## Osteopathy in general practice

Sir,

The results of the study of osteopathy in general practice by Burns and Lyttleton (letter, February *Journal*, p.93) were interesting but of little scientific value in demonstrating osteopathy to be an effective therapeutic intervention because of the lack of a proper control. The authors showed that the number of consultations and days of medication prescribed were both significantly reduced in the year after osteopathic treatment compared with the year before and concluded that these reductions were associated with the osteopathic intervention. However, the value of the study is diminished because the authors failed to control for the natural history of 'osteopathic conditions'. The following ridiculous analogy demonstrates the point. One could take a group of patients with a cold and after seven days of symptoms one could treat them with one peppermint twice a day for two days. By demonstrating significantly fewer nose blowing events in the seven days after intervention compared with the seven days before (Mann Whitney test) one could similarly conclude that treatment with peppermints is associated with a decrease in cold symptoms.

To demonstrate the value of an intervention such as osteopathy which may, indeed, be beneficial, one must compare outcomes with a matched group in which no intervention is used rather than compare the same group before and after the intervention.

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## Critical reading

Sir,

We agree with Domhnall MacAuley (February *Journal*, p.83) that critical reading allows general practitioners to read selectively and effectively. Perhaps his paper might have given more emphasis to the importance of review articles. Because of the wealth of scientific research, much of the literature in primary care now takes the form of review articles and overviews on specific clinical topics. Though frequently published in high quality journals, the quality of these reviews cannot be assumed.[1,2] Failure to identify all the published and unpublished data on a clinical topic, failure to assess the validity of all primary studies that make up a review and failure to synthesize the data adequately can introduce biases that lead to incorrect conclusions.[3]

We do not feel that the critical appraisal of review articles requires detailed epidemiological and statistical knowledge. Busy general practitioners can readily assess the reliability, results and relevance of reviews using eight criteria developed as critical appraisal guides.[3] As part of Oxford region's 'getting research into practice' programme we have been running workshops on how to appraise review articles critically. Initially, these workshops were directed at public health doctors and purchasers but we are now extending the workshops to interested general practitioners.

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### References

1. Silagy C. An analysis of review articles published in primary care journals. *Fam Pract* 1993; **10:** 337-341.
2. Mulrow CD. The medical review article: state of the science. *Ann Intern Med* 1987; **106:** 455-488.
3. Sackett DL, Haynes RB, Guyatt GH, Tugwell P. *Clinical epidemiology: a basic science of clinical medicine.* Boston, MA: Little, Brown and Company, 1991: 379-385.

## Changes to pharmacy remuneration

Sir,

On 1 November 1993 a new remuneration structure was imposed on pharmacists: those dispensing fewer than 1500 prescribed items per month will no longer receive a professional allowance. Currently, 1281 pharmacies in England fall into this category.[1] Although some will be protected by the 'essential small pharmacies scheme' (at present 166 predominantly rural pharmacies are covered[1]), it has been suggested that up to 15% of all community pharmacies (retail premises where prescriptions are dispensed and medicines sold) in the United Kingdom will close owing to these changes.[2] Closure of relatively small, low prescription pharmacies favours large multiples and 'in-store' pharmacies, where remuneration for dispensing comprises a smaller fraction of total income. These same pharmacies will also benefit from legislative changes and consumer demand for seven days a week trading.

The overall effects for the public are less easy to predict. For those unable to access these large groups and chains, the demise of small, locally situated pharmacies may be keenly felt. The removal of this element of primary care services will be particularly important to those who perceive the pharmacist as an alternative to the general practitioner.[3] Moreover, patients in isolated communities, or with mobility difficulties may delay having prescriptions dispensed until they or a representative pay a routine visit to the shopping centre.

How these changes will affect the burden on primary care is also unclear. Pharmacists provide medication and advise on minor ailments or refer patients elsewhere. Removing this service may impose additional strain on general practitioners and hospital outpatient departments.

Rationalization on purely economic grounds incurs social costs to patients, general practitioners and pharmacists as time honoured professional relations between dispenser and prescriber are severed. General practitioners working close by a single pharmacist enhances communication, promotes trust and encourages teamwork.[4] Opportunities to develop similar relations with group practices of pharmacists may be less readily available. Moreover, will general practitioners be prepared to telephone an in-store supermarket pharmacy with the same equanimity as a known and trusted local pharmacist?

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### References

1. Department of Health. *General pharmaceutical services in England 1992–93.* London: DoH, 1993.
2. Anonymous. New pay deal may shut hundreds of chemists. *Observer* 1993; 24 October : 1.
3. Cunningham-Burley S, Maclean U. The role of the chemist in primary health care for children with minor complaints. *Soc Sci Med* 1987; **24:** 371-377.
4. Harding G, Taylor KMG. Professional relationships between general practitioners and pharmacists in health centres. *Br J Gen Pract* 1990; **40:** 464-466.