

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Draft quality standard for lower urinary tract symptoms in men

1 Introduction

Lower urinary tract symptoms (LUTS) are storage, voiding and post-micturition symptoms that affect the lower urinary tract. These 3 types of symptom are used to help define the source of the problem. Voiding symptoms include weak or intermittent urinary stream, straining, hesitancy, terminal dribbling and incomplete emptying. Storage symptoms include urgency, frequency, urgency incontinence and nocturia. The most common post-micturition symptom is post-micturition dribbling, which is common and bothersome. Although LUTS do not usually cause severe illness, they can considerably reduce a man's quality of life, and may indicate serious underlying pathology of the urogenital tract.

Age is an important risk factor for LUTS and the prevalence increases as men get older. Bothersome LUTS can occur in up to 30% of men over 65 years. This is a large group potentially needing treatment.

This quality standard covers the diagnosis and management of lower urinary tract symptoms (LUTS) in men (18 years and older). For more information see the [scope](#).

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. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. The quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following framework:

- [NHS Outcomes Framework 2013–14](#) (Department of Health, November 2012)

The table below shows the outcomes, overarching indicators and improvement areas from the framework that the quality standard could contribute to achieving:

NHS Outcomes Framework 2013-14	
Domain 2: Enhancing quality of life for people with long-term conditions.	<p>Overarching indicator</p> <p>2 Health-related quality of life for people with long-term conditions</p> <p>Improvement areas</p> <p><i>Ensuring people feel supported to manage their condition</i></p> <p>2.1 Proportion of people feeling supported to manage their condition</p> <p><i>Improving functional ability in people with long-term conditions</i></p> <p>2.2 Employment of people with long-term conditions</p> <p><i>Enhancing quality of life for carers</i></p> <p>2.4 Health-related quality of life for carers</p>
Domain 4: Ensuring that people have a positive experience of care	<p>Overarching indicators</p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>ii Out of hours services</p> <p>4b Patient experience of hospital care</p> <p>Improvement areas</p> <p><i>Improving people's experience of outpatient care</i></p> <p>4.1 Patient experience of outpatient services</p> <p><i>Improving hospitals' responsiveness to personal needs</i></p> <p>4.2 Responsiveness to in-patients' personal needs</p> <p><i>Improving people's experience of accident and emergency services</i></p> <p>4.4 Access to i GP services</p>

2 Draft quality standard for lower urinary tract symptoms in men

Overview

The draft quality standard for lower urinary tract symptoms (LUTS) in men states that services should be commissioned from and coordinated across all relevant agencies encompassing the whole LUTS care pathway in men. A person-centred approach to provision of services is fundamental to the delivery of high-quality care to men with LUTS.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should cross refer across the library of NICE quality standards when designing high-quality services.

Patients, service users and carers may use the quality standard to find out about the quality of care they should expect to receive; support asking questions about the care they receive; and to make a choice between providers of social care services.

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in diagnosing and managing LUTS in men should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

No.	Draft quality statements
1	Men with lower urinary tract symptoms (LUTS) are offered a full physical examination, including a digital rectal examination, as part of their initial assessment.
2	Men with bothersome lower urinary tract symptoms (LUTS) are asked to complete a urinary frequency and volume chart, as part of their initial assessment.

3	Men with lower urinary tract symptoms (LUTS) are given written advice on lifestyle interventions at their initial assessment.
4	Men with lower urinary tract symptoms (LUTS) who have post-micturition dribble are informed about how to perform urethral milking.
5	Men with lower urinary tract symptoms (LUTS) who have urinary incontinence are offered a choice of temporary containment products.
6	Men with lower urinary tract symptoms (LUTS) and voiding symptoms which are severe or have not responded to drug treatment and conservative management options are offered surgery.
7	Men with lower urinary tract symptoms (LUTS) are offered a measurement of flow rate and post void residual volume, as part of their specialist assessment.
8	Men with lower urinary tract symptoms (LUTS) taking drug treatments receive a timely medication review.

In addition, quality standards that should also be considered when commissioning and providing a high-quality service for LUTS in men are listed in section 7.

