GP OOHSS

GP Out-of-Hours Surveillance System: England

Public Health England

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Key messages

Data to: 22 April 2018

There was nothing new to report for week 16.

Syndromic indicators at a glance:

Number of contacts and percentage of Read coded contacts.

Key indicator	No. of contacts	% Week 16	% Week 15	Trend*
All OOH contacts, all causes	163,906			
Acute respiratory infection	10,337	12.94	14.86	↓
Influenza-like illness	108	0.14	0.27	↓
Bronchitis/bronchiolitis	126	0.16	0.18	←→
Difficulty breathing/wheeze/asthma	1,461	1.83	1.75	←→
Pharyngitis	62	0.08	0.10	↓
Gastroenteritis	3,032	3.79	3.90	←→
Diarrhoea	806	1.01	1.09	←→
Vomiting	1,083	1.36	1.34	←→
Myocardial infarction	792	0.99	1.06	←→

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

1: Total out-of-hours contacts:

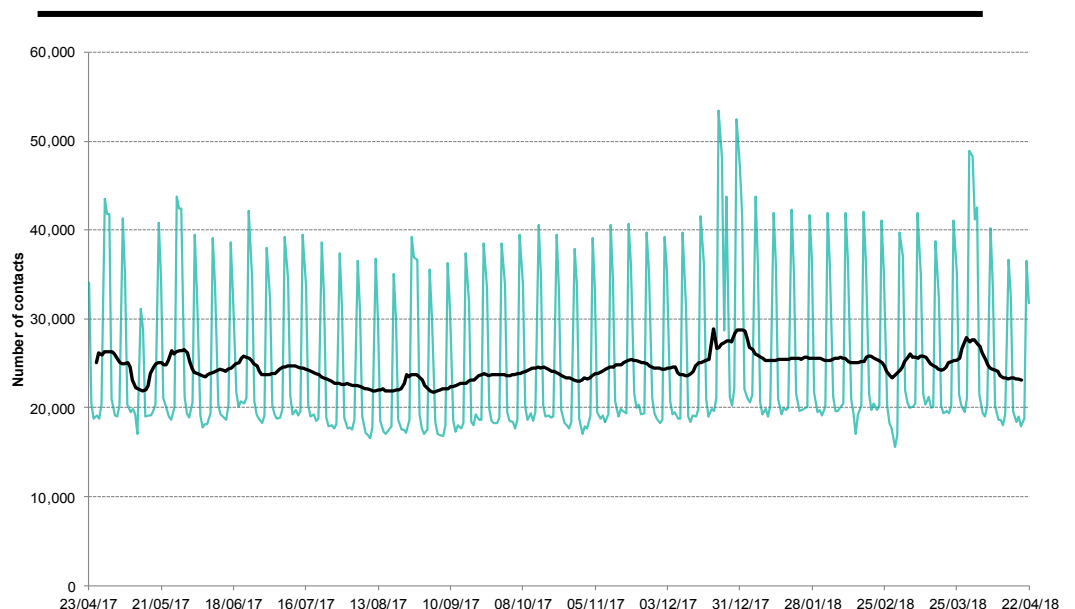Daily total number of out-of-hours and unscheduled contacts and 7 day average (adjusted for bank holidays).
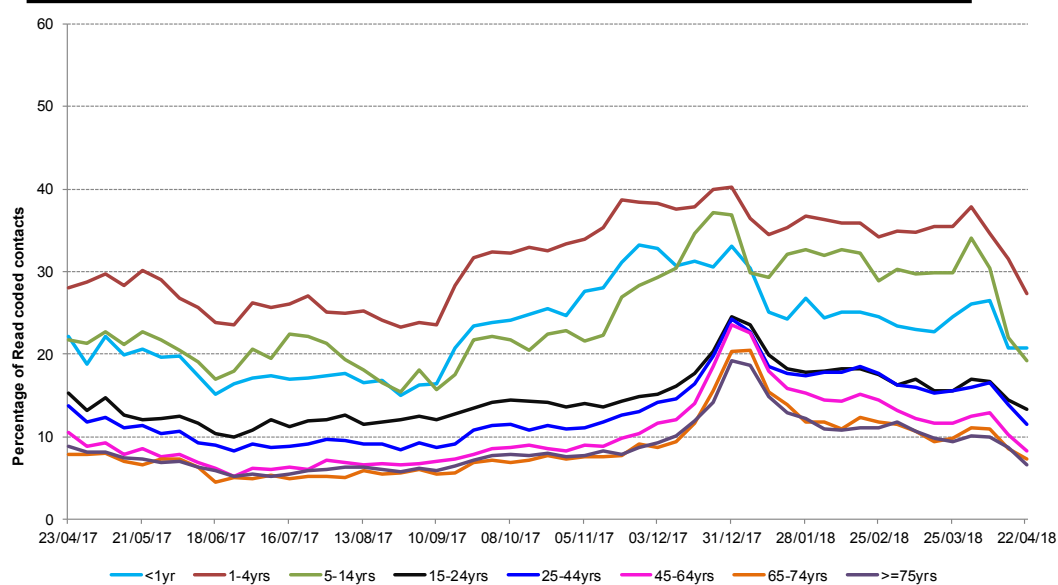
2: Acute Respiratory Infection daily contacts.

