NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Urinary tract infections in adults (update)

NICE quality standard

Draft for consultation

11 June 2015

6 September 2022

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| **This quality standard covers** diagnosing and managing urinary tract infections in adults aged 16 and over. It describes high-quality care in priority areas for improvement. This quality standard will update and replace the existing quality standard on [urinary tract infections in adults](https://www.nice.org.uk/guidance/qs90) (published June 2015). The topic was identified for update following a review of quality standards. The review identified: * updated guidance on urinary tract infection in adults
* new guidance on antimicrobial prescribing for urinary tract infection.

For more information see [update information](http://www.nice.org.uk/guidance/qsXXX/chapter/Update-information).The quality standards advisory committee discussed the terminology used in this standard in relation to gender-specific and gender-neutral language. They agreed that there are anatomical differences that are important for this topic, and therefore it would be appropriate to use sex-specific language.This is the draft quality standard for consultation (from 6 September to 11 October 2022). The final quality standard is expected to publish in February 2023. |

# Quality statements

[Statement 1](#_Quality_statement_1:) Non-pregnant women aged under 65 years are diagnosed with a urinary tract infection (UTI) in the presence of 2 or more urinary symptoms, an absence of new onset vaginal discharge or irritation, and a positive dipstick test result for nitrite. **[new 2022]**

[Statement 2](#_Quality_statement_2:) Adults with indwelling urinary catheters do not have dipstick testing to diagnose urinary tract infections (UTIs). **[2015, updated 2022]**

[Statement 3](#_Quality_statement_X) Non-pregnant women are not prescribed antibiotics to treat asymptomatic bacteriuria. **[2015, updated 2022]**

[Statement 4](#_Quality_statement_4:) Adults with an uncomplicated lower urinary tract infection (UTI) are prescribed the shortest effective course of antibiotics. **[new 2022]**

[Statement 5](#_Quality_statement_5:) Adults with a recurrent upper urinary tract infection (UTI) or recurrent lower UTI where the cause is unknown are referred for further investigation. **[new 2022]**

In 2022 this quality standard was updated and statements prioritised in 2015 were updated (2015, updated 2022) or replaced (new 2022). For more information, see [update information](#_Update_information_2).

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| Questions for consultation Questions about the quality standard**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?**Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?**Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.Questions about the individual quality statements **Question 4** For draft quality statement 1: Statement 1 is based on a SIGN guideline and aims to increase the probability of an accurate diagnosis of urinary tract infection. However, it differs from [Public Health England’s tool for diagnosis of urinary tract infections](https://www.gov.uk/government/publications/urinary-tract-infection-diagnosis). Will this difference cause problems in practice? **Question 5** For draft quality statement 1: Is it feasible for community pharmacists to carry out the actions described in the statement? Local practice case studies**Question 6** Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details on the comments form. |

# Quality statement 1: Diagnosing lower urinary tract infection in non-pregnant women aged under 65

## Quality statement

Non-pregnant women aged under 65 years are diagnosed with a urinary tract infection (UTI) in the presence of 2 or more urinary symptoms, an absence of new onset vaginal discharge or irritation, and a positive dipstick test result for nitrite. **[new 2022]**

## Rationale

Lower UTI needs to be differentiated from other causes of the same signs and symptoms during diagnosis. Diagnosis can be made with a high probability when 2 or more urinary symptoms are present and there is a positive dipstick result for nitrite. A positive dipstick test for nitrite is an indirect measure of bacteria present in urine, although a negative test does not exclude a UTI. The absence of vaginal discharge or irritation helps rule out other causes of symptoms that present in a similar way to a UTI. Diagnosing UTI correctly supports appropriate management and reduces unnecessary antibiotic prescribing.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of patient enquiry forms to collect information on signs and symptoms for people presenting with suspected UTIs.

**Data source:** No routinely collected data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from GP practice computer systems.

### Process

a) Proportion of non-pregnant women aged under 65 diagnosed with a urinary tract infection who have 2 or more urinary symptoms, a positive dipstick test result for nitrite and an absence of a new onset vaginal discharge or irritation.

Numerator – the number in the denominator who have 2 or more urinary symptoms, a positive dipstick test result for nitrite and an absence of a new onset vaginal discharge or irritation.

Denominator – the number of non-pregnant women aged under 65 diagnosed with a urinary tract infection.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of non-pregnant women aged under 65 prescribed a urinary tract infection antibiotic (trimethoprim, nitrofurantoin, fosfomycin or pivmecillinam) who have a single urinary symptom.

Numerator – the number in the denominator who have a single urinary symptom.

