

Urinary tract infections in adults

NICE quality standard

Draft for consultation

November 2014

Introduction

This quality standard covers the management of suspected community-acquired bacterial urinary tract infection in adults aged 16 years and over. It covers adult women (including pregnant women) and men, including people with indwelling catheters and people with other diseases or medical conditions such as diabetes. It does not address medicine to prevent urinary tract infection after urinary tract examination or surgery or the treatment of recurrent urinary tract infection. For more information see the [topic overview](#).

Why this quality standard is needed

Urinary tract infections are caused by the presence and multiplication of microorganisms in the urinary tract. A urinary tract infection can result in several clinical syndromes, including acute and chronic pyelonephritis (infection of the kidney and renal pelvis), cystitis (infection of the bladder), urethritis (infection of the urethra), epididymitis (infection of the epididymis) and prostatitis (infection of the prostate gland). Infection may spread to surrounding tissues (for example, perinephric abscess) or to the bloodstream. A urinary tract infection is defined by a combination of clinical features and the presence of bacteria in the urine.

The incidence of urinary tract infection is the highest in young women. Around 10–20% of women will experience a symptomatic urinary tract infection at some time. Most infections in adult men are complicated and related to abnormalities of the urinary tract, although some can occur spontaneously in otherwise healthy young men. Urinary tract infection incidence increases with age for both sexes. It is

estimated that 10% of men and 20% of women over the age of 65 years have asymptomatic bacteriuria.

For people with symptoms of urinary tract infection and bacteriuria the main aim of treatment is relief of symptoms. For people who are asymptomatic the main outcome from treatment is prevention of future symptomatic episodes.

In people aged 65 years and over asymptomatic bacteriuria is common but is not associated with increased morbidity. The diagnosis of urinary tract infection is particularly difficult in elderly people, who are more likely to have asymptomatic bacteriuria as they get older. The prevalence of bacteriuria may be so high that urine culture ceases to be a diagnostic test. Elderly institutionalised patients (e.g. people in care homes) frequently receive unnecessary antibiotic treatment for asymptomatic bacteriuria despite clear evidence of adverse effects with no compensating clinical benefit.

Unnecessary use of tests and antibiotic treatment may be minimised by developing simple decision rules, diagnostic guidelines or other educational interventions. Prudent antibiotic prescribing is a key component of the UK's action plans for reducing antimicrobial resistance. Unnecessary antibiotic treatment of asymptomatic bacteriuria is associated with significantly increased risk of clinical adverse events, including *Clostridium difficile* infection or methicillin-resistant *Staphylococcus aureus* infection, multi-drug-resistant gram-negative organism including extended-spectrum beta-lactamase organisms and carbapenem-resistant enterobacteriaceae, and the development of antibiotic-resistant urinary tract infections. In people with an indwelling urethral catheter, antibiotics do not generally eradicate asymptomatic bacteriuria.

The quality standard is expected to contribute to improvements in the following outcomes:

- emergency admissions for acute conditions that should not usually require hospital admission
- health-related quality of life.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements in a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2014–15](#)
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, [Parts 1A, 1B and 2](#).

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 [NHS Outcomes Framework 2014–15](#)

Domain	Overarching indicators and improvement areas
3 Helping people to recover from episodes of ill health or following injury	<i>Overarching indicator</i> 3a Emergency admissions for acute conditions that should not usually require hospital admission
4 Ensuring that people have a positive experience of care	<i>Overarching indicators</i> 4a Patient experience of primary care i GP services ii GP Out-of-hours services 4b Patient experience of hospital care

Table 2 [Public health outcomes framework for England, 2013–2016](#)

Domain	Objectives and indicators
4 Healthcare public health and preventing premature mortality	<i>Objective</i> Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities <i>Indicator</i> 4.13 Health-related quality of life for older people

Patient experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to urinary tract infections in adults.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services health services (see the NICE pathway on [patient experience in adult NHS services](#)), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development source(s) for quality standards that impact on patient experience and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for urinary tract infections in adults specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole urinary tract infections in adults care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to adults with urinary tract infections.

