Referral parameters to initiate older adults into exercise programmes

I recently read the article 'Objective benefits, participant perceptions and retention rates of a New Zealand community-based, older-adult exercise programme' in the June edition of the *Journal of Primary Health Care*.[1] As a physiotherapist of nearly 10 years, and in this age of evidence-based practice, I always find it pleasing to read studies that support and reinforce the beneficial aspects of exercise.

I'd like to highlight the authors' comment that additional studies in this area are needed to further identify the factors that are associated with older adults initiating and adhering to these programmes; also the comment that general practitioners (GPs) and other allied health professionals in New Zealand should consider promoting programmes such as the never2old Active Ageing programme to their older patients.[1] I feel that health professionals should have an integral role in encouraging and initiating older adults into exercise programmes, but there isn't always a clear guide of when to do so.

GPs are the consistent health professionals in patients' lives.[2] They make the majority of referrals and receive the discharge plans and management recommendations. They refer to cardiac rehabilitation after a myocardial event and to a diabetes educator after a diagnosis of diabetes; but what clinical marker should spark a GP or any other health professional to refer to an older adult exercise programme?

From a quality and safety point of view, and in a world where structures and systematic processes such as clinical care pathways are becoming increasingly prevalent, it seems reasonable that the creation of a guideline matrix for when to refer for exercise might be a topic for further discussion. This could increase referral rates, creating greater access, appropriate care, and ultimately lead to a population that is more active, healthier and less of a burden on our acute health system.

We already have a good understanding of what barriers prevent older adults exercising,[3–5] but as the authors discussed, more research into initiation and adherence factors is required to achieve appropriate referral parameters. In particular, research that looks at what individual patient factors translate into good benefits from these programmes is needed, so that a rationale and guidelines can be created to assist health professionals with when to initiate timely and appropriate referrals. In the meantime, it would be great to see programmes such as the never2old Active Ageing programme continue to expand.

Bede Ashley
Physiotherapist, Townsville Hospital and Health Service, Townsville, Queensland, Australia
bede.ashley@health.qld.gov.au

References

1. Keogh JW, Rice J, Taylor D, Kilding A. Objective benefits, participant perceptions and retention rates of a New Zealand community-based, older-adult exercise programme. J Prim Health Care. 2014;6(2):114–22.
2. The Royal Australian College of General Practitioners (RACGP). Becoming a GP in Australia. RACGP. [cited 2014 Aug 19]. Available from: http://www.racgp.org.au/becomingagp/what-is-a-gp/what-is-general-practice/
3. Booth ML, Bauman A, Owen N. Perceived barriers to physical activity among older Australians. J Aging Phys Act. 2002;10(3):271–80.
4. Crombie IK, Irvine L, Williams B, McGinnis AR, Slane PW, Alder EM, et al. Why older people do not participate in leisure time physical activity: a survey of activity levels, beliefs and deterrents. Age Ageing. 2004;33(3):287–92.
5. Newson RS, Kemps EB. Factors that promote and prevent exercise engagement in older adults. J Aging Health. 2007;19(3):470–81.

General practitioners' role in nutrition care

It was with great interest that I read 'Direct observation of the nutrition care practices of Australian general practitioners' in the June edition of the *Journal of Primary Health Care*.[1] It is a well-known fact that nutrition plays an important part in the prevention and management of chronic diseases. As a manager of community-based chronic disease management services, I fully support the authors' perspective that general practitioners (GPs) have an important role in providing nutrition care to their patients. In fact, my opinion takes this role one step further and suggests that, given an ageing population and the burden of chronic diseases, GPs should be expected to address the nutritional status of all patients.

In Australia, over five million GP consultations each year are related to nutrition, and this places GPs as the leading providers of nutrition care.[1,2] General practice is considered to

Letters may respond to published papers, briefly report original research or case reports, or raise matters of interest relevant to primary health care. The best letters are succinct and stimulating. Letters of no more than 400 words may be emailed to: **editor@rnzcgp.org.nz**. All letters are subject to editing and may be shortened.

be the ideal place for nutritional advice, weight management, and for referrals to specialist dietetics services.[2–5] Despite this key role, Ball et al.[1] state that 'their role in providing nutrition care is unclear'. Other articles provide further insights into this role discrepancy, whereby some doctors do not consider nutrition to be their role, some provide basic nutrition information or advice, and others include providing nutrition care as standard practice.[6,7] This raises issues of the quality of nutrition care that patients are receiving, or indeed, may not be receiving, from their GP.

