

EXECUTIVE SUMMARY

This is the final report of the project "Health monitoring in sentinel practice networks" carried out between December 15, 1998 and December 15, 2000 as part of the Health Monitoring Programme of the European Commission (Directorate-General SanCo).

Objective

The objective of the project was *"to contribute to the establishment of a Community health monitoring system with information from primary care by studying the feasibility of providing information about health indicators from primary care based sentinel practice networks"*.

Activities

The project activities included the following: (1) an inventory of operational sentinel practice networks in Europe; (2) the establishment of an Expert and Documentation Centre at the Netherlands Institute for Health Services Research (Nivel) in Utrecht (NL) on sentinel practice networks; (3) coordinated collection of epidemiological information about two health indicators in sentinel practice networks in different countries; (4) formulating recommendations on data collection, analysis and presentation of information from sentinel practice networks.

Results

The results of the project can be summarized as follows:

- * 33 operational registration networks have been identified. Networks on a national or major regional scale exist in the following Member States: Austria, Belgium, Denmark, France, Germany, Greece, Ireland, Italy, The Netherlands, Portugal, Spain, Sweden, and the United Kingdom (England & Wales) and in three non member countries (Switzerland, Croatia and Slovenia). Some of these networks are mainly involved in influenza surveillance. Only the networks in Belgium, France, The Netherlands, Portugal, Spain, and England & Wales (and Switzerland, Croatia and Slovenia) also collect data about other diseases. These networks are funded by Ministries of Health or other government departments: many have been operational for more than 10 years, some of them even 30 years.
- * The foundations for an Expert and Documentation Centre have been established, including a database with information about operational networks in Europe, relevant scientific publications, annual reports, and operational and management information relating to the networks.
- * Epidemiological information has been collected and presented about two exemplary health indicators (varicella as an example of a communicable disease and diabetes mellitus as an example of a chronic disease). Apart from incidence rates of varicella, we were able to show that the cases reported to sentinel practices represent on the average 85-90% of the cases in the population. Diabetes mellitus age and sex specific prevalence rates showed a remarkable similarity between countries. In addition we have been able to collect information on the actual management and health care utilisation of patients with diabetes mellitus.
- * From experiences with the inventory of networks, the documentation, and the collection of information about health indicators recommendations have been formulated on the following issues:
 - practice and population sampling
 - data collection, data processing and data presentation (including guidelines on age standardisation)
 - validation of information.

Conclusions

- (a) Primary care based sentinel practice networks are a valuable source of information about selected health indicators, especially diseases for which a medical professional diagnosis is important and for which other data sources (such as health surveys, hospital admission data, disease registries or mortality statistics) are less appropriate.
- (b) Primary care based sentinel practice networks are able to provide epidemiological information on health indicators.
- (c) Information about health indicators from primary care based sentinel networks need interpretation and annotation before use on a wider scale.

- (d) The establishment of nationally representative primary care based sentinel practice networks should be supported in Member States. Where sentinel practice networks exist, these should be extended with regard to the number of monitored diseases.
- (e) The Expert and Documentation Centre should be encouraged to provide support and to ensure comparability between networks and Member States.
- (f) These conclusions lead to specific recommendations which are summarized in the last chapter of this report.

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