Denominator – the number of non-pregnant women aged under 65 prescribed with a urinary tract infection antibiotic (trimethoprim, nitrofurantoin, fosfomycin or pivmecillinam).

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

### Outcome

Prescription rates for antibiotics used for lower urinary tract infections (trimethoprim, nitrofurantoin, fosfomycin or pivmecillinam).

**Data source:**No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from prescribing systems.

## What the quality statement means for different audiences

**Service providers** (such as GP practices, hospitals, pharmacies) ensure that procedures are in place to assess and document the signs and symptoms of non-pregnant women aged under 65 presenting with a suspected UTI. This includes testing urine for nitrite using a dipstick and assessing if there is vaginal discharge or irritation.

**Healthcare professionals** (GPs, physician associates, hospital doctors and community pharmacists) assess the signs and symptoms of non-pregnant women aged under 65 presenting with a suspected UTI. They ask about vaginal discharge and irritation to rule out other causes and test urine for nitrite using a dipstick. They use this information to determine if a UTI is the cause of the signs and symptoms. If the dipstick test for nitrite is negative, they consider sending a urine specimen for culture to inform the diagnosis.

**Commissioners** (integrated care systems) commission services in which non-pregnant women aged under 65 presenting with symptoms that suggest a UTI have their signs and symptoms assessed in combination with a dipstick test for nitrites.

**Non-pregnant women aged under 65 with symptoms of a UTI** are given a diagnosis of a UTI if they have 2 or more urinary symptoms, no vaginal discharge or irritation, and a positive dipstick test for nitrites.

## Source guidance

[Management of suspected bacterial lower urinary tract infection in adult women. Scottish Intercollegiate Guidelines Network (SIGN) 160](https://www.sign.ac.uk/our-guidelines/management-of-suspected-bacterial-lower-urinary-tract-infection-in-adult-women/) (2020), recommendation 3.1.3 page 12

## Definitions of terms used in this quality statement

### Urinary symptoms

Two or more of the following symptoms: dysuria, frequency, urgency, visible haematuria or nocturia.[[SIGN’s guideline on management of suspected bacterial lower urinary tract infection in adult women](https://www.sign.ac.uk/our-guidelines/management-of-suspected-bacterial-lower-urinary-tract-infection-in-adult-women/), recommendation 3.1.3, page 12]

### Positive dipstick test result for nitrite

A nitrite dipstick test is an indirect measure of nitrate-reducing bacteria. Most bacterial species causing UTI reduce nitrate in the urine to nitrite. A positive nitrite test helps to rule in a UTI. However, a negative test does not exclude a UTI. [[SIGN’s guideline on management of suspected bacterial lower urinary tract infection in adult women](https://www.sign.ac.uk/our-guidelines/management-of-suspected-bacterial-lower-urinary-tract-infection-in-adult-women/), section 3.1.3, pages 10-11]

## Equality and diversity considerations

People who are incontinent and wear incontinence pads may need help to provide a urine sample for a dipstick test. For example, urine collection packs can be used to obtain a sample of urine. A GP or continence service should be able to arrange this.

## Questions for consultation

Statement 1 is based on a SIGN guideline and aims to increase the probability of an accurate diagnosis of urinary tract infection. However, it differs from [Public Health England’s tool for diagnosis of urinary tract infections](https://www.gov.uk/government/publications/urinary-tract-infection-diagnosis). Will this difference cause problems in practice?

Is it feasible for community pharmacists to carry out the actions described in the statement?

# Quality statement 2: Diagnosing urinary tract infections in adults with catheters

## Quality statement

Adults with indwelling urinary catheters do not have dipstick testing to diagnose urinary tract infections (UTIs). **[2015, updated 2022]**

## Rationale

A catheter-associated UTI is a symptomatic infection of the bladder or kidneys in a person with a urinary catheter. Dipstick testing is not an effective method for detecting UTIs in adults with indwelling urinary catheters. Catheters quickly become colonised with bacteria and give a positive dipstick result. However, this does not indicate that the bacteria are causing an infection in the bladder or kidneys. To ensure that UTIs are diagnosed accurately, dipstick testing should not be used. Instead, signs and symptoms are assessed to diagnose UTIs with urine culture and sensitivity testing used to confirm the diagnosis and pathogen.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

a) Evidence of a written protocol to ensure that people who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed.

**Data source:** No routinely collected data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from clinical protocols. See statement 4 of [NICE’s quality standard on infection prevention and control](https://www.nice.org.uk/guidance/qs61/chapter/Quality-statement-4-Urinary-catheters).

b) Evidence of a register of people with an indwelling urinary catheter.

**Data source:** No routinely collected data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from patient electronic medical records.