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

Acute Respiratory Infection — 7 day average (adjusted for bank holidays) — baseline
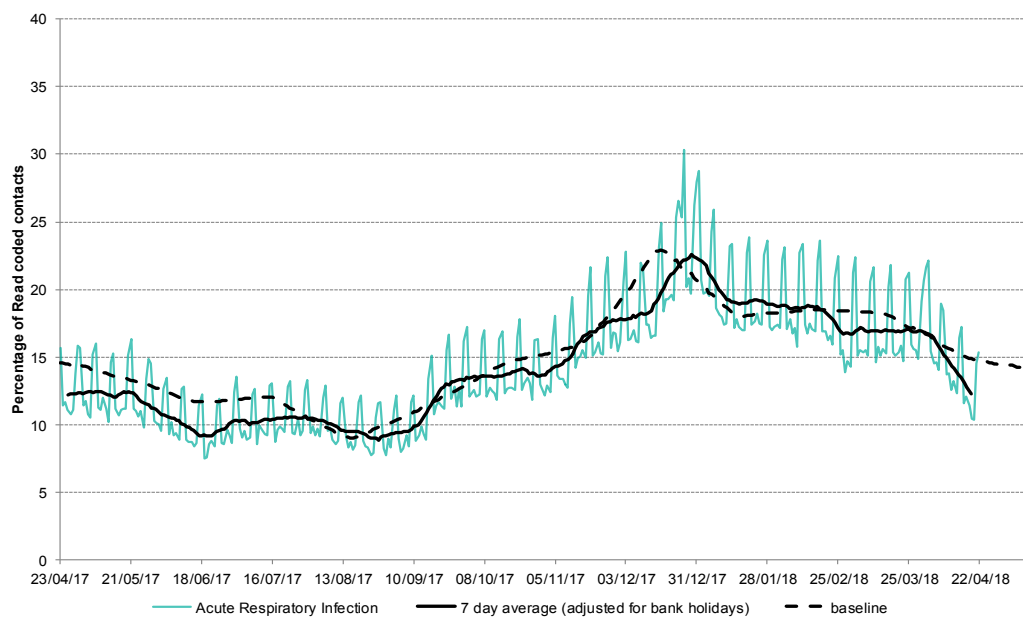
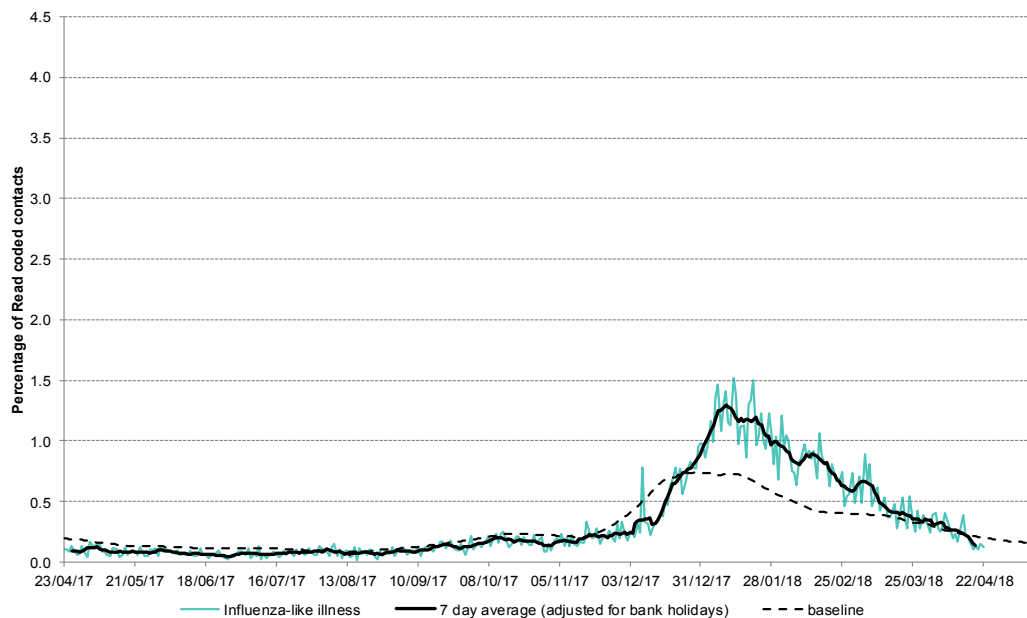**2a: Acute Respiratory Infection contacts by age group.**

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

3: Influenza-like illness daily contacts.

