

Engaging in Primary Health Care

If you have an experience of working with PHOs, or of some forward-looking initiative in primary health care (whether your enterprise was successful or not!) please share your experience and what you would do differently next time. Contact Maree Grbin: mgrbin@middlemore.co.nz.

Exercise Rehabilitation in the Community

A primary health care initiative

To our delight we, Physical Sense in Christchurch, have been awarded a \$60,000 grant from the Health Innovation Fund of DHBNZ, to run a pilot with an exercise programme in a public gym for cardio, stroke and osteoporosis patients.

We will run weekly group classes lasting ten weeks in a public gym for 50 stroke, 50 cardio and 50 osteoporosis patients.

The aim is to increase confidence in exercising in a public setting, and support the patients in the transition to continue exercising after the ten-week course finishes. In short, the aim is to change exercise behaviour.

The success of the pilot will depend on the number of patients still actively involved in exercise at six months and a year after they finish our ten-week exercise programme.

How did this all come about?

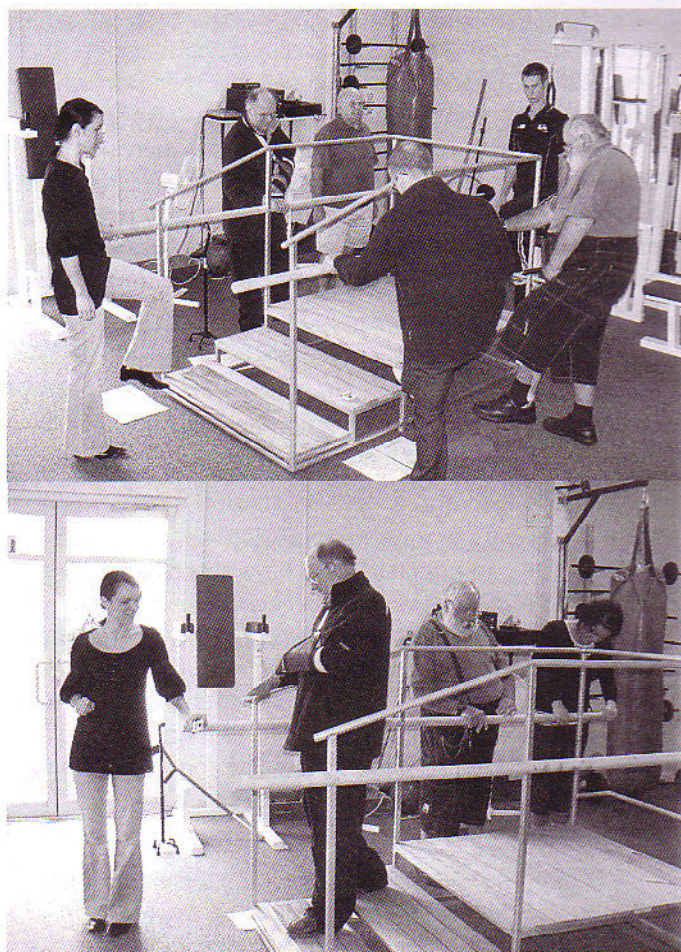
It started with a patient telling me that somewhere in the North Island a physiotherapist runs a free circuit in her gym to help stroke patients. I have always wanted to do something to address the existing inequality between people on ACC and ill people. So the story about the North Island physiotherapist made me think that we too (my husband and I) could use our expertise to help people, rather than giving our money to a charity.

I decided to use my husband's public gym and donate some physio hours from my team to supervise a weekly Stroke Circuit.

To set it up, I visited and spoke with the Stroke Rehab teams at Burwood and Princess Margaret Hospitals. Their support for my idea was very encouraging and the actual Stroke Circuit was developed with full support from the Burwood Stroke Rehab Team, as they were already running one. They made sure that I did not have to re-invent the wheel.

A few of their remarks made me develop my plan further. First of all, Dr Carl Hanger of Princess Margaret Hospital made it clear to me that there are 800 stroke sufferers in Christchurch each year, about half of whom need rehabilitation. So my plan to give ongoing help to about ten people would be no more than a drop in the ocean. He suggested that maybe I could do programmes for about ten weeks and then encourage the participants to continue exercising independently.

If you have a plan, talk to all stakeholders (hospitals, foundations, doctors, PHOs, WINZ etc), because every time you talk to somebody, your plan improves.



Another remark that made me think was from Nicky Schluter, a physio at Burwood Hospital who said, "I am dreaming of a public gym in the centre of town that helps ill, non- ACC people with rehabilitation."

So that, in combination with the enthusiastic support from the Stroke Foundation and the local PHO, and the fact that my husband is a gym owner, made me ask WINZ if they would financially support WINZ-dependent patients with ongoing gym memberships, in any public gym in Christchurch. My plan turned out to be timely because WINZ is currently emphasising the cost-effectiveness of regular exercise, so the answer was "Yes".

Suddenly the plan started to become very real and I realized it would work for other health conditions such as multiple sclerosis, osteoporosis and cardiac conditions. Around that time the NZSP e-mailed us about the availability of a Health Innovation Fund. So we applied.

The funding application

The application for funding was nerve-wracking. It is very time-consuming, with possibly no outcome at all (the Canterbury