### Process

Proportion of episodes of suspected UTI in adults with indwelling urinary catheters that are investigated using dipstick testing.

Numerator – the number in the denominator investigated using dipstick testing.

Denominator – the number of episodes of suspected UTI in adults with indwelling urinary catheters.

**Data source:** No routinely collected data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from patient records.

### Outcome

Antibiotic prescription rates for adults with indwelling urinary catheters.

**Data source:**No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

## What the quality statement means for different audiences

**Service providers** (such as hospitals, GPs, community services and care homes) ensure that training, education programmes and written procedures are kept up to date so that healthcare professionals do not use dipstick testing to diagnose UTIs in adults with indwelling urinary catheters.

**Healthcare professionals** (GPs, physician associates, hospital doctors and community pharmacists) do not use dipstick testing to diagnose UTIs in adults with indwelling urinary catheters. Instead, they assess signs and symptoms to diagnose a UTI and use urine culture and sensitivity testing to confirm the diagnosis and pathogen.

**Commissioners** (integrated care systems) ensure that they commission services that do not use dipstick testing to diagnose UTIs for adults with indwelling urinary catheters.

**Adults with indwelling urinary catheters** do not have urinary tract infections diagnosed by dipstick testing.

## Source guidance

* [Management of suspected bacterial lower urinary tract infection in adult women. Scottish Intercollegiate Guidelines Network (SIGN) 160](https://www.sign.ac.uk/our-guidelines/management-of-suspected-bacterial-lower-urinary-tract-infection-in-adult-women/) (2020), recommendations 6.1.1 page 35 and, 6.1.2 page 35
* [Urinary tract infection (lower) – men](https://cks.nice.org.uk/topics/urinary-tract-infection-lower-men/diagnosis/diagnosing-a-urinary-tract-infection/) (2022). NICE clinical knowledge summary, diagnosis - diagnosing a urinary tract infection

# Quality statement 3: Antibiotic treatment for asymptomatic bacteriuria in non‑pregnant women

## Quality statement

Non-pregnant women are not prescribed antibiotics to treat asymptomatic bacteriuria. **[2015, updated 2022]**

## Rationale

Asymptomatic bacteriuria is not treated with antibiotics in non-pregnant women because it is not a risk factor for harm. Unnecessary antibiotic treatment of asymptomatic bacteriuria is associated with significantly increased risk of adverse events and is of no clinical benefit. It is especially problematic for older people, as the incidence of asymptomatic bacteriuria increases with age and is high among people in long-term residential care. Unnecessary antibiotic treatment can also increase the resistance of bacteria that cause urinary tract infections, making antibiotics less effective for future use.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Process

Proportion of episodes of asymptomatic bacteriuria in non‑pregnant women treated with antibiotics.

Numerator – the number in the denominator treated with antibiotics.

Denominator – the number of episodes of asymptomatic bacteriuria in non‑pregnant women.

**Data source:** No routinely collected data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

### Outcome

Antimicrobial prescribing rates for non-pregnant women with asymptomatic bacteriuria.

**Data source:**No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from prescribing systems.

## What the quality statement means for different audiences

**Service providers** (such as GP practices, hospitals, community services) ensure that procedures are in place so that healthcare professionals do not prescribe antibiotics to treat asymptomatic bacteriuria in non‑pregnant women. They provide internal training and education on when to treat bacteriuria to healthcare professionals.

**Healthcare professionals** (GPs, physician associates, hospital doctors and community pharmacists) ensure that antibiotics are not prescribed to treat asymptomatic bacteriuria in non‑pregnant women.

**Commissioners** (integrated care systems) do not commission services that provide antibiotics to treat asymptomatic bacteriuria in non‑pregnant women.

**Non-pregnant women who have bacteria in their urine but no symptoms of urinary tract infection** are not prescribed antibiotics**.**

## Source guidance

[Management of suspected bacterial lower urinary tract infection in adult women. Scottish Intercollegiate Guidelines Network (SIGN) 160](https://www.sign.ac.uk/our-guidelines/management-of-suspected-bacterial-lower-urinary-tract-infection-in-adult-women/) (2020), recommendation 2.1 page 7

## Definitions of terms used in this quality statement

### Asymptomatic bacteriuria

The presence of significant levels of bacteria in the urine in a person without signs or symptoms of UTI. [[NICE’s clinical knowledge summary on urinary tract infection (lower) – women](https://cks.nice.org.uk/topics/urinary-tract-infection-lower-women/background-information/definition/) [urinary tract infection (lower) - women](https://cks.nice.org.uk/topics/urinary-tract-infection-lower-women/diagnosis/assessment/), background information – definition]

# Quality statement 4: Duration of antibiotic treatment for urinary tract infection

## Quality statement

Adults with an uncomplicated lower urinary tract infection (UTI) are prescribed the shortest effective course of antibiotics. **[new 2022]**

## Rationale

Short (3-day) courses of antimicrobials for treating uncomplicated lower UTI in non-pregnant women areas clinically effective as 5-10 day courses. They also minimise the risk of adverse events and of antimicrobial resistance. People who are at higher risk of treatment failure or resistant infection need longer courses of treatment.

