Letters

The *BJGP* welcomes letters of no more than 400 words, particularly when responding to material we have published. Send them via email to **jhowlett@rcgp.org.uk**, and include your postal address and job title, or if that's impossible, by post. We cannot publish all the letters we receive, and long ones are likely to be cut. Authors should declare competing interests.

Single-handed or group practice, quality of care and patient satisfaction

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The Royal College of General Practitioners recently produced a profile of general medical practices in the UK.[1] This stated that there are currently about 10 500 practices in the UK with an average list size of 6000 patients. Of all practices in the UK, 22% were single-handed in 2004. The paper also illustrated the accelerating trend towards multi-partner practices in the UK. In 1991, practices with two or more partners comprised 68% of all practices in England and Wales; by 2004, they had increased to 77% of the total.

What implications have these changes in practice structure for patients in the UK? The Fifth Report of the Shipman Inquiry notes that a review of the literature over the last 10 years suggests that there is no definitive evidence that the clinical performance of single-handed GPs is inferior to that of their colleagues in group practice.[2] It adds that it seems that no single type of GP practice can claim a monopoly over high quality clinical care[3] and that there is no association between the size of a practice and the quality of care that it provides.[4] However, it mentions that there is a large weight of evidence to suggest that patients favour single-handed or small practices. It reports a 1995 study,[5] which provided evidence that patients prefer smaller practices, practices with personal list systems and non-training practices. A later study confirmed this finding; smaller practices were seen as being more accessible and achieved higher levels of patient satisfaction.[3] Therefore, the implication is that the increasing size of practices in the UK may lead to reduced patient satisfaction.

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2. The Shipman Inquiry. Fifth Report of the Shipman Enquiry: Safeguarding patients: lessons from the past — proposals for the future. 9 December 2004, Command Paper Cm 6394, 13.33. http://www.the-shipman-inquiry.org.uk/5r_page.asp (accessed 13 Mar 2006).
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A clear response

The credibility of a medical journal does not depend on how incomprehensible the articles are that are included (letter from Remco P Rietveld defending his research on treating conjunctivitis with fusidic acid).[1] If authors responses are to be published they should at least make sense to your readers! When teaching critical appraisal of journals to GP registrars I always tell them to read the response letters some weeks later as often they are very interesting for feedback purposes. Rietveld's response was amusing and confusing but certainly not illuminating!

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1. Reitveld R, ter Riet G. Re: The treatment of acute infectious conjunctivitis with fusidic acid [letter]. *Br J Gen Pract* 2006; **56:** 222.

Plastic fantastic

I was very interested in the piece by Mike Fitzpatrick on the downgrading of men,[1] which I basically agreed with.

However, I was surprised that he mentioned the use of metal vaginal speculae in the examination of women. My practice discontinued these a long time ago, after an accidental transfer of infection (Trichomonas) in spite of sterilisation. Since then we have always used plastic ones; these are of course disposable, and I am certain most patients find them more acceptable and much less threatening. They are not expensive.

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1. Fitzpatrick M. GPs can no longer claim to be gatekeepers of the NHS. *Br J Gen Pract* 2006, **56:** 83–84.

Letter response

My impression is that David Church[1] feels isolated and unskilled for the local reasons he describes. And I imagine, along with most other GPs involved in substance misuse, I would feel similarly were it not for the certificate course, a good practice team, a PCT commissioning an enhanced service, and a supportive local specialist service.

The importance of training in this regard, such as the RCGP certificate course, cannot be over-estimated. This is clearly much needed since few of us