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 refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality urinary tract infection service are listed in Related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating adults with urinary tract infections should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting adults with urinary tract infections. If appropriate healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

[Statement 1](#) Adults aged 65 years and over have a full clinical assessment before being diagnosed with a urinary tract infection.

[Statement 2](#) Adults with catheters are not diagnosed with a urinary tract infection by dipstick testing.

[Statement 3](#) Adults with a urinary tract infection not responding to initial antibiotic treatment have a urine culture

[Statement 4](#) Non-pregnant women and adults with catheters who have asymptomatic bacteriuria are not offered antibiotics.

[Statement 5](#) Adults with catheters are not offered antibiotic prophylaxis to prevent symptomatic urinary tract infections.

[Statement 6](#) Men who have upper urinary tract infection are referred for urological investigation.

[Quality statement 7 \(placeholder\)](#): Recurrent urinary tract infections.

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 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 For each quality statement what do you think could be done to support improvement and help overcome barriers?

Questions about the individual quality statements

Question 4 For draft quality statement 1: Is there any evidence that this is not already being carried out in general practice?

Question 5 For draft quality statement 2: Is there evidence to suggest dipstick testing is commonly used to diagnose urinary tract infections in adults with catheters?

Question 6 For draft quality statement 6: Is there any evidence that men with upper urinary tract infections are not being referred for urological investigations?

Question 7 For draft placeholder statement 7: Do you know of any evidence-based guidance that could be used to develop this placeholder statement? If so, please provide details. If not, would new evidence-based guidance relating to recurrent urinary tract infections have the potential to improve practice? If so, please provide details.

Quality statement 1: Diagnosing urinary tract infections in adults aged 65 years and over

Quality statement

Adults aged 65 years and over have a full clinical assessment before being diagnosed with a urinary tract infection.

Rationale

The accuracy of dipstick testing in adults aged 65 years and over can vary. It is therefore important that factors other than the results of dipstick testing are taken into consideration when diagnosing urinary tract infections in older people to ensure appropriate management and avoid unnecessary use of antibiotics.

Quality measures

Structure

Evidence of local arrangements to ensure a full clinical assessment is undertaken before a diagnosis of urinary tract infection is made in adults aged 65 years and over.

Data source: Local data collection.

Process

Proportion of adults aged 65 or older who received a full clinical assessment before being diagnosed with a urinary tract infection.

Numerator – The number in the denominator diagnosed with a urinary tract infection based on a full clinical assessment.

Denominator – The number of adults aged 65 years and over diagnosed with a urinary tract infection

Data source: Local data collection.

Outcome

Antibiotic prescription rates for urinary tract infections

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as Hospitals, community services, GPs) ensure that education and referral pathways are in place so that adults aged 65 years and over receive a full clinical assessment before being diagnosed with a urinary tract infection.

Healthcare professionals ensure they perform a full clinical assessment before diagnosing urinary tract infections in adults aged 65 years and over.

Commissioners (such as clinical commissioning groups and NHS England area teams) ensure that all providers are aware that adults aged 65 years and over with a suspected urinary tract infection are diagnosed based on a full clinical assessment before treatment with antibiotics overuse and inappropriate use of antibiotics. NHS England area teams should be aware that achieving this quality statement could be incorporated into GP surgeries 'Avoiding Unplanned Admissions' Enhanced Service, as per local arrangements.

What the quality statement means for patients, service users and carers

Adults aged 65 and over who have symptoms that are typical of a urinary tract infection receive a full clinical assessment before being diagnosed with a urinary tract infection.

Source guidance

- Scottish Intercollegiate Guidelines Network (2012) [Management of suspected bacterial urinary tract infection in adults](#), recommendation 3.2.3

Definitions of terms used in this quality statement

Classical symptoms of urinary tract infection

For example: dysuria, increased frequency of urination, suprapubic tenderness, urgency, polyuria [[Management of suspected bacterial urinary tract infection in adults](#). Scottish Intercollegiate Guidelines Network (2012)].

