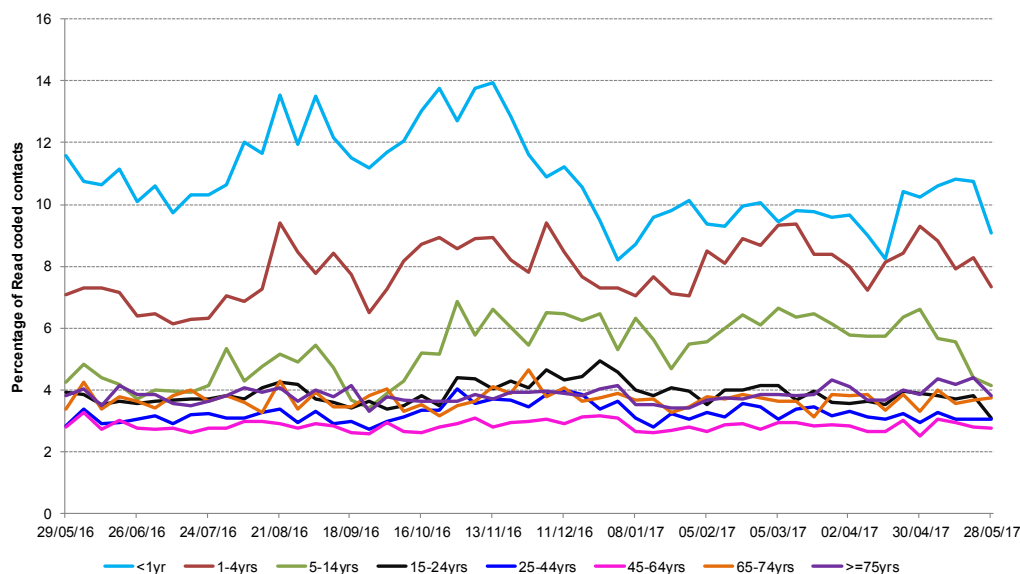


\*7-day moving average  
adjusted for bank  
holidays.

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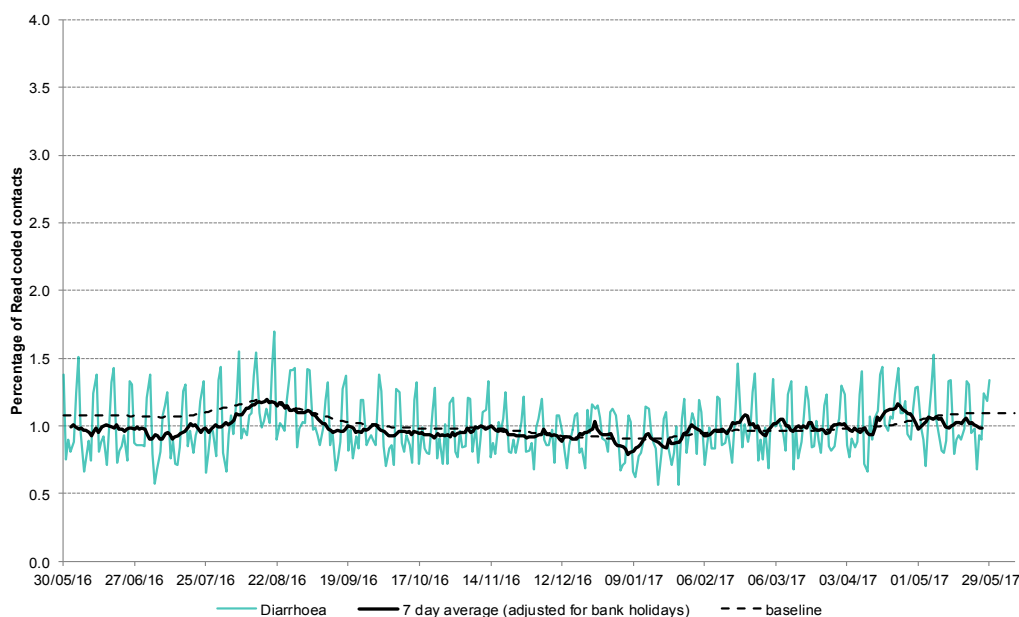
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**7a: Gastroenteritis weekly contacts by age group.**