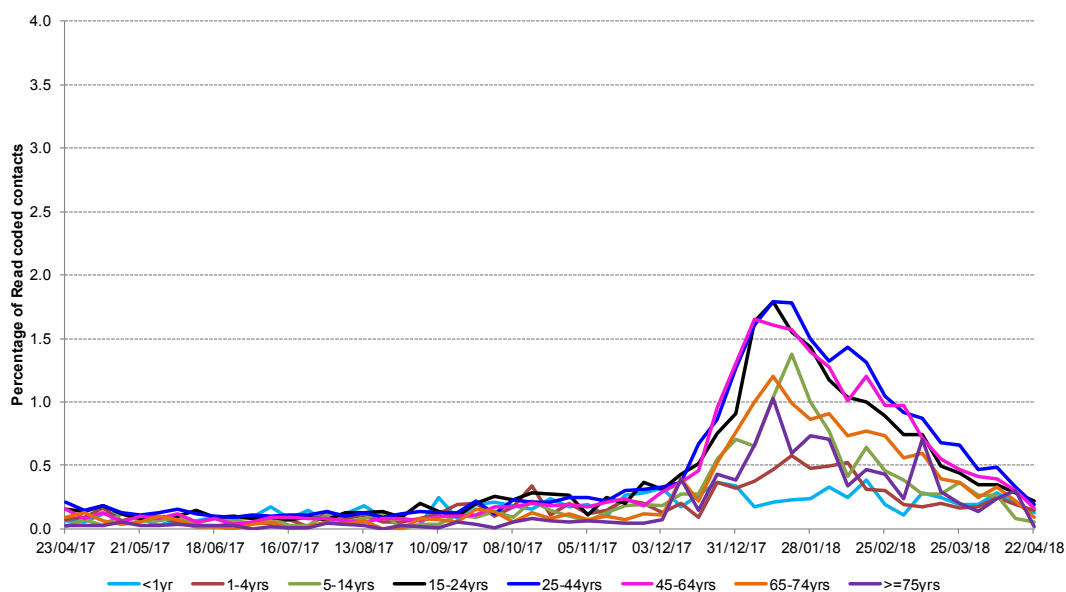Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

Influenza-like illness — 7 day average (adjusted for bank holidays) — baseline
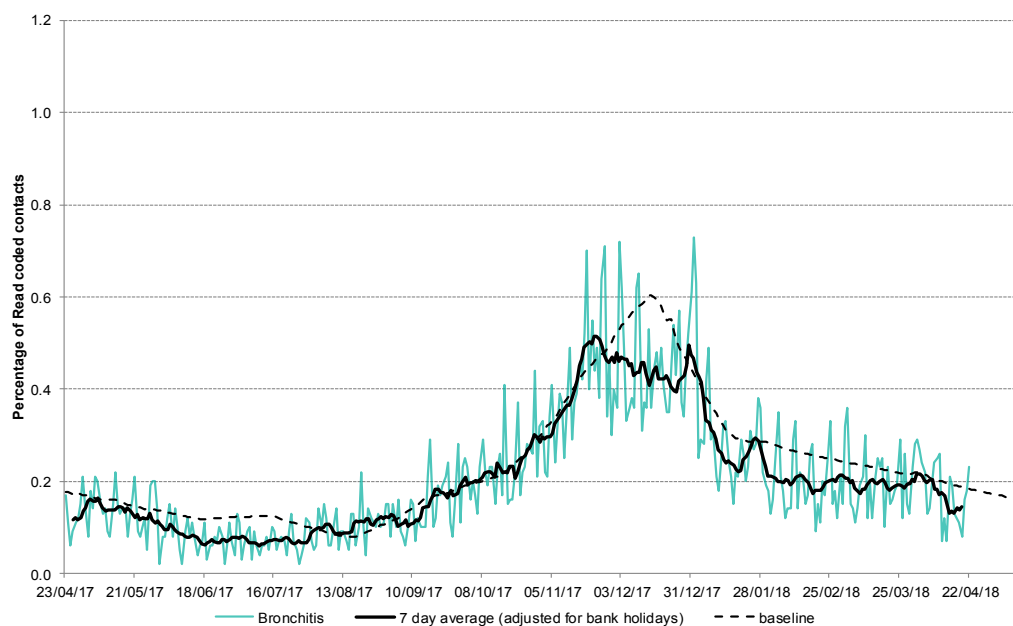
*7-day moving average adjusted for bank holidays.

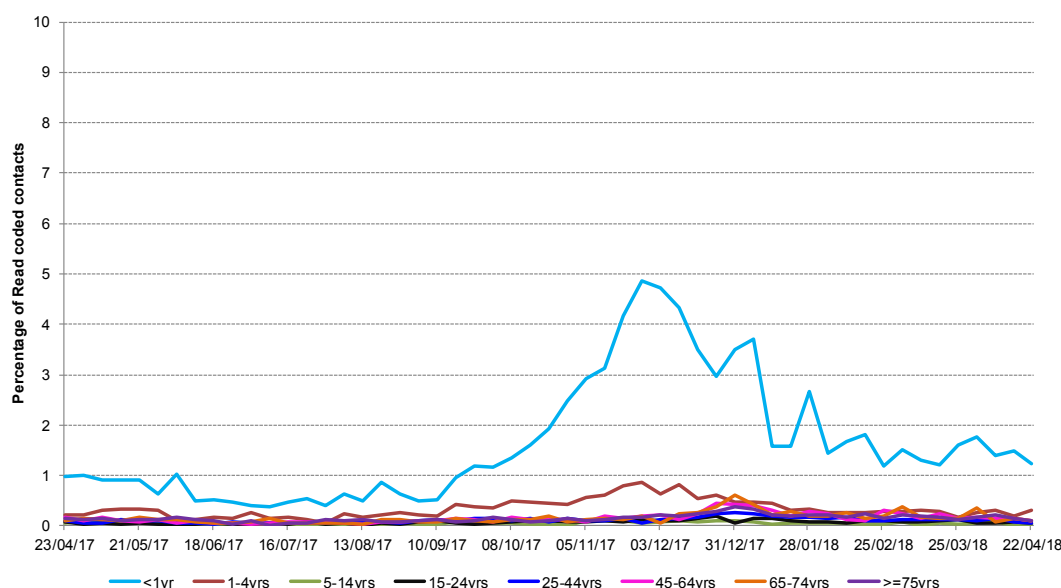**3a Influenza-like illness weekly contacts by age group.**

4: Bronchitis/ bronchiolitis daily contacts.

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

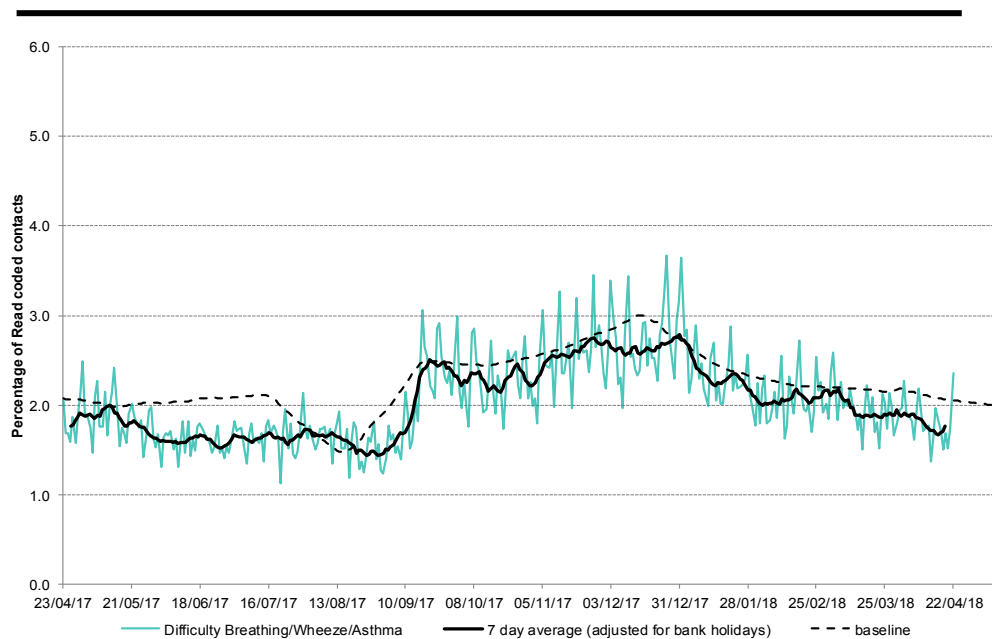**4a: Bronchitis/ bronchiolitis weekly contacts by age group.**