Definitions of terms used in this quality statement

Clinical assessment

A full clinical assessment should include physical examination, assessment of vital signs and the recording of symptoms.

Question for consultation

Is there any evidence that this is not already being carried out in general practice?

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

Quality statement

Adults with catheters are not diagnosed with a urinary tract infection by dipstick testing.

Rationale

Dipstick testing is not an effective method for detecting urinary tract infections in catheterised adults. To ensure that urinary tract infections are diagnosed accurately and that false positive results are avoided, dipstick testing should not be used.

Quality measures

Structure

Evidence of local arrangements to ensure that dipstick testing is not used to diagnose urinary tract infections in adults with catheters.

Data source: Local data collection.

Process

Proportion of adults with catheters receiving treatment for a urinary tract infection who were diagnosed using dipstick testing.

Numerator – the number in the denominator who were diagnosed using dipstick testing.

Denominator – the number of adults with catheters who receive treatment for a urinary tract infection.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as Hospitals, community services, care homes, GPs) ensure that training and education programmes are kept up to date so that

healthcare professionals do not use dipstick testing to diagnose urinary tract infections in adults with catheters.

Healthcare professionals ensure that dipstick testing is not used to diagnose urinary tract infections in adults with catheters.

Commissioners (such as clinical commissioning groups, NHS England area teams) ensure that providers are aware that adults with catheters should not have urinary tract infections diagnosed by dipstick testing.

What the quality statement means for patients, service users and carers

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

Source guidance

- Scottish Intercollegiate Guidelines Network (2012) [Management of suspected bacterial urinary tract infection in adults.](#), recommendation 6.2.2

Question for consultation

Is there evidence to suggest dipstick testing is commonly used to diagnose urinary tract infections in adults with catheters?

Quality statement 3: Urine culture for people with a urinary tract infection that does not respond to initial antibiotic treatment

Quality statement

Adults with a urinary tract infection not responding to initial antibiotic treatment have a urine culture.

Rationale

Some urinary tract infections are resistant to initial antibiotic treatment and a urine culture is needed to determine which antibiotic will work against the specific strain of bacteria causing the urinary tract infection.

Quality measures

Structure

Evidence of local arrangements to ensure adults with urinary tract infections who do not respond to initial antibiotic treatment have a urine culture.

Data source: Local data collection.

Process

The proportion of people with a urinary tract infection not responding to initial antibiotic treatment who have a urine culture.

Numerator – The number in the denominator who have a urine culture.

Denominator – The number of adults with a urinary tract infection not responding to initial antibiotic treatment

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as Hospitals, community services, GPs) ensure that processes and referral pathways are in place so that adults with a urinary tract infection not responding to treatment with initial antibiotic treatment have a urine culture.

Healthcare professionals ensure that adults with a urinary tract infection not responding to treatment with initial antibiotic treatment have a urine culture.

Commissioners (such as clinical commissioning groups) ensure that contracts or service specifications with local providers indicate that adults with a urinary tract infection not responding to treatment with initial antibiotic treatment have a urine culture.

What the quality statement means for patients, service users and carers

Adults with a urinary tract infection not responding to treatment with initial antibiotic treatment have their urine tested to see if other antibiotics should be tried.

Source guidance

- Scottish Intercollegiate Guidelines Network (2012) [Management of suspected bacterial urinary tract infection in adults](#), recommendation 3.4.1

Definitions of terms used in this quality statement

Urine Culture

A sample of urine is taken to identify bacteria and their sensitivity to antibiotics [Scottish Intercollegiate Guidelines Network (2012)].

Quality statement 4: Antibiotic treatment for asymptomatic non-pregnant women and adults with catheters

Quality statement

Non-pregnant women and adults with catheters who have asymptomatic bacteriuria are not offered antibiotics.