General questions for consultation:

Question 1	Can you suggest any appropriate healthcare outcomes for each individual quality statement?
Question 2	What important areas of care, if any, are not covered by the quality standard?
Question 3	What, in your opinion, are the most important quality statements and why?
Question 4	Are any of the proposed quality measures inappropriate and, if so, can you identify suitable alternatives?
Please refer to Quality standards in development on the NICE website for additional general points for consideration.	

Draft quality statement 1: Initial assessment – physical examination

Draft quality statement	Men with lower urinary tract symptoms (LUTS) are offered a full physical examination, including a digital rectal examination, as part of their initial assessment.
Rationale	<p>It is important to carry out a full physical examination so that abnormalities of the abdomen and external genitalia are not missed and left untreated.</p> <p>Performing a digital rectal examination is essential to assess the size of the prostate and to detect abnormalities that might indicate malignancy. It is also good practice to identify abnormalities such as prostatitis (inflammation of the prostate) and associated conditions which might affect bladder function.</p>
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure men with LUTS are offered a full physical examination, including a digital rectal examination, as part of their initial assessment.</p> <p>Process: Proportion of men with lower urinary tract symptoms who receive a full physical examination, including a digital rectal examination, as part of their initial assessment.</p> <p>Numerator – the number of men in the denominator who receive a full physical examination, including digital rectal examination, as part of their initial assessment.</p> <p>Denominator – the number of men who present with LUTS.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place to provide a full physical examination, including a digital rectal examination, to men with LUTS, as part of their initial assessment.</p> <p>Healthcare professionals ensure they offer men with LUTS a full physical examination, including a digital rectal examination, as part of their initial assessment.</p> <p>Commissioners ensure they commission services with local arrangements to offer men with LUTS a full physical examination, including a digital rectal examination, as part of their initial assessment.</p> <p>Men with LUTS are offered a full physical examination, including examination of their rectum (feeling inside the rectum to check the prostate gland), as part of their initial assessment.</p>
Source clinical guideline references	NICE clinical guideline 97 recommendation 1.1.2 (key priority for implementation)
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>

Definitions	<p>Physical examination</p> <p>NICE clinical guideline 97 recommends physical examination at initial assessment guided by urological symptoms and other medical conditions, an examination of the abdomen and external genitalia, and a digital rectal examination.</p> <p>Digital rectal examination</p> <p>A digital rectal examination is a routine test that is used to detect abnormalities of the prostate gland. The doctor or nurse inserts a gloved and lubricated finger (digit) into the man's rectum, which lies just behind the prostate gland.</p> <p>Initial assessment</p> <p>Initial assessment refers to the first assessment carried out in any setting by a healthcare professional without specific training in managing LUTS in men.</p>
Equality and diversity considerations	<p>When recommending a digital rectal examination, healthcare professionals should provide information about the examination that reflects any religious, ethnic, transgender or cultural needs.</p> <p>Men provided with information should have access to an interpreter or advocate if needed.</p>

Draft quality statement 2: Initial assessment – urinary frequency and volume chart

Draft quality statement	Men with bothersome lower urinary tract symptoms (LUTS) are asked to complete a urinary frequency and volume chart, as part of their initial assessment.
Rationale	Urinary frequency and volume charts add important information to the medical history. They can also help the healthcare professional to make an accurate diagnosis and to distinguish nocturnal polyuria (a large amount of urine produced during the night) from detrusor over activity (normal urine production but increased urinary frequency with urgency and small volumes of urine passed each time).
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure men with bothersome LUTS are asked to complete a urinary frequency and volume chart, as part of their initial assessment.</p> <p>Process: Proportion of men with bothersome LUTS who complete a urinary frequency and volume chart, as part of their initial assessment.</p> <p>Numerator – the number of men in the denominator who complete a urinary frequency and volume chart, as part of their initial assessment.</p> <p>Denominator – the number of men presenting as a result of their bothersome LUTS.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that local arrangements are in place to ask men with bothersome LUTS to complete a urinary frequency and volume chart, as part of their initial assessment.</p> <p>Healthcare professionals ensure they ask men with bothersome LUTS to complete a urinary frequency and volume chart, as part of their initial assessment.</p> <p>Commissioners ensure they commission services with local arrangements to ask men with bothersome LUTS to complete a urinary frequency and volume chart, as part of their initial assessment.</p> <p>Men with bothersome LUTS are asked, as part of their initial assessment, to record how often they pass urine over 3 days and the amount of urine passed.</p>
Source clinical guideline references	NICE clinical guideline 97 recommendation 1.1.3 (key priority for implementation)
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>