A 7‑day course of antibiotics is needed to treat lower UTI in men and pregnant women to ensure complete cure. Men are more at risk of complications from UTIs than women due to anatomical differences and possible outflow obstruction. Pregnant women are at greater risk of harm from a UTI than non-pregnant women. People are reassessed if symptoms worsen rapidly or significantly, or do not start to improve within 48 hours of taking the antibiotic.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local processes to include clinical indication, dose and duration of treatment on patient records when antimicrobials are prescribed

**Data source:** No routinely collected data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from patient records.

### Process

a) Proportion of antibiotic courses prescribed for a 3-day duration for episodes of uncomplicated lower UTI in non-pregnant women.

Numerator – the number in the denominator prescribed a 3-day course of antibiotics.

Denominator – the number of antibiotic courses prescribed for episodes of uncomplicated lower UTI in non-pregnant women.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from prescribing systems and patient records.

b) Proportion of antibiotic courses prescribed for a 7-day duration for episodes of lower UTI men.

Numerator – the number in the denominator prescribed a 7-day course of antibiotics.

Denominator – the number of antibiotic courses prescribed for episodes of lower UTI in men.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from prescribing systems and patient records.

c) Proportion of antibiotic courses prescribed for a 7-day duration for episodes of lower UTI pregnant women.

Numerator – the number in the denominator prescribed a 7-day course of antibiotics.

Denominator – the number of antibiotic courses prescribed for episodes of lower UTI in pregnant women.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from prescribing systems and patient records.

### Outcome

Average duration of antibiotic treatment for urinary tract infection.

**Data source:**No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

## What the quality statement means for different audiences

**Service providers** (such as GP practices, hospitals, pharmacies) ensure that healthcare professionals prescribing antibiotics to treat uncomplicated lower UTIs are aware of the shortest effective course lengths for different population groups.

**Healthcare professionals** (GPs, physician associates, hospital doctors and community pharmacists) prescribe a 3-day course of antimicrobials to treat uncomplicated lower UTI in non-pregnant women and 7‑day course of antibiotics to treat uncomplicated lower UTI in men and pregnant women. They give advice on possible adverse effects of the antibiotics and when to seek medical advice. They reassess if a person’s symptoms worsen or do not start to improve within 48 hours of taking the antibiotic.

**Commissioners** (integrated care systems) commission services that prescribe a 3-day course of antimicrobials to treat uncomplicated lower UTI in non-pregnant women and a 7‑day course of antibiotics to treat uncomplicated lower UTI in men and pregnant women.

**Adults with lower UTI** are prescribed the shortest effective course of antibiotics. The shortest effective course is 3 days for non-pregnant women and 7 days for men and pregnant women.

## Source guidance

[Urinary tract infection (lower): antimicrobial prescribing. NICE guideline NG109](https://www.nice.org.uk/guidance/ng109) (2018), recommendations 1.1.3, 1.1.5, 1.4.1, table 1, table 2 and table 3

## Definitions of terms used in this quality statement

### Uncomplicated lower urinary tract infection

An infection of the bladder, also known as cystitis. Uncomplicated means it is caused by typical pathogens in people with a normal urinary tract and kidney function, and no predisposing co-morbidities. This definition excludes UTI with an increased likelihood of complications such as persistent infection, treatment failure and recurrent infection. It also excludes cases where there are symptoms of pyelonephritis (such as fever). [[NICE’s clinical knowledge summary on urinary tract infection (lower) – men](https://cks.nice.org.uk/topics/urinary-tract-infection-lower-men/background-information/definition/), Background information, definition and [NICE’s clinical knowledge summary on urinary tract infection (lower) – women](https://cks.nice.org.uk/topics/urinary-tract-infection-lower-women/background-information/definition/), Background information, definition, [NICE’s guideline on urinary tract infection (lower): antimicrobial prescribing](https://www.nice.org.uk/guidance/ng109) recommendation 1.4.1, table 1, table 2 and table 3]