*7-day moving average adjusted for bank holidays.
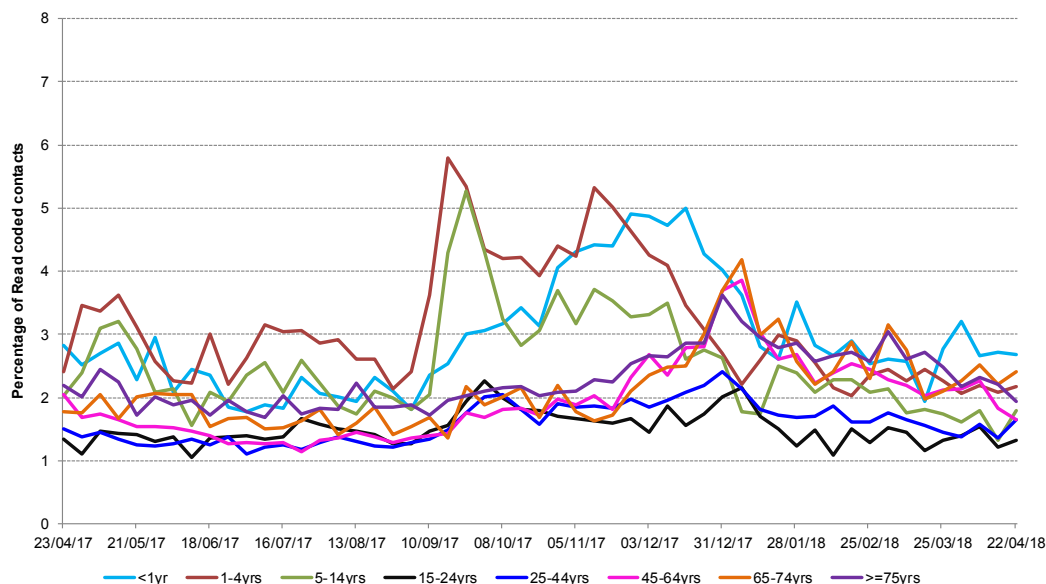
3

Intentionally left blank.

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*.

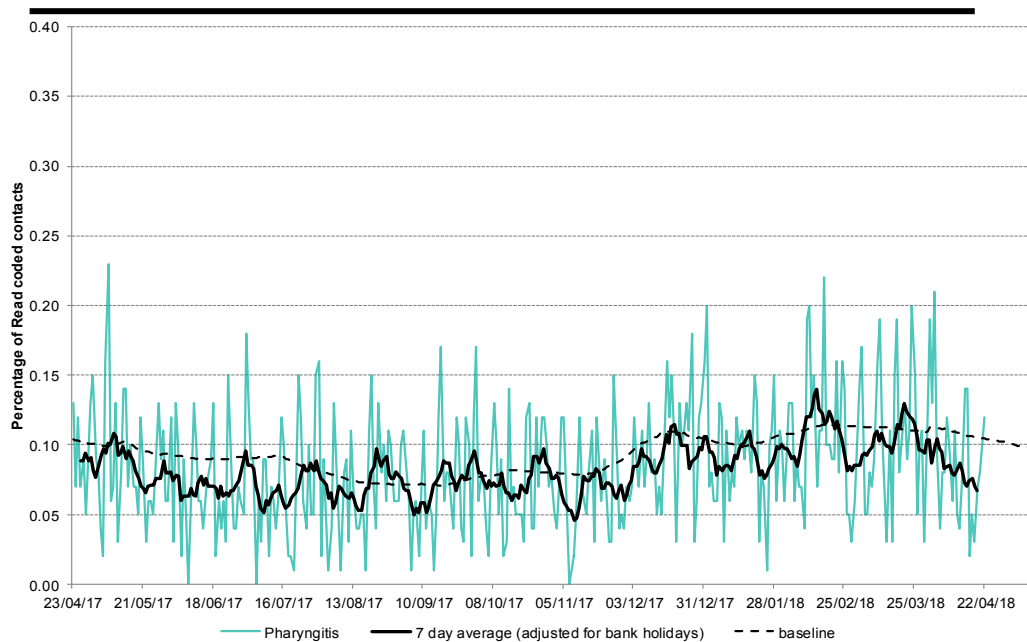**5a: Difficulty breathing/wheeze/ asthma daily contacts by age group.**

*7-day moving average adjusted for bank holidays.
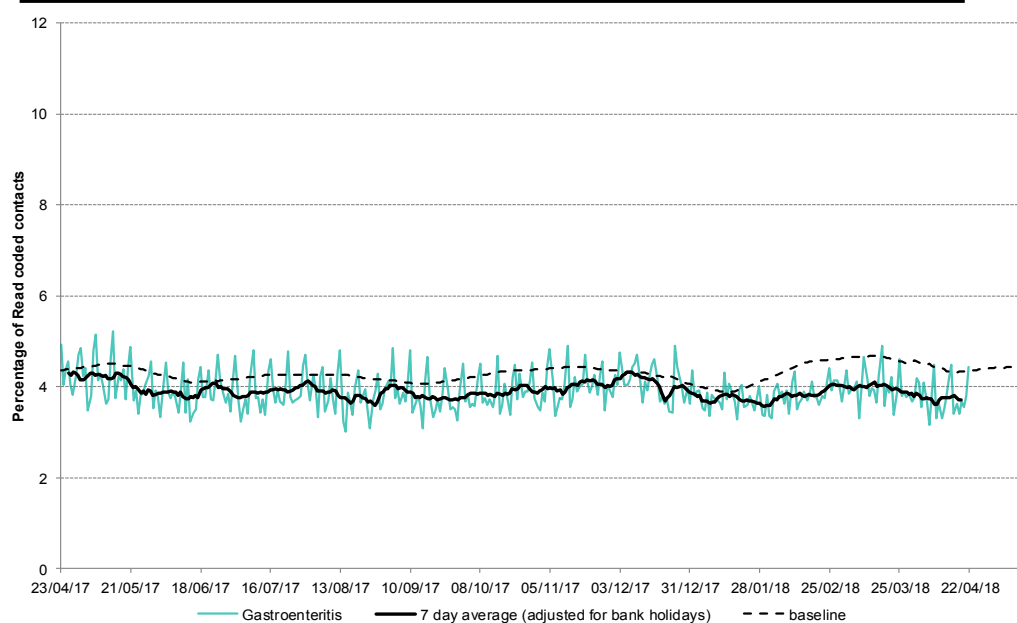
4

Intentionally left blank

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

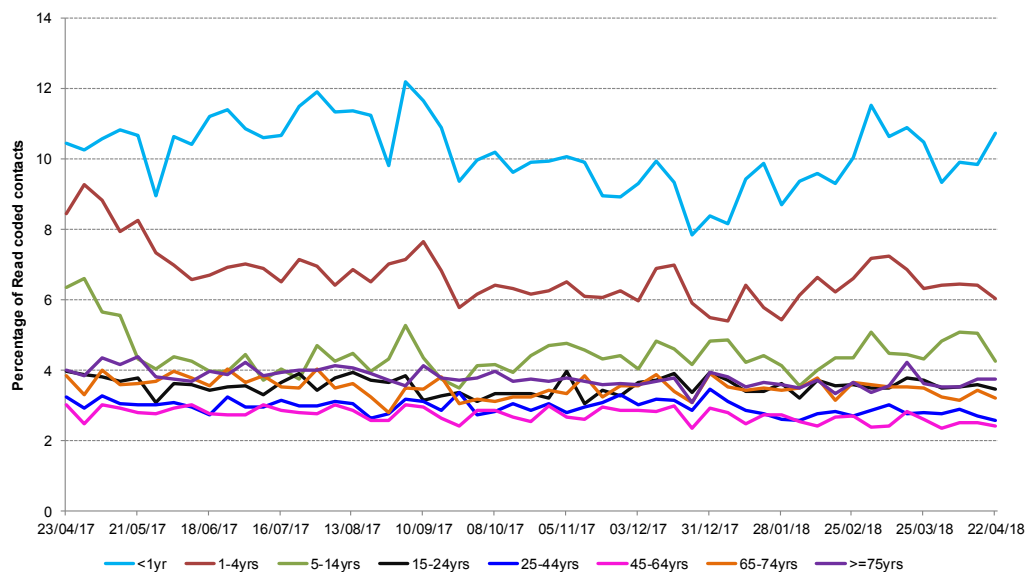Shown as a percentage of the total contacts with a Read code and as a 7 day average*.
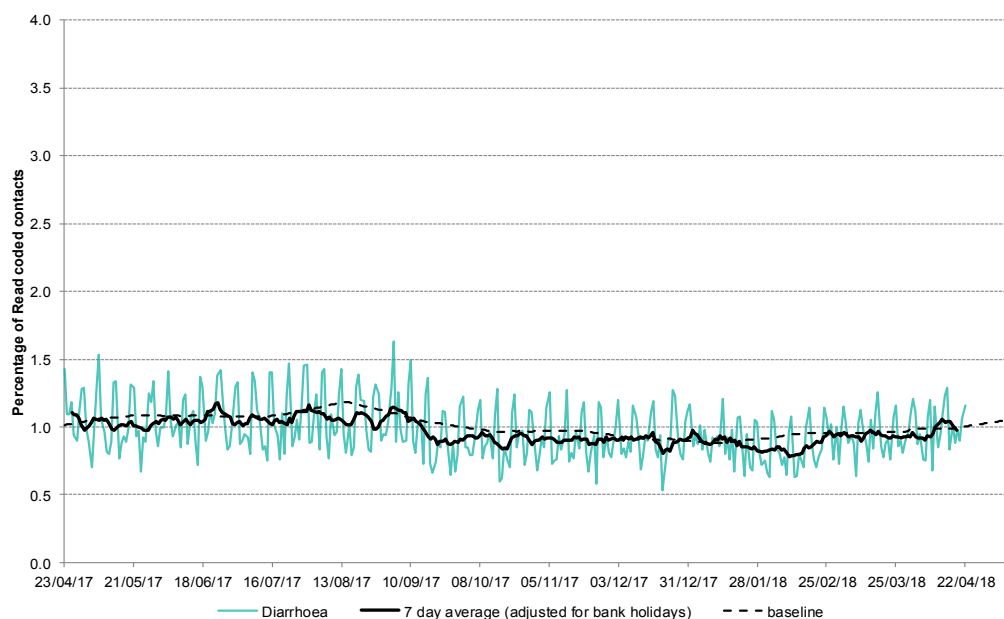

*7-day moving average adjusted for bank holidays.

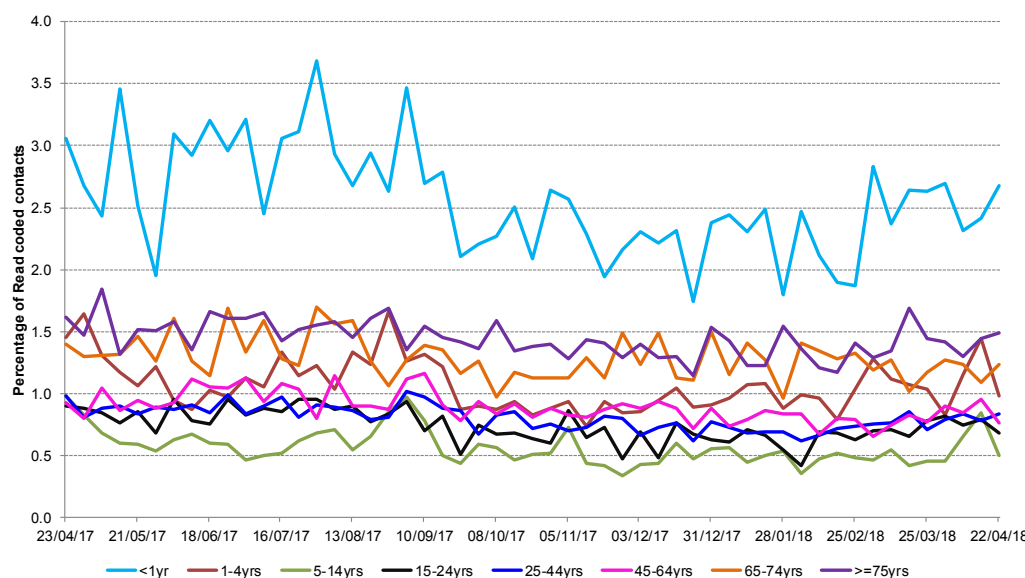**7a: Gastroenteritis weekly contacts by age group.**

8: Diarrhoea daily contacts.

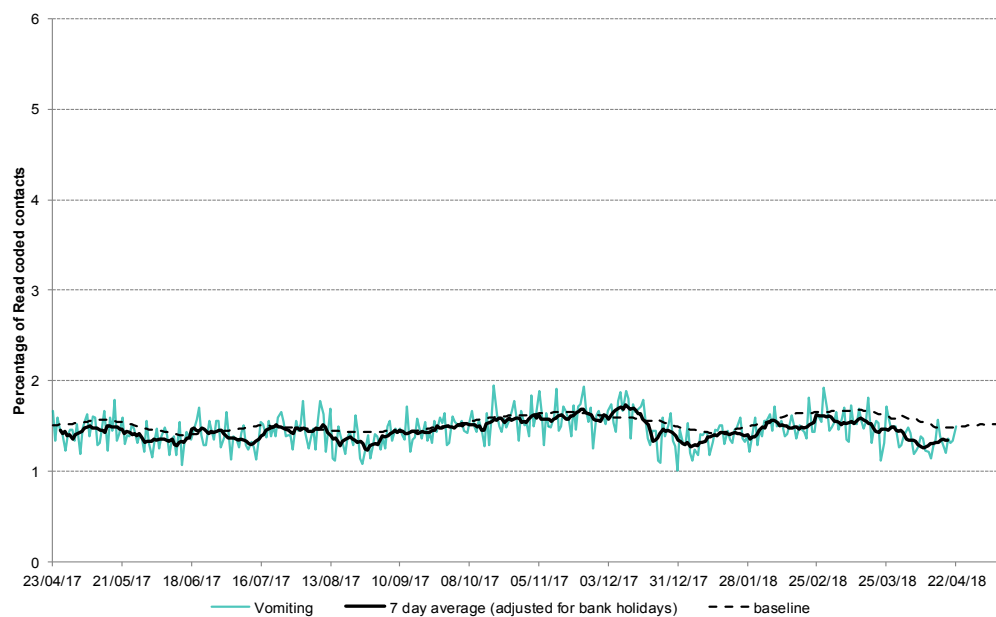Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