Definitions	<p>Bothersome LUTS</p> <p>Bothersome LUTS are LUTS that are worrying, troublesome or have an impact on a man's quality of life.</p> <p>A urinary frequency and volume chart</p> <p>Urinary frequency and volume charts are simple, non-invasive tools used as part of the initial assessment of men presenting with LUTS. A urinary frequency and volume chart records voided volumes and times of voiding (day and night) for at least 3 days.</p> <p>Initial assessment</p> <p>Initial assessment refers to the first assessment carried out in any setting by a healthcare professional without specialist training in managing LUTS in men.</p>
Equality and diversity considerations	<p>All information about the urinary frequency and volume chart should be accessible to men with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Men receiving information should have access to an interpreter or advocate if needed.</p> <p>Men who have physical or cognitive impairment may need help to complete the chart. If possible, carers should be instructed in how they can help to complete the chart.</p> <p>Men should be provided with information that reflects any religious, ethnic, transgender or cultural needs.</p>

Draft quality statement 3: Initial assessment – advice on lifestyle interventions

Draft quality statement	Men with lower urinary tract symptoms (LUTS) are given written advice on lifestyle interventions at their initial assessment.
Rationale	It is important to offer advice on lifestyle interventions so that the man is aware of all the options that might help to manage his condition. The content of this lifestyle advice should be holistic and cover the benefits of weight loss, exercise and healthy eating, as well as altering the type, quantity and timing of fluid and food intake, pelvic floor exercises and bladder training.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure men with LUTS are offered written advice on lifestyle interventions at their initial assessment.</p> <p>Process: Proportion of men with LUTS who are given written advice on lifestyle interventions at their initial assessment.</p> <p>Numerator – the number of men in the denominator who are given written advice on lifestyle interventions at their initial assessment.</p> <p>Denominator – the number of men who present with LUTS.</p> <p>Outcome: Men with LUTS feel informed on lifestyle options that might help to manage their condition.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that local arrangements are in place to provide men with LUTS written advice on lifestyle interventions at their initial assessment.</p> <p>Healthcare professionals provide men with LUTS written advice on lifestyle interventions at their initial assessment.</p> <p>Commissioners ensure they commission services with local arrangements to provide men with LUTS written advice on lifestyle interventions at their initial assessment.</p> <p>Men with LUTS are given written advice at initial assessment on lifestyle interventions by providing advice on fluid and food intake and avoiding bladder irritants (for example, certain foods, caffeine and smoking).</p>
Source clinical guideline references	NICE clinical guideline 97 recommendation 1.1.12
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p> <p>Outcome: Local data collection.</p>

Definitions	<p>Advice on lifestyle interventions</p> <p>Advice on lifestyle interventions refers to providing advice on fluid and food intake and avoiding bladder irritants (for example, certain foods, caffeine and smoking). The content of this lifestyle advice should be holistic and cover the benefits of weight loss, exercise and healthy eating. Advice should also include pelvic floor exercises and bladder training.</p> <p>Initial assessment</p> <p>Initial assessment refers to first assessment carried out in any setting by a healthcare professional without specialist training in managing LUTS in men.</p> <p>Written advice</p> <p>Written advice may be presented in leaflet form, but may also be presented in picture format or demonstrated online.</p>
Equality and diversity considerations	<p>All written advice should be accessible to men with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Men receiving information should have access to an interpreter or advocate if needed.</p> <p>Men should be provided with information that reflects any religious, ethnic, transgender or cultural needs.</p>

