

tions. The questionnaire included the Patient Enablement Instrument (PEI), a measure of the patients self-reported ability to cope with illness following a consultation. The results suggest older patients are not disadvantaged by telephone consultations. In fact allowing for greater disability and chronic illness among older patients there was no difference in PEI scores between groups older and younger than 70 years. However, a local evaluation at practices operating a variety of Advanced Access ideas suggests that such practices are experiencing a greater influx of 'walk-in' cases (17%) perhaps because getting through on the telephone is more difficult! Patients may be responding by presenting themselves in person making nonsense of efforts to contain workload.

Finally, health-care assistant facilitated, open access, 3-minute GP consultations have been trialed in a deprived inner city community in our region. An evaluation suggests that this innovation successfully resolved access problems and was seldom abused. Our impression is that Advanced Access is a complex intervention and in some practices, and for most patients, is viewed as an improvement.

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A short walk! A feasible fitness test for general practice

We read with interest the study by Little *et al*¹ comparing three approaches to increase physical activity in at-risk

patients. We agree that further research is needed to clarify the role of fitness assessment in exercise promotion in general practice. It was noted that the 6-minute walk test² was the more reliable measure used, but there were some practical difficulties with its use in general practice.

We would like to propose the shuttle walking test (SWT) as an alternative form of fitness testing. The SWT was developed to measure fitness in patients with respiratory disease.³ More recently it has been used in patients before and after cardiac rehabilitation, either following cardiac surgery⁴ or pacemaker insertion.⁵ It has also been used to monitor functional capacity in patients with chronic heart failure,⁶ cancer⁷ and chronic low-back pain.⁸

A significant correlation in the prediction of maximal oxygen uptake has been shown between the SWT and conventional treadmill testing.⁹ In patients with chronic heart failure,¹⁰ the SWT has been shown to predict event-free survival at 1 year better than the 6-minute walk test.

The SWT consists of a series of signals played on a cassette tape. The patient walks at a steady pace along a 10-metre course, aiming to turn around a cone at each end when the signal is heard. At the end of each minute the speed of walking increases. The test is terminated when an individual is too breathless to maintain the required speed. Fitness is recorded as the total distance walked during the test.

The test is easy to administer, requires little equipment and only one member of staff to run. We believe that this makes the SWT an attractive option when considering possible fitness tests for use in general practice.

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risk factors for cardiovascular disease. *Br J Gen Pract* 2004; **54**: 189-195.

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Correction

In the July issue, in Neville R. E-mail consultations in general practice [Letter] (*Br J Gen Pract* 2004; **54**: 546) the following authors should have been listed:

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In the June issue, in Gill PS, Quirk TP, Mant JW, Allan TF. The use of lipid-lowering drugs across ethnic groups in the secondary prevention of ischaemic heart disease: analysis of cross-sectional surveys in England (*Br J Gen Pract* 2004; **54**: 442-443) Terry P Quirke was incorrectly cited as MRCGP. His correct qualifications are MBBS, MPH.