

Urinary tract infections in adults

Quality standard

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This standard should be read in conjunction with QS15, QS36, QS45, QS61, QS121 and QS195.

Introduction

This quality standard covers the management of suspected community-acquired bacterial urinary tract infection in adults aged 16 years and over. This includes women who are pregnant, people with indwelling catheters and people with other diseases or medical conditions such as diabetes. For more information see the [urinary tract infections 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. Asymptomatic bacteriuria is the occurrence of bacteria in the urine without causing symptoms. When symptoms occur as a result of bacteria this is referred to as symptomatic bacteriuria.

The incidence of urinary tract infection is 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 older people, who are more likely to have asymptomatic bacteriuria. The prevalence of bacteriuria may be so

high that urine culture ceases to be a reliable diagnostic test. Older people in long-term care (for example, people in care homes) frequently have unnecessary antibiotic treatment for asymptomatic bacteriuria despite clear evidence of adverse effects with no compensating clinical benefit.

The 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* or methicillin-resistant *Staphylococcus aureus* infections, infection with multi-drug-resistant gram-negative organisms 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 the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for 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 to 2015](#)
- [Public Health Outcomes Framework 2013 to 2016](#).

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 NICE 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. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

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 a diagnosis of urinary tract infection is made.

Statement 2 Healthcare professionals do not use dipstick testing to diagnose urinary tract infections in adults with urinary catheters.

Statement 3 Men who have symptoms of an upper urinary tract infection are referred for urological investigation.

Statement 4 Adults with a urinary tract infection not responding to initial antibiotic treatment have a urine culture.

Statement 5 Healthcare professionals do not prescribe antibiotics to treat asymptomatic bacteriuria in adults with catheters and non-pregnant women.

Statement 6 Healthcare professionals do not prescribe antibiotic prophylaxis to adults with long-term indwelling catheters to prevent urinary tract infection unless there is a history of recurrent or severe urinary tract infection.

Quality statement 7 (placeholder) Treatment of recurrent urinary tract infection.

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 a diagnosis of urinary tract infection is made.

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 years and over 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 different audiences

Service providers (such as hospitals, community services and GPs) ensure 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. 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.

Adults aged 65 years and over who have symptoms that are typical of a urinary tract infection have a full clinical assessment before a diagnosis of a urinary tract infection is made.

Source guidance

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

Definitions of terms used in this quality statement

Symptoms of urinary tract infection

These include dysuria, increased frequency of urination, suprapubic tenderness, urgency and polyuria. [[SIGN guideline on management of suspected bacterial urinary tract infection in adults](#)]

Clinical assessment

A full clinical assessment should be a face-to-face review of the person's medical history, physical examination, assessment of pulse, blood pressure, temperature and recording of symptoms. [[SIGN guideline on management of suspected bacterial urinary tract infection in adults](#)]

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

Quality statement

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

Rationale

Dipstick testing is not an effective method for detecting urinary tract infections in catheterised adults. This is because there is no relationship between the level of pyuria and infection in people with indwelling catheters (the presence of the catheter invariably induces pyuria without the presence of infection). To ensure that urinary tract infections are diagnosed accurately and to avoid false positive results, dipstick testing should not be used.

Quality measures

Structure

Evidence of local arrangements to ensure healthcare professionals do not use dipstick testing to diagnose urinary tract infections in adults with urinary catheters.

Data source: Local data collection.

Process

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

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

Denominator – the number of episodes of suspected urinary tract infection in adults with urinary catheters.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as hospitals, community services, care homes and 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 urinary catheters.

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

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

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

Source guidance

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

Quality statement 3: Referring men with upper urinary tract infections

Quality statement

Men who have symptoms of 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 symptoms of an upper urinary tract infection have urological investigations to ensure that any possible abnormalities are diagnosed and treated.

Quality measures

Structure

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

Data source: Local data collection.

Process

Proportion of episodes of suspected upper urinary tract infection in men that are referred for urological investigations.

Numerator – the number in the denominator referred for urological investigations.