Draft quality statement 4: Conservative management – urethral milking

Draft quality statement	Men with lower urinary tract symptoms (LUTS) who have post-micturition dribble are informed about how to perform urethral milking.
Rationale	Urethral milking is a safe, easy to learn technique that men with LUTS who have post-micturition dribble can usually learn in 1 session to help them reduce urine loss.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure men with lower urinary tract symptoms (LUTS) who have post-micturition dribble are informed about how to perform urethral milking.</p> <p>Process: Proportion of men with post-micturition dribble who are informed about how to perform urethral milking.</p> <p>Numerator – the number of men in the denominator who receive information about how to perform urethral milking.</p> <p>Denominator – the number of men with LUTS who have post-micturition dribble.</p> <p>Outcome: Men feel informed on how to perform urethral milking which may help them to manage their condition.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that local arrangements are in place for men with LUTS who have post-micturition dribble to be informed about how to perform urethral milking.</p> <p>Healthcare professionals ensure that men with post-micturition dribble are informed about how to perform urethral milking.</p> <p>Commissioners ensure they commission services with local arrangements to inform men with post-micturition dribble about how to perform urethral milking.</p> <p>Men with LUTS who have post-micturition dribble (leakage of urine after urination) are informed how to empty the urethra (urethral milking) and stop urine leakage.</p>
Source clinical guideline references	NICE clinical guideline 97 recommendation 1.3.1
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p> <p>Outcome: Local data collection.</p>
Definitions	<p>Post-micturition dribble</p> <p>Post-micturition dribble describes the involuntary loss of urine immediately after passing urine, usually after leaving the toilet.</p>

	<p>Urethral milking</p> <p>Urethral milking is also known as post-void milking, bulbar urethral elevation or bulbar urethral massage. This technique eliminates post-micturition dribble caused by incomplete emptying of the urethra by the surrounding muscles rather than obstruction.</p> <p>Information on urethral milking</p> <p>Information on urethral milking may be presented in leaflet form, in picture format and demonstrated online.</p>
Equality and diversity considerations	<p>All information on urethral milking should be accessible to men with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Men receiving information should have access to an interpreter or advocate if needed.</p> <p>Men should be provided with information that reflects any religious, ethnic, transgender or cultural needs.</p>

Draft quality statement 5: Conservative management – temporary containment products

Draft quality statement	Men with lower urinary tract symptoms (LUTS) who have urinary incontinence are offered a choice of temporary containment products.
Rationale	<p>Temporary containment products (for example, pads or collecting devices) help manage incontinence, offering security and comfort. These products can help men to continue their normal daily activities, including social activities, and therefore improve quality of life.</p> <p>It important that a choice of containment products is offered as early as possible, even if there is no definite diagnosis and agreed plan on how to manage the symptoms. Containment products only help manage the urinary incontinence – they are not a cure and should not generally be a long-term solution, unless other treatments don't help.</p>
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that men with LUTS who have urinary incontinence are offered a choice of temporary containment products.</p> <p>Process: The proportion of men with LUTS who have urinary incontinence who receive temporary containment products.</p> <p>Numerator – the number of men in the denominator who receive a temporary containment product.</p> <p>Denominator – the number of men with LUTS who have urinary incontinence.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that local arrangements are in place for men with LUTS who have urinary incontinence to be offered a choice of temporary containment products.</p> <p>Healthcare professionals ensure that men with LUTS who have urinary incontinence are offered a choice of temporary containment products.</p> <p>Commissioners ensure they commission services with local arrangements to offer men with LUTS who have urinary incontinence a choice of temporary containment products.</p> <p>Men with LUTS who have urinary incontinence (leakage of urine) are offered a choice of temporary containment products (for example, absorbent pads or a collecting bag) to help them manage their symptoms.</p>
Source clinical guideline references	NICE clinical guideline 97 recommendations 1.3.2 (key priority for implementation) and 1.3.3.
Data source	Structure: Local data collection.