Rationale

There is no evidence that antibiotics are effective for treating asymptomatic bacteriuria in non-pregnant women and adults with catheters. Unnecessary treatment with antibiotics can also increase the resistance of bacteria that cause urinary tract infections, making antibiotics less effective for future use.

Quality measures

Structure

a) Evidence of local arrangements to ensure non-pregnant women with asymptomatic bacteriuria are not treated with antibiotics.

Data source: Local data collection.

b) Evidence of local arrangements to ensure people with asymptomatic bacteriuria who have a catheter are not treated with antibiotics.

Data source: Local data collection.

Process

a) Proportion of non-pregnant women treated with antibiotics for bacteriuria who are asymptomatic

Numerator – The number in the denominator who are asymptomatic.

Denominator – The number of non-pregnant women treated with antibiotics for bacteriuria.

Data source: Local data collection.

b) Proportion of people with catheters treated with antibiotics bacteriuria who are asymptomatic

Numerator – The number in the denominator who are asymptomatic.

Denominator – The number of people with a catheter treated with antibiotics for bacteriuria.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as Hospitals, community services, care homes, GPs) ensure that processes are in place so that non-pregnant women and adults with catheters who have asymptomatic bacteriuria are not treated with antibiotics. Internal training and education may be required, according to local need.

Healthcare professionals ensure that antibiotics are not used to treat asymptomatic bacteriuria in non-pregnant women and adults with catheters.

Commissioners (such as clinical commissioning groups, local authorities and NHS England area teams) ensure that providers are aware that antibiotic treatment should not be used for asymptomatic bacteriuria in non-pregnant women and adults with catheters. This could be included in local service specifications and pathways.

What the quality statement means for patients, service users and carers

Non-pregnant women and adults with catheters who have asymptomatic bacteriuria are not treated with antibiotics.

Source guidance

- Scottish Intercollegiate Guidelines Network (2012) [Management of suspected bacterial urinary tract infection in adults](#), recommendations 3.4.3 and 6.4.2

Definitions of terms used in this quality statement

Asymptomatic bacteriuria

Bacteria in a urine sample taken from a person who does not have any of the typical symptoms of lower or upper urinary tract infection. Asymptomatic bacteriuria should be confirmed by 2 consecutive urine samples.

Quality statement 5: Antibiotic prophylaxis to prevent catheter-related urinary tract infections

Quality statement

Adults with catheters are not offered antibiotic prophylaxis to prevent symptomatic urinary tract infections.

Rationale

Evidence shows that antibiotic prophylaxis is not effective in preventing symptomatic urinary tract infections in adults with catheters.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with catheters are not given antibiotic prophylaxis to prevent symptomatic urinary tract infections.

Data source: Local data collection.

Process

Proportion of adults with catheters who receive antibiotic prophylaxis to prevent symptomatic urinary tract infections.

Numerator – The number in the denominator who receive antibiotic prophylaxis

Denominator – The number of adults with catheters and no current symptomatic urinary tract infection.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as Hospitals, community services, care homes, GPs) ensure that processes are in place and training is kept up to date so that adults with catheters do not receive antibiotic prophylaxis to prevent symptomatic urinary tract infections.

Healthcare professionals ensure that adults with catheters do not receive antibiotic prophylaxis to prevent symptomatic urinary tract infections.

Commissioners (such as clinical commissioning groups, local authorities and NHS England area teams) ensure that providers are aware that adults with catheters should not receive antibiotic prophylaxis to prevent symptomatic urinary tract infections. This could be included in local service specifications.

What the quality statement means for patients, service users and carers

Adults with catheters are not given antibiotics to prevent urinary tract infections.

Source guidance

- Scottish Intercollegiate Guidelines Network (2012) [Management of suspected bacterial urinary tract infection in adults](#), recommendation 6.3

Quality statement 6: Referring men with upper urinary tract infections

Quality statement

Men who have an upper urinary tract infection are referred for urological investigation.