Denominator – the number of episodes of suspected upper urinary tract infection in men.

Data source: Local data collection.

What the quality statement means for different

audiences

Service providers (such as hospitals, community services and GPs) ensure that they have processes in place so that men with symptoms of 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 symptoms of 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 with symptoms of an upper urinary tract infection are referred for urological investigation. This can be achieved through carrying out local audits.

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

Source guidance

Management of suspected bacterial urinary tract infection in adults. Scottish Intercollegiate Guidelines Network (SIGN) (2012), recommendation 5.3

Definitions of terms used in this quality statement

Upper urinary tract infection

Characterised by evidence of urinary tract infection with symptoms suggestive of pyelonephritis (loin pain, flank tenderness, fever, rigors or other manifestations of systemic inflammatory response. [SIGN guideline on management of suspected bacterial urinary tract infection in adults]

Urological investigations

These include urodynamic techniques such as pressure/flow cystography to detect lower urinary tract abnormalities. [SIGN guideline on management of suspected bacterial urinary tract infection in adults, recommendation 5.3]

Quality statement 4: Urine culture for adults 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 (or a repeat where an initial urine culture was taken) to determine which antibiotic will work against the specific strain of bacteria causing the urinary tract infection. A urine culture is needed to guide a change in antibiotic treatment in people who do not respond to initial treatment with antibiotics.

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

Proportion of episodes of a urinary tract infection not responding to initial antibiotic treatment investigated with a urine culture.

Numerator – the number in the denominator investigated with a urine culture.

Denominator – the number of episodes of a urinary tract infection not responding to initial antibiotic treatment.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as hospitals, community services and 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 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.

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

Source guidance

Management of suspected bacterial urinary tract infection in adults. Scottish Intercollegiate Guidelines Network (SIGN) (2012), 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. [[SIGN guideline on management of suspected bacterial urinary tract infection in adults](#)]

Not responding

There is no response to treatment within the follow-up period as agreed with the healthcare professional (expert consensus).

Quality statement 5: Antibiotic treatment for asymptomatic adults with catheters and non-pregnant women

Quality statement

Healthcare professionals do not prescribe antibiotics to treat asymptomatic bacteriuria in adults with catheters and non-pregnant women.

Rationale

Antibiotics are not effective for treating asymptomatic bacteriuria in adults with catheters or non-pregnant women. 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 healthcare professionals do not prescribe antibiotics to treat asymptomatic bacteriuria in adults with catheters and non-pregnant women.

Data source: Local data collection.

b) Evidence of local arrangements to ensure healthcare professionals do not prescribe antibiotics to treat asymptomatic bacteriuria in adults with catheters and non-pregnant women.

Data source: Local data collection.

Process

a) Proportion of episodes of asymptomatic bacteriuria in adults with catheters treated with antibiotics.

Numerator – the number in the denominator treated with antibiotics.

Denominator – the number of episodes of asymptomatic bacteriuria in adults with a catheter.

Data source: Local data collection.

b) 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: Local data collection.

What the quality statement means for different audiences

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

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

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

Adults with catheters and 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 urinary tract infection in adults. Scottish Intercollegiate Guidelines Network (SIGN) (2012), 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 antibiotics. [[SIGN guideline on management of suspected bacterial urinary tract infection in adults](#)]

Quality statement 6: Antibiotic prophylaxis to prevent catheter-related urinary tract infection

Quality statement

Healthcare professionals do not prescribe antibiotic prophylaxis to adults with long-term indwelling catheters to prevent urinary tract infection unless there is a history of recurrent or severe urinary tract infection.

Rationale

Evidence shows that antibiotic prophylaxis is not effective in preventing symptomatic urinary tract infection in adults with long-term indwelling catheters unless there is a history of recurrent or severe urinary tract infection.

Quality measures

Structure

Evidence of local arrangements to ensure healthcare professionals do not prescribe antibiotic prophylaxis to adults with long-term indwelling catheters to prevent symptomatic urinary tract infection unless there is a history of recurrent or severe urinary tract infