



NUFFIELD DEPARTMENT OF
PRIMARY CARE
HEALTH SCIENCES



Oxford–Royal College of
General Practitioners
CLINICAL INFORMATICS
DIGITAL HUB



**RESEARCH &
SURVEILLANCE CENTRE**

Weekly Update from Simon de Lusignan, Director of Oxford RSC

Our opportunity to thank network members and share how we use network data

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Weekly update from Simon de Lusignan, [@Lusignan_S](#)
Director of Oxford RSC, **4th Apr- 8th Apr 2022**, Issue 60

A New Study: CRUK DSS

Demonstrating the feasibility of a Learning Health System for cancer diagnosis in primary care.

**Imperial College
London**



Our colleagues at Imperial College London will soon be undertaking a new study funded by Cancer Research UK.

It's named CRUK DSS and will run for six months. They'll be working with us and you, our RCGP RSC network members, to test the feasibility of a diagnostic decision support and data entry system for general practice.

Participants would be expected to join a short (20 mins) training session via Zoom to familiarise themselves with the DSS Data Collection Only Module (DSS-DCOM).

They would also use the DSS-DCOM to help code and structure data in the EHR for routine consultations with patients presenting with at least one of the health complaints supported by the DSS-DCOM. Previous studies have shown that using the DSS to code does not take longer than writing in the patient record.

Practices will be compensated for their time:

- 20 minutes training session: **£30 per GP**
- Admin time to support installation of the DSS DCOM: **£80 per site**
- A set-up payment of **£500 per study**

Do you use a TPP SystmOne clinical system? Would you like to join this study? If so, please fill in our Expression of Interest form and one of our Practice Liaison Officers will be in touch:

[Oxford RCGP RSC Members Study Expression of Interest | ORCHID ::: Oxford-RCGP RSC](#)

You can also find out more by contacting Jack in our Practice Liaison Team at: jack.macartney@phc.ox.ac.uk

Our Recent Webinar

'The value of a GP surveillance network'



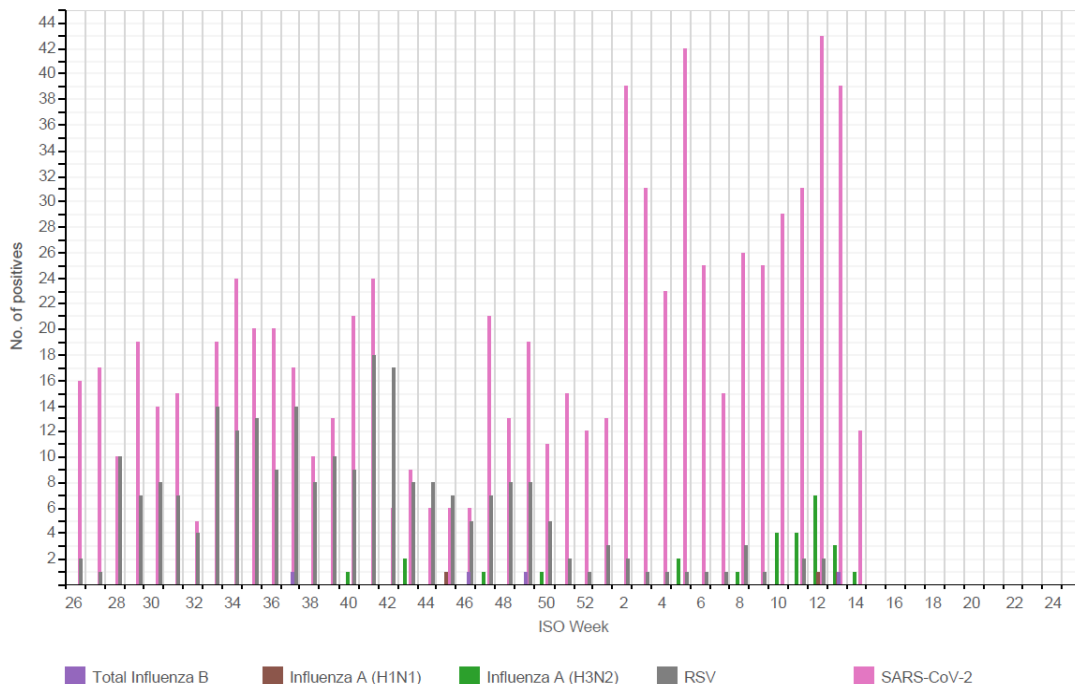
Our recent webinar in the Fort series is now available online. If you weren't able to join us, click here:

[The Value of GP Surveillance Network Virology | Research and Surveillance Centre - YouTube](#)

Our guest this month from UKHSA was Dr Jamie Lopez Bernal who explained how the UKHSA worked in collaboration with the RCGP RSC. Jamie explained how swabs taken by practices are the first indicator of an increase in cases. Please keep up the good work.

This Week's Virology News

(C) RCGP/UKHSA RSV, Influenza and SARS-CoV-2 Virology Swab Surveillance 2021/22 by viral strain*



A recent spike in Influenza A (H3N2) and the reappearance of Influenza A (H1N1) reminds us that there are additional risks this season to consider, such as:

1. Less natural immunity
2. Co-infection risk (flu and COVID which can cause higher levels of hospitalisation and increased risk of being placed on a ventilator).
3. Vaccines based on strains from 2 years ago.

With more information we can understand these risks better, so please continue swabbing and aim for **20 to 40 per practice per week**. Thank you!

Coding Is Caring!

Please remember to code probable diagnosis into the patient medical record when swabbing

We recently expanded our eligibility criteria for virology swabbing to include ARI

alongside influenza-like illness and suspected COVID-19. Importantly, ARI now includes URTI as well as LRTI (or bronchitis/bronchiolitis in under 5 year olds).

However, we have not been able to update the virology swabbing lab form to include a wider list of symptoms beyond ILI and COVID-19. Therefore, we rely on data coded in the patient's medical record to differentiate why a patient was swabbed, e.g. based on a probable diagnosis of either ILI, COVID-19, URTI, LRTI, bronchitis etc.

This is an important distinction and improves the quality of data our network practices provide for disease surveillance.

Publication of the Week



[National rates and disparities in childhood vaccination and vaccine-preventable disease during the COVID-19 pandemic: English sentinel network retrospective database study | Archives of Disease in Childhood \(bmj.com\)](#)

Our first MSD paper on trends in childhood vaccinations covering the 1st two waves of the COVID pandemic has been published online in the journal of Archives of Diseases in Childhood.

Our conclusion was that childhood vaccination rates started to fall ahead of the onset of the second wave; this fall is accentuating ethnic, socioeconomic and geographical disparities in vaccine uptake and risks widening health disparities.

Social distancing and school closures may have contributed to lower rates of associated VPDs, but there may be increased risk as these measures are removed.