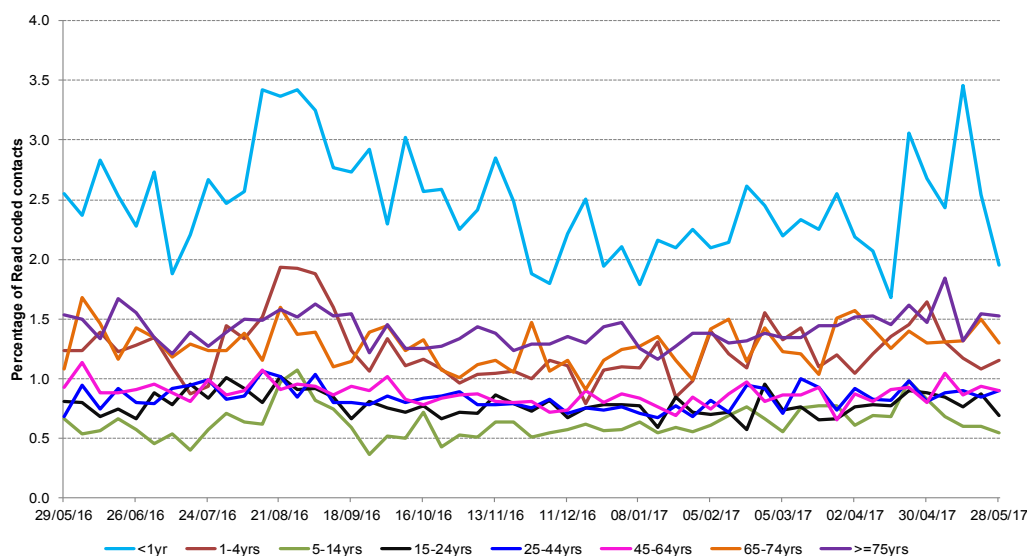


**8: Diarrhoea daily contacts.**

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



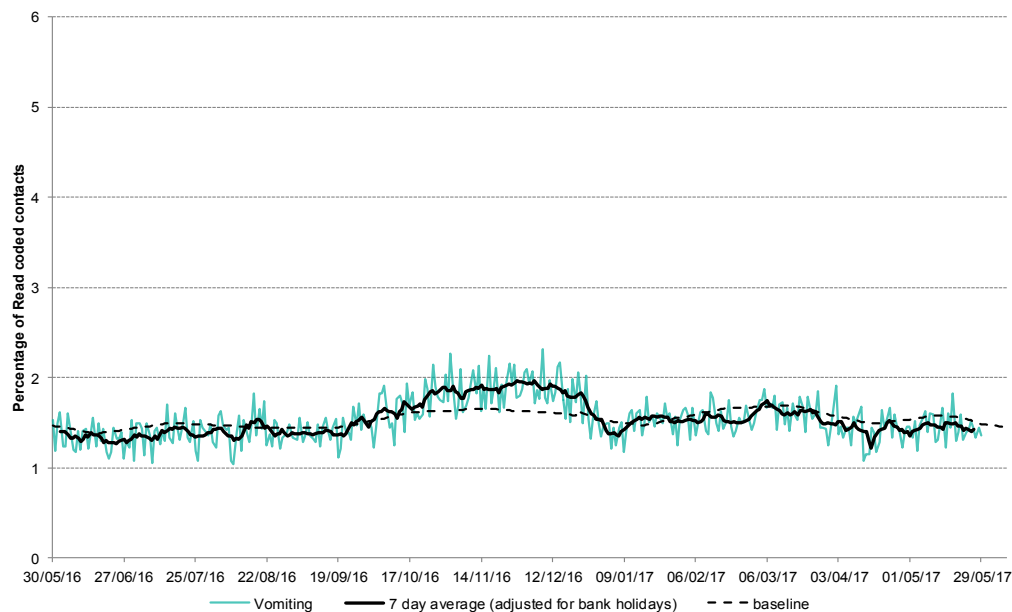
**8a: Diarrhoea weekly contacts by age group.**



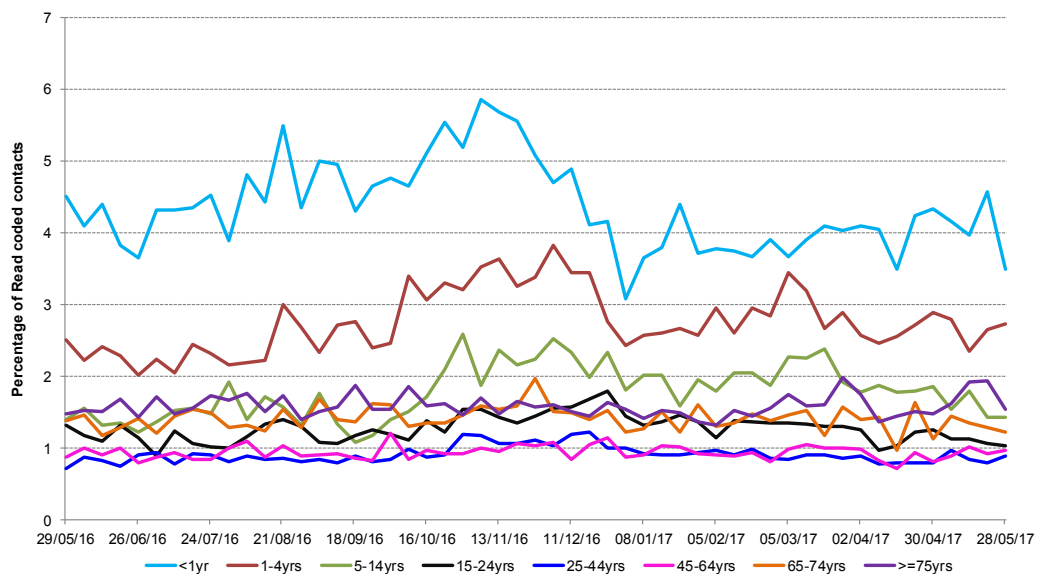
\*7-day moving average adjusted for bank holidays.

**9: Vomiting daily contacts.**

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

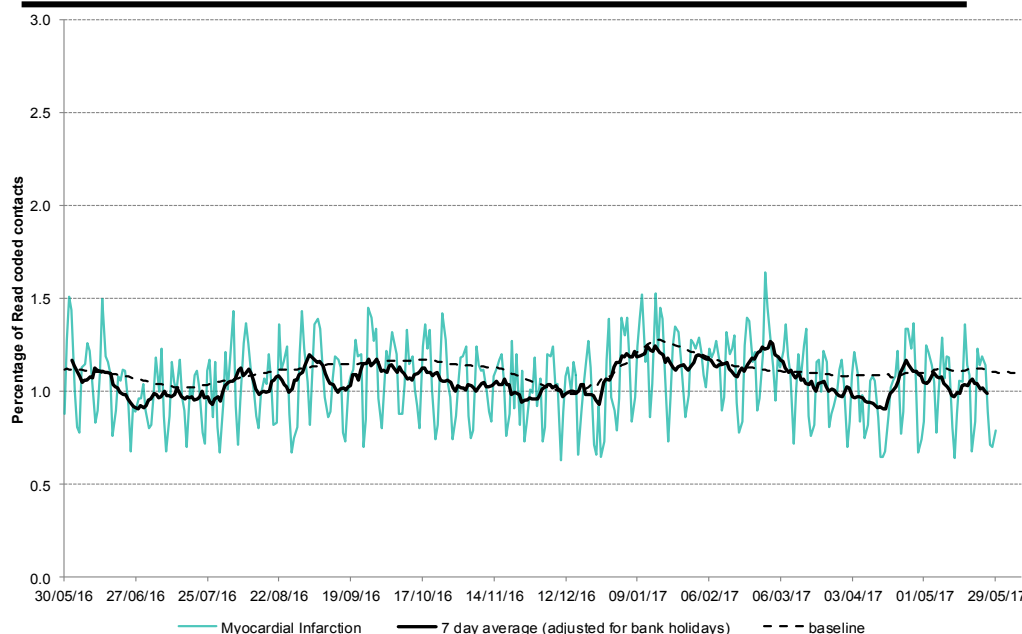


**9a: Vomiting weekly contacts by age group.**



**10: Myocardial Infarction daily contacts.**

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



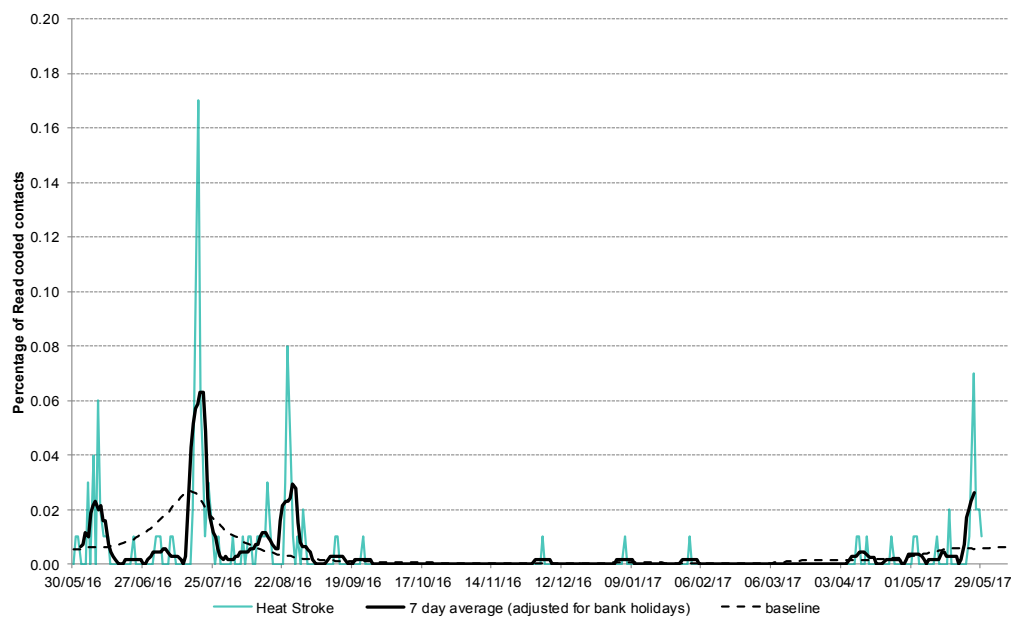
\*7-day moving average adjusted for bank holidays.

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## 11: Heatstroke 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>

## 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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### PHE Out-of-Hours/Unscheduled Care Surveillance

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