

BRAIN INJURY REHABILITATION POLICY IN NSW

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NSW Health spends more than \$15 million each year maintaining the Brain Injury Rehabilitation Program (BIRP), a network of services across the State. The Motor Accidents Authority of NSW has also made a major financial contribution for the establishment of this network to provide inpatient, outpatient, outreach and transitional living services for people who have had a traumatic or non-traumatic brain injury.

The Health Services Policy Branch is putting together a policy framework to set the direction for brain injury rehabilitation (BIR) services across the State. We aim to assess and address the gaps and overlaps in coordination of referral, integration of services, admission criteria, clinical practice patterns, availability of community support services and cost-effectiveness of existing services.

Among other concerns, we will be considering the following in the consultation towards the draft BIR policy:

- Target groups
- Health Outcomes measurement
- Service databases
- Equity and access issues
- Resource issues
- Training issues
- Quality and best practice
- Role of the public and private sector
- Building partnerships
- Consumer participation

Calls for submissions have been invited from relevant service providers, health planners, academics and consumer groups. Their comments will be incorporated into a directions paper to be circulated for additional feedback. For further details contact

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CLUSTERS OF ILLNESS

The recent amendment to the Public Health Act (see page 95 of this issue) provides a stimulus to encourage notification of unusual clusters of illness to Public Health Units. This notification is not required under the Public Health Act 1991, but voluntary notification may lead to effective public health action for a problem that might otherwise not come to attention.

From time to time, clusters of illnesses that are not notifiable occur in the community. Recent examples include:

- a cluster of people with elevated arsenic level linked to consumption of herbal remedies;
- a cluster of people and horses with respiratory illness subsequently identified to be due to a new virus (equine morbillivirus); and
- a cluster of people with adult respiratory distress syndrome in New Mexico, subsequently identified as hantavirus infection.

In many cases, the presence of such clusters can represent a risk to public health. They may indicate a source of infection which can be identified and controlled, thus preventing the further spread of the illness. In some cases, they may represent a previously unidentified pathogen which may be a significant risk to public health.

Medical practitioners, hospitals and laboratory staff are encouraged to contact their local Public Health Unit if they identify such clusters and are of the view that a risk to the public health may eventuate should the matter not be investigated. This notification can be done on a non-identifying basis. The PHU can consult with the NSW Health Department which can initiate a public health inquiry if appropriate.