allow it to publish any discussions about the utility of the words 'intelligent' and 'monitoring' in this context and make any apologies to those, for whom IM has proved both inaccurate and reputationally risky, highly visible?

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REFERENCE

1. Blake A, Sparrow N, Field S. The CQC inspections: what they mean for general practice. *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X683845.

DOI: 10.3399/bjgp15X684745

How the NCT will bring down the NHS

Being a recent new mum I can see this argument from both perspectives,[1] and I think it's unfair to blame organisations such as the National Childbirth Trust (NCT) for new mother neurosis. I was fortunate that I could attend my antenatal classes at my local GP practice, however, I did feel that all of the emphasis was placed on the 'birthplan' (which rarely happens) and how 'easy' breastfeeding is, and nothing was placed on how to spot when your baby is unwell. Now the NCT provide classes with information about the early days, weaning, and even first aid, and I have met many a mum who feels much more comfortable with their new role after attending these postnatal courses. I agree that sometimes people put too much emphasis on things that may be mentioned in classes or by the health visitor, such as what their newborn's poo looks like, but I can assure you that some NHS professionals don't help either: when I took my just-turned 9 month old to be weighed, I was quizzed about his bruises (Mongolian blue spots, mentioned in his red book) and why he wasn't walking yet, and to finish, I was told off for letting his weight go up one centile! Many of my new parent friends have little trust in health visitors and social workers, which is very sad as they are a great source of information and we really need to work at changing this. However, instead of slandering the organisations such as NCT when a mum presents with a healthy baby, perhaps we should take the opportunity to teach the parent about common childhood problems and not forget to ensure that there is no underlying postnatal anxiety or depression?

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REFERENCE

1. Staten A. How the NCT will bring down the NHS. *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X684481.

DOI: 10.3399/bjgp15X684757

Always add indication labelling to all repeat prescriptions

Multiple repeat prescriptions for patients is the default position in modern day primary care as described in Cahill's editorial.[1] Adding indication labelling to the drug instructions firmly links the drug with its clinical indication (http://clinicalindications.com/). For example, the drug allopurinol's usage instruction would be 'Take one daily to prevent gout'. Patients are delighted to have this simple way of knowing what each drug is used for and saves the prescriber from having to repeatedly explain each drug's use in the consultation. This process is recommended for use by all doctors in the General Medical Council guidelines in *Good Practice in Prescribing*, in 2013.[2] Clinical indications works seamlessly with uploads to the NHS Spine. Sadly, no computerised version of this process is yet available for harried clinicians, but I remain convinced of its long-term merit. Remember it was over 50 years ago that we starting naming the drug rather than just stating 'please take this prepared mixture', so isn't it high time for us to state the indication?

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REFERENCES

1. Cahill P. Prescribing for patients with multimorbidity: aiming to tailor to patient-set goals. *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X683857.
2. General Medical Council. *Good practice in prescribing and managing medicines and devices.* http://www.gmc-uk.org/Prescribing_Guidance__2013__50955425.pdf (accessed 7 Apr 2015).

DOI: 10.3399/bjgp15X684769

Childhood UTI

The overall incidence of laboratory-proven urinary tract infection (UTI) (5.9%) and pre-sampling suspected UTI (>8%) among 'acutely unwell children' both seem, from my primary care experience, unusually high. The study suggests we are 'missing' about half of UTIs at first presentation, and concludes that we are under-treating UTIs. My own impression from my general medical clinic in secondary care is that we are over-diagnosing UTI and often over-treating as a result: primarily because of the diagnosis of UTI based exclusively on irritative symptoms alone. I would be interested to know, by way of a control, what the incidence of laboratory-confirmed UTI would be; using identical sampling among a matched group of well children. I suspect that the diagnostic criteria in the National Institute for Health and Care Excellence clinical guidance are appropriately broad so as to avoid missing those occasional cases of genuine clinically-significant infection that occur in the absence of pyuria, but which same criteria are, for the purposes of a research project proposing to measure the actual incidence of clinically significant infection, somewhat over-inclusive.

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REFERENCE

1. Butler CC, O'Brien K, Pickles T. Childhood urinary tract infection in primary care: a prospective observational study of prevalence, diagnosis, treatment, and recovery. *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X684361.

DOI: 10.3399/bjgp15X684781