	Process: Local data collection.
Definitions	<p>Containment products</p> <p>Containment products are designed to contain or divert the urine leaked during an episode of incontinence and are widely used in men with LUTS involving incontinence. Products include absorbent pads (pads worn next to the body, pants with integral pads, bed pads), external collection devices (sheath appliances, pubic pressure urinals), indwelling catheters and penile clamps.</p>
Equality and diversity considerations	Men should be provided with information that reflects any religious, ethnic, transgender or cultural needs.

Draft quality statement 6: Surgery for voiding symptoms

Draft quality statement	Men with lower urinary tract symptoms (LUTS) and voiding symptoms which are severe or have not responded to drug treatment and conservative management options are offered surgery.
Rationale	It is important that surgery for voiding symptoms is offered in situations where symptoms are severe or have not responded to conservative management options and drug treatments.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure men with LUTS and voiding symptoms which are severe or have not responded to drug treatment and conservative management options are offered surgery.</p> <p>Process: Proportion of men with LUTS and voiding symptoms which are severe or have not responded to drug treatment or conservative management options are offered surgery.</p> <p>Numerator – the number of men in the denominator who receive surgery.</p> <p>Denominator – the number of men with LUTS and voiding symptoms which are severe or have not responded to drug treatment and conservative management options who are offered surgery.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure local arrangements are in place for men with LUTS and voiding symptoms which are severe or have not responded to drug treatment and conservative management to be offered surgery.</p> <p>Healthcare professionals offer surgery to men with LUTS and voiding symptoms which are severe or have not responded to drug treatment and conservative management.</p> <p>Commissioners ensure they commission services with local arrangements to offer surgery to men with voiding symptoms whose symptoms are severe or have not responded to drug treatment and conservative management.</p> <p>Men with LUTS and voiding symptoms (problems passing urine) whose symptoms are severe or have not improved with drugs and other types of treatment are offered surgery.</p>
Source clinical guideline references	NICE clinical guideline 97 recommendation 1.5.1
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>

Definitions	Severe voiding symptoms Voiding symptoms include weak or intermittent urinary stream, straining, hesitancy, terminal dribbling and incomplete emptying. The International Prostate Symptom Score (IPSS) categorises levels of severity. A score of 20-35 is for severe symptoms.
-------------	--

Draft quality statement 7: Specialist assessment – flow rate and post void residual volume

Draft quality statement	Men with lower urinary tract symptoms (LUTS) are offered a measurement of flow rate and post void residual volume, as part of their specialist assessment.
Rationale	At specialist assessment, it is important to measure flow rate and post void residual volume by a post-micturition bladder scan. This allows the healthcare professional with specific training to more accurately determine the cause of the LUTS (for example, prostatic obstruction). Both measurements are non-invasive and time efficient.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure men with LUTS are offered a measurement of flow rate and post void residual volume, as part of their specialist assessment.</p> <p>Process: Proportion of men with LUTS who receive a measurement of flow rate and post void residual volume, as part of their specialist assessment.</p> <p>Numerator – the number of men in the denominator who receive a measurement of flow rate and post void residual volume.</p> <p>Denominator – the number of men with LUTS undergoing specialist assessment.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure there are local arrangements for men with LUTS to be offered a measurement of flow rate and post void residual volume, as part of their specialist assessment.</p> <p>Healthcare professionals offer men with LUTS undergoing a measurement of flow rate and post void residual volume, as part of their specialist assessment.</p> <p>Commissioners ensure they commission services with local arrangements to offer men with LUTS a measurement of flow rate and post void residual volume, as part of their specialist assessment.</p> <p>Men with LUTS are offered measurement of how fast their urine is flowing and the volume of urine left in the bladder after they have been to the toilet, as part of their specialist assessment.</p>
Source clinical guideline references	NICE clinical guideline 97 recommendation 1.2.5
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>

Definitions	<p>Flow rate measurement</p> <p>Flow rate measurement refers to the speed at which the urine is passed in millilitres of urine passed per second (ml/s).</p> <p>Post void residual volume</p> <p>Post void residual volume can be measured by portable non-invasive ultrasound devices, which scan and calculate the volume of urine in the bladder (whether in retention or post void residual).</p> <p>Specialist assessment</p> <p>Specialist assessment refers to assessment carried out in any setting by a healthcare professional with specific training in the management of male LUTS.</p>
-------------	--