How can GPs have different opinions on their role within nutrition care when specific components of nutrition assessment, advice and requirements for care are clearly established within guidelines set by the Royal Australian College of General Practitioners (RACGP)? The GP's role within nutrition care is accepted by patients and is clearly set out in RACGP guidelines.[8] Given the issues of clinical practice variations and the difference of opinion from GPs regarding their role and scope in providing nutrition care, I am not convinced that all patients are receiving accessible and equitable nutrition care from general practice. Congratulations to the GPs discussed in Ball et al.[1] who are addressing nutrition care within their consultations. When will all GPs rise to the challenge of adhering to preventive guidelines and fulfil their key role in improving the nutritional status of all patients?

Natalie Newman
Manager, HARP (Hospital Admission Risk Program)
Chronic Disease Management Program
St Vincent's Hospital, Melbourne,
Victoria, Australia
natalie.newman@svha.org.au

References

1. Ball LE, Desbrow B, Yelland M, Leveritt MD. Direct observation of the nutrition care practices of Australian general practitioners. J Prim Health Care. 2014;6(2):143–7.
2. Ball L. Nutrition care in general practice: Are we waiting for patients to ask? Aust Fam Physician. 2011;40(7):463.
3. Mitchell LJ, MacDonald-Wicks L, Capra S. Nutrition advice in general practice: the role of general practitioners and practice nurses. Aust J Prim Health. 2011;17(2):202–8.
4. Hung OY, Keenan NL, Fang J. Physicians' health habits are associated with lifestyle counseling for hypertensive patients. Am J Hypertens. 2013;26(2):201–8.
5. Helman A. Nutrition and general practice: an Australian perspective. Am J Clin Nutr. 1997;65(6):1939S–42S.
6. Ball L, Johnson C, Desbrow B, Leveritt M. General practitioners can offer effective nutrition care to patients with lifestyle-related chronic disease. J Prim Health Care. 2013;5(1):59–69.
7. Ball L, Hughes R, Leveritt M. Health professionals' views of the effectiveness of nutrition care in general practice setting. Nutr Diet. 2013;70(1):35–41.
8. Royal Australian College of General Practitioners (RACGP). Guidelines for preventive activities in general practice. 8th ed. East Melbourne: RACGP; 2012.

A crisis pregnancy service within a general practice setting in New Zealand

Women may undergo termination of pregnancy when they perceive there is no other choice. The choices can seem particularly limited for those who are economically or socially disadvantaged. Providing choice to women in this situation is an area of unmet need in our primary health care system and an important factor in our high rate of induced abortion. We run a free general practice–based crisis pregnancy service in Nelson, which aims to address this unmet need in our community.

New Zealand has a high rate of induced abortion, with a total number of 14 745 in 2012.[1] The general abortion rate (abortions per 1000 women aged 15–44 years) in 2012 was 16.1. This compares to abortion rates of 8.5 in the Netherlands, 12.0 in Scotland, and 16.4 in England and Wales.[1]

An important contributing factor to the high rate of abortion in New Zealand is the way in which unplanned pregnancy is managed in the primary health care sector. When a woman with an unplanned pregnancy presents to the general practitioner (GP), there is usually limited time to deal with the situation. Adequate counselling is difficult to achieve in the time available and, typically, an urgent referral is made to secondary care.

We felt our approach to patients with unplanned pregnancy was inadequate and that we were not providing these women with enough time and support to properly assess their situation and consider their options. There was a risk that many were simply having an induced abortion because they felt they had no other choice.

Primary health care teams lacked a viable referral pathway for woman who wished to explore other options. A new primary care–based service was needed and we decided to explore how this could be done. We sought input and support from our local community, presenting the need at various meetings and developing a list of volunteers and resources. From this we formed Crisis Pregnancy Support (CPS), Hapai Taumaha Haputanga, based at St Luke's Health Centre, a general practice in Nelson.

A volunteer, acute response care coordinator (nurse, counsellor or midwife) meets with each woman, exploring with her the issues that make her pregnancy stressful. A woman in this situation needs a 'window of time' where she can recover from the acute shock and begin to process the multiple life changes she faces. We work in partnership with the woman, aiming to draw on her own resourcefulness and decision-making skills to allow an informed choice. Together, we assess her needs and options for support, empowering her to make her decisions in the knowledge that practical support and ongoing care is available to her. We work collaboratively within a multidisciplinary

team, including existing community support agencies and primary care providers.

Support varies from providing for practical needs, such as accommodation or transport, to more complex needs, such as accessing restraining orders or advocating at family group conferences. Care is also offered for those suffering from post-abortion grief.

Little can be found in the literature describing similar services in New Zealand. In 1992, Brett and Brett published a report of a primary care–based pregnancy centre,[2] but we were not able to contact the authors of that report. The advantages of a service within general practice include client anonymity, skilled receptionists, waiting room facilities and professional standards of care, which integrate well with other primary care services.

CPS has now been operating for 12 years, with 132 women registered in the service so far. Many have chosen to continue their pregnancy. Empowered to overcome difficult situations, they have built positive futures for themselves and their child. Often the unplanned pregnancy has opened a new and better chapter in their lives, with more robust social support resulting. We receive referrals from diverse sources, with 54% coming from general practice teams, sexual health clinics or midwives. Many clients come from groups that are socially and economically disadvantaged. The ethnic distribution broadly reflects that of our local community, with 8.4% being Māori, 3.3% Pacific, and 6.1% Asian.

CPS helps to meet an unmet need in our community for women facing an unplanned pregnancy. It is particularly helpful to the socially disadvantaged, and is well accepted by women from diverse social and ethnic groups. The service has arisen in partnership with the local community and offers greater choice to women, helping improve the social determinants of health in vulnerable groups. In these ways, it fits well within the principles of the Primary Health Care Strategy.[3] We believe similar services should be provided throughout New Zealand and have demonstrated that these services fit well within a general practice environment.

Joseph Hassan, general practitioner
Cushla Hassan, nurse manager
Wendy Joyes, administrator and acute response coordinator
Crisis Pregnancy Support, Hapai Taumaha Haputanga,
105 Waimea Rd, Nelson, New Zealand

References

1. Statistics New Zealand. Abortion Statistics: year ended December 2012. [cited 2014 Oct 3]. Available from: http://www.stats.govt.nz/browse_for_stats/health/abortion/AbortionStatistics_HOTPYeDec12.aspx
2. Brett A, Brett W. Outcome and management of crisis pregnancy counseling. N Z Med J.1992;105(926):7–9.
3. King A. The Primary Health Care Strategy: Wellington: Ministry of Health; 2001.

The Rise and Fall of National Women's Hospital: a history

Linda Bryder

Reviewed by **Felicity Goodyear-Smith** MBChB, MD, FRNZCGP; Professor and Goodfellow Postgraduate Chair, Department of General Practice and Primary Health Care, The University of Auckland, Auckland, New Zealand

This book is of general appeal, but will be of special interest to anyone who has trained or worked in medicine, nursing or allied health fields in Auckland, or indeed anyone who was born or treated in this hospital. It provides a detailed and meticulous history of National Women's Hospital, from its opening in 1946 until its closure in 2004. In its time, National Women's Hospital was a world leader in obstetric and gynaecological teaching, research and clinical care.

More than just a history of the hospital, this book is a commentary on the social forces that helped establish it and those that shaped its demise. What surprised me most was the active role that organised women's groups played in getting the Government to provide free hospital care for all New Zealand women in childbirth, and who lobbied for conditions to meet their needs. This included the right of all women to a pain-free birth, despite doctors' concerns to limit unnecessary medical interventions. This book is a great read and is highly recommended.

Publisher: Auckland University Press, New Zealand
Date of publication: 2014
No. of pages: 323
ISBN: 9781869408091