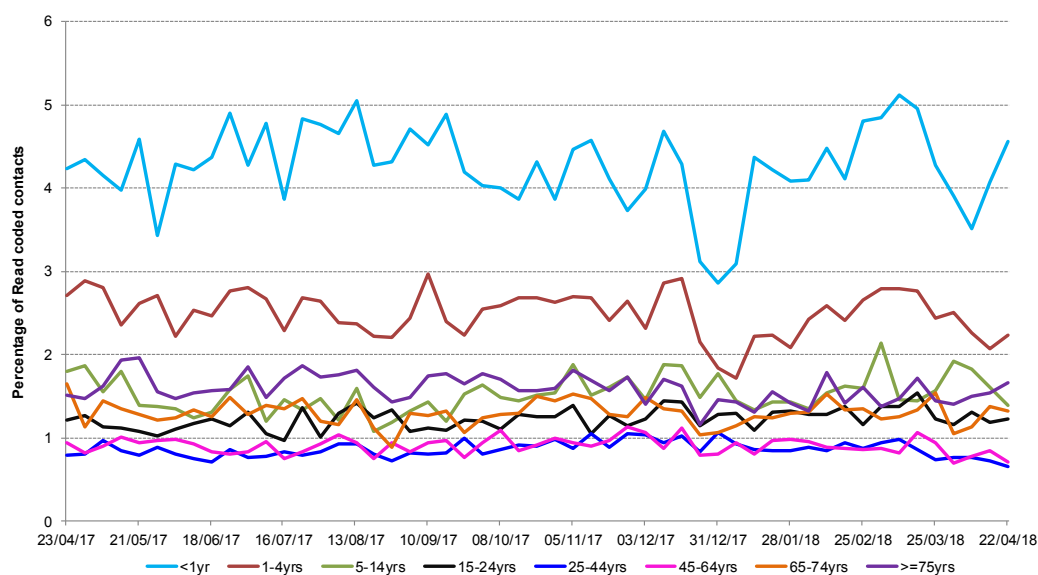**8a: Diarrhoea weekly contacts by age group.**

*7-day moving average adjusted for bank holidays.

6

9: Vomiting daily contacts.

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

Vomiting ——— 7 day average (adjusted for bank holidays) – – – baseline

9a: Vomiting weekly contacts by age group.

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

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.

Myocardial Infarction ——— 7 day average (adjusted for bank holidays) – – – baseline
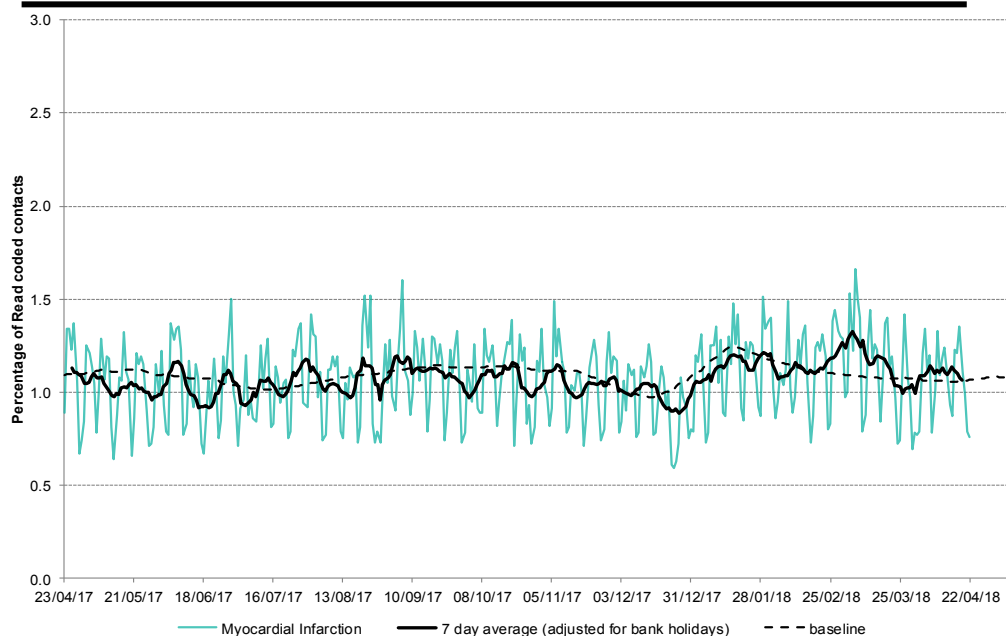
25 April 2018   **Year: 2018 Week: 16**

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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