Draft quality statement 8: Medication review

Draft quality statement	Men with lower urinary tract symptoms (LUTS) taking drug treatments receive a timely medication review.
Rationale	It is important to ensure that men with LUTS taking drug treatments have a timely review of their symptoms, the effect of the drugs on their quality of life and adverse effects of treatment.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure men with lower urinary tract symptoms have a timely medication review.</p> <p>Process:</p> <p>a) Proportion of men with lower urinary tract symptoms taking alpha blocker medication who receive a timely medication review. Numerator – the number of men in the denominator who receive a medication review at 4-6 weeks and then every 6-12 months. Denominator – the number of men with lower urinary tract symptoms taking alpha blockers.</p> <p>b) Proportion of men with lower urinary tract symptoms taking 5-alpha reductase inhibitors who receive a timely medication review. Numerator – the number of men in the denominator who receive a medication review at 3-6 months and then every 6-12 months. Denominator – the number of men with lower urinary tract symptoms taking 5-alpha reductase inhibitors.</p> <p>c) Proportion of men with lower urinary tract symptoms taking anticholinergics who receive a timely medication review. Numerator – the number of men in the denominator who receive a medication review at 3-6 months and then every 6-12 months. Denominator-the number of men with lower urinary tract symptoms taking anticholinergics.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure local arrangements are in place to provide a timely medication review for men with LUTS.</p> <p>Healthcare professionals review medication for men with LUTS at regular intervals.</p> <p>Commissioners ensure they commission services with local arrangements to review medication for men with LUTS at regular intervals.</p> <p>Men with LUTS taking drug treatments to help manage their symptoms have their medication reviewed at regular intervals.</p>
Source clinical guideline references	NICE clinical guideline 97 recommendations 1.4.12, 1.4.13, 1.4.14

Data source	Structure: Local data collection. Process: a), b) and c) Local data collection.
-------------	--

3 Status of this quality standard

This is the draft quality standard released for consultation from 15 April until 14 May 2013. This document is not NICE's final quality standard on lower urinary tract symptoms (LUTS) in men. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 14 May 2013. All eligible comments received during consultation will be reviewed by the Topic Expert Group and the quality statements and measures will be refined in line with the Topic Expert Group considerations. The final quality standard will then be available on the [NICE website](#) in September 2013.

4 Using the quality standard

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, health and social care professionals, patients, service users and carers alongside current policy and guidance documents listed in the evidence sources section.

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of health care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice when taking account of patient safety, patient choice and clinical judgement, and therefore desired levels of achievement should be defined locally.

We have indicated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through their [Indicators for Quality Improvement Programme](#). For statements for which national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of healthcare.

For further information, including guidance on using quality measures, please see [What makes up a NICE quality standard?](#)

5 Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments will be published on the NICE website with the final version of the quality standard.

Good communication between health and social care professionals and men with lower urinary tract symptoms is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Men with lower urinary tract symptoms should have access to an interpreter or advocate if needed.

6 How this quality standard was developed

The evidence sources used to develop this quality standard are listed in appendix 1, along with relevant policy context, definitions and data sources. Further explanation of the methodology used can be found in [Quality standards process guide](#)

7 Related NICE quality standards

7.1 Published

[Patient experience in adult NHS services](#). NICE quality standard 15 (2012).

7.2 In development

Urinary tract infection in children. Publication expected July 2013

7.3 Future quality standards

This quality standard will be developed in the context of the full list of quality standards referred to NICE, including the following topics scheduled for future development:

Prostate cancer

Referral for suspected cancer

Urinary incontinence in women

Appendix 1: Development sources

Evidence sources

The documents below contain clinical guideline recommendations or other recommendations that were used by the Topic Expert Group to develop the quality standard statements and measures.

[Lower urinary tract symptoms: the management of lower urinary tract symptoms in men](#) NICE clinical guideline 97 (2010).

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

[The national audit of continence care](#) (2010) Royal College of Physicians