Rationale

Upper urinary tract infections can indicate the presence of lower urinary tract abnormalities. It is important that men with an upper urinary tract infection have urological investigations to ensure that any possible abnormalities are diagnosed and treated appropriately.

Quality measures

Structure

Evidence of local arrangements to ensure that men with upper urinary tract infections are referred for urological investigations.

Data source: Local data collection.

Process

Proportion of men with an upper urinary tract infection who are referred for urological investigations.

Numerator – The number in the denominator who are referred for urological investigations.

Denominator – The number of men with a confirmed upper urinary tract infection.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as Hospitals, community services, GPs) ensure that they have processes in place so that men with an upper urinary tract infection are referred for urological investigation.

Health and social care practitioners ensure that they are aware of local referral pathways for urological investigations so that men with an upper urinary tract infection can be referred for urological investigation.

Commissioners (such as clinical commissioning groups and NHS England area teams) should seek evidence of practice from providers that men who have an upper urinary tract infection are referred for urological investigation. This can be achieved through carrying out local audits.

What the quality statement means for patients, service users and carers

Men with an upper urinary tract infection are referred to a specialist for urological tests.

Source guidance

- Scottish Intercollegiate Guidelines Network (2012) [Management of suspected bacterial urinary tract infection in adults](#), recommendation 5.3

Definitions of terms used in this quality statement

Urological investigations

These include urodynamic techniques such as pressure/flow cystography to detect lower urinary tract abnormalities. [[Management of suspected bacterial urinary tract infection in adults](#). Scottish Intercollegiate Guidelines Network (2012), recommendation 5.3]

Question for consultation

Is there any evidence that men with upper urinary tract infections are not being referred for urological investigations?

Quality statement 7 (placeholder): Recurrent urinary tract infections

What is a placeholder statement?

A placeholder statement is an area of care that has been prioritised by the Quality Standards Advisory Committee but for which no source guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be developed in this area.

Rationale

Recurrent urinary tract infections are common and it is important that they are managed correctly and where possible prevented.

Question for consultation

Do you know of any relevant evidence-based guidance that could be used to develop this placeholder statement? If so, please provide details. If not, would new evidence-based guidance relating to recurrent urinary tract infections have the potential to improve practice? If so, please provide details.

Status of this quality standard

This is the draft quality standard released for consultation from 11 November to 9 December 2014. It is not NICE's final quality standard on UTI in adults. 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 9 December 2014. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from May 2015.

Using the quality standard

Quality measures

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

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

Levels of achievement

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, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

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 alongside the documents listed in Development sources [\[Link to section in web version\]](#)

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) [\[add correct link\]](#) are available.

Good communication between health, public health and social care practitioners and adults with urinary tract infections is essential. Treatment, care and support, 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. Adults with urinary tract infections should have access to an interpreter or advocate if needed.

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.

Development sources

Further explanation of the methodology used can be found in the quality standards [Process guide](#).

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Scottish Intercollegiate Guidelines Network (2012) [Management of suspected bacterial urinary tract infection in adults](#).

Policy context

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

- All Party Parliamentary Group for Continence Care (2013) [Continence Care Services England 2013: survey report](#).
- Healthcare Quality Improvement Partnership and Royal College of Physicians (2010) [National audit of continence care: combined organisational and clinical report](#).

Definitions and data sources for the quality measures

- Scottish Intercollegiate Guidelines Network (2012) [Management of suspected bacterial urinary tract infection in adults](#).

Related NICE quality standards

Published

- [Infection prevention and control](#). NICE quality standard 61 (2014).
- [Lower urinary tract symptoms in men](#). NICE quality standard 45 (2013).
- [Urinary tract infection in infants, children and young people under 16](#). NICE quality standard 36 (2013).
- [Patient experience in adult NHS services](#). NICE quality standard 15 (2012).

In development

- [Urinary incontinence in women](#). Publication expected January 2015.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE.

The full list of quality standard topics is available from the [quality standards topic library](#) on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 2. Membership of this committee is as follows:

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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.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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