### Shortest effective course of antibiotics

A 3-day course of antimicrobials for treating lower UTI in non-pregnant women. A 7‑day course of antimicrobials for treating lower UTI in men and pregnant women. [[NICE’s guideline on urinary tract infection (lower): antimicrobial prescribing](https://www.nice.org.uk/guidance/ng109) recommendation 1.4.1, table 1, table 2 and table 3]

# Quality statement 5: Referring adults with recurrent urinary tract infection

## Quality statement

Adults with a recurrent upper urinary tract infection (UTI) or recurrent lower UTI where the cause is unknown are referred for further investigation. **[new 2022]**

## Rationale

Recurrent UTIs are common in women, but referral for further investigation is needed when there are higher risks or when it is uncertain if the UTI is the cause of urinary symptoms. Higher risks are associated with recurrent upper UTIs (pyelonephritis) which can lead to impaired renal function. Further consideration of the underlying reason for recurrent infection may alter management and treatment. Repeated prescription of antibiotics without identifying the underlying cause risks missing alternative conditions that may be causing the symptoms, and over-use of antimicrobials could result in more resistant infections or sepsis.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local arrangements to ensure that adults diagnosed with a UTI have the diagnosis recorded and coded in their patient records.

**Data source:** No routinely collected data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from audits of patient records.

### Process

a) Proportion of adults with a recurrent upper UTI referred for further investigation.

Numerator – the number in the denominator referred for further investigation.

Denominator – the number of adults diagnosed with a recurrent upper UTI.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of adults with a recurrent lower UTI where the underlying cause is unknown who are referred for further investigation.

Numerator – the number in the denominator referred for further investigation.

Denominator – the number of adults with a recurrent lower UTI where the underlying cause of recurrence is unknown.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

### Outcome

Number of recurrent UTIs in adults.

**Data source:**No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

## What the quality statement means for different audiences

**Service providers** (such as GP practices, hospitals) ensure that procedures are in place for adults with a recurrent upper or lower UTI to be referred for specialist advice and investigation.

**Healthcare professionals** (GPs, physician associates, hospital doctors) refer adults with a recurrent upper UTI (pyelonephritis) or a recurrent lower UTI where the underlying cause of recurrence is unknown to urology for specialist investigation and advice.

**Commissioners** (integrated care systems) commission services that refer adults with a recurrent upper or lower UTI where the underlying cause of recurrence is unknown for specialist advice and investigation.

**Adults with a recurrent upper or lower UTI** are referred for specialist advice and further investigation to identify the reason for recurrence.

## Source guidance

[Urinary tract infection (recurrent): antimicrobial prescribing. NICE guideline NG112](https://www.nice.org.uk/guidance/ng112) (2018), recommendation 1.1.4

## Definitions of terms used in this quality statement

### Recurrent UTI

Repeated UTI with a frequency of 2 or more UTIs in the last 6 months or 3 or more UTIs in the last 12 months. [[NICE’s guideline on urinary tract infection (recurrent): antimicrobial prescribing](https://www.nice.org.uk/guidance/ng112), terms used in the guideline]

### Upper UTI

Infection of the upper part of the urinary tract – the ureters and kidneys (pyelonephritis). [[NICE’s clinical knowledge summary on urinary tract infection (lower) – women](https://cks.nice.org.uk/topics/urinary-tract-infection-lower-women/background-information/definition/), Background information, definition]

### Lower UTI

An infection of the bladder (also known as cystitis) usually caused by bacteria from the gastrointestinal tract. [[NICE’s clinical knowledge summary on urinary tract infection (lower) – women](https://cks.nice.org.uk/topics/urinary-tract-infection-lower-women/background-information/definition/), Background information, definition]

# Update information

**September 2022:** This quality standard was updated and statements prioritised in 2015 were replaced. The topic was identified for update following a review of quality standards. The review identified that the SIGN guidance supporting the original quality standard had been replaced and NICE guidance covering antimicrobial prescribing had also been published.

Statements are marked as:

* **[new 2022]** if the statement covers a new area for quality improvement
* **[2015, updated 2022]** if the statement covers an area for quality improvement included in the 2015 quality standard and has been updated.

# About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](https://www.nice.org.uk/standards-and-indicators/timeline-developing-quality-standards) is available from the NICE website.

See our [webpage on quality standards advisory committees](http://www.nice.org.uk/Get-Involved/Meetings-in-public/Quality-Standards-Advisory-Committee) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](https://www.nice.org.uk/guidance/indevelopment/gid-qs10161/documents).

NICE has produced a [quality standard service improvement template](https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-uptake-of-nice-guidance) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](https://www.nice.org.uk/guidance/indevelopment/gid-qs10161/documents) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN:

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