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RESTRUCTURE TO MEET RURAL NEEDS

The Minister for Health, Ron Phillips, announced significant changes to the organisation of rural health services in NSW at a Rural Hospitals' meeting on April 3. Twenty-two District Health Services will be formed, each with its own board and administration.

The existing six regional Public Health Units (PHUs) will be maintained, in the short term, in their current locations, will continue in their present role and will be directly responsible to Head Office.

This decision will allow the PHUs to continue operations while the organisational restructure is taking place. This is obviously the most appropriate course of action from an administrative perspective. However, it must not be seen as the opportunity for the PHUs to become isolated from the remainder of the health system.

The Minister's address at the meeting very clearly set the agenda for a change from thinking of health in terms of hospital buildings and admissions to a concern with the health of people — a customer-oriented focus which is concerned with health outcomes — improving the health of the population, preventing illness, promoting health and keeping people out of hospitals.

Surely this is what public health is all about.

The creation of the District Health Boards is the perfect opportunity to develop a service which will meet the health needs of populations ranging in size from 14,000 to 120,000, and to plan a range of integrated services — preventive, curative, rehabilitative and palliative. It is the perfect opportunity to bring together general practitioners, medical specialists, community-based staff, non-government organisations (NGOs) and hospital staff to focus on defining goals and targets specific to the needs of the community and identifying the contribution each of the players will make.

Staff from PHUs and others with a public health training must be a key part of the action. We cannot afford to watch from the sidelines and risk seeing the District Health Boards become no more than an amalgamation of hospital boards in which administrative savings are made in the hotel-type services. These changes must be about improving people's health.

The size of the populations will vary, and most will have their own distinctive health problems. If we take a population of 50,000 people, we know that if that population conforms to the NSW average there will be about 730 babies born every year. About 100 of these will be born by caesarean section, and 4 or 5 will have a birth weight of less than 1,500 grams and may need transfer to a major centre. That

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Correspondence

Please address all correspondence and potential contributions to:

The Editor,
NSW Public Health Bulletin,
Public Health Division,
NSW Health Department
Locked Bag No 961,
North Sydney NSW 2059
Telephone: (02) 391 9218
Facsimile: (02) 391 9232

Rural restructure

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means about 730 mothers will need antenatal care and education and every year we will need to start immunisation for 730 babies.

There will be about 500 people with diabetes, 100 epileptics, 4,000 asthmatics and 200 schizophrenics. About 1,500 people will have some degree of developmental disability. An examination of the data on the known prevalence of disease in this way will assist in the definition of an appropriate range of services[1].

None of the District Health Services will have a population which conforms exactly to this average. In some there will be significant Aboriginal populations and the services will need a special focus to meet their health needs. Others may have distinctive problems such as children with high lead levels.

Having defined the particular health characteristics of the district, the challenge is to ensure the health services are designed to meet these needs and not just to treat those who come through the door. All the resources must be aimed at achieving improvements in health.

It is likely there will be positions in Districts for District Managers of Clinical Services, and it is hoped these positions will be filled by people with a public health training and perspective.

Public health staff cannot afford to sit back and watch these changes. They need to be in with the action from the beginning.

Sue Morey
Chief Health Officer

1. Normaltown NSW. J. Best. in print

INFECTIOUS DISEASES

TIMELINESS AND COMPLETENESS OF REPORTING

The following table lists the number of weekly reports made to the Epidemiology and Health Services Evaluation Branch for the past three months, i.e. from Epiweek 01 to Epiweek 12.

TABLE 5

NUMBER OF WEEKLY REPORTS MADE TO EPIDEMIOLOGY BRANCH: JANUARY-MARCH 1993

Public Health Unit	Number	Status
Central / Southern Sydney	10	Incomplete
Eastern Sydney	10	Incomplete
South Western Sydney	10	Complete
Western Sector	11	Complete
Northern Sydney	11	Complete
Central Coast	4	Complete
Illawarra	9	Complete
Hunter	10	Complete
North Coast	10	Complete
New England	9	Complete
Orana and Far West	10	Complete
Central West	9	Complete
South-West	11	Complete
South-East	11	Complete

SEXUALLY TRANSMITTED DISEASES

Surveillance of non-notifiable sexually transmissible diseases (STDs) through sexual health clinics (SHCs) began in 1992 to complement the reporting of notifiable STDs under the Public Health Act 1991. The establishment of SHCs in each Area/Region has created the potential for this sentinel surveillance system to provide trend data for these diseases. Thirteen of fourteen PHUs are now reporting data on non-notifiable STDs. Thirteen of sixteen Areas and Regions now have SHCs and of those, eleven have reported data for 1993. In addition, two of the three Regions without a SHC are reporting data from an alternative source.

WHOOPING COUGH

One hundred and eight cases of whooping cough have been notified in 1993. This is a 2.25 fold increase over the same period in 1992. Thirty-two per cent of notifications were received for people under the age of five years. Forty-six per cent of notifications were received for school-aged children, indicating that schools are a major setting for transmission of whooping cough. From 1994 children enrolling in NSW schools will be required to present evidence of immunisation. In the presence of a case of whooping cough, unimmunised children will be excluded for two weeks.

Wentworth Area Health Service reported the highest rate of pertussis notifications —21.0 per 100,000 population per year. The notification rate for the State is 7.3 per 100,000.

MEASLES

One hundred and fifty-four notifications for measles have been made in 1993 — an increase of 125 per cent over the same period last year. Seventy-eight per cent of notifications were for individuals over the age of one year, and therefore "preventable".

Thirty-one per cent of measles notifications were received for children in the school-age groups. Orana and Far West received measles notifications at a rate of 74 per 100,000 population per year compared with 9.4 per 100,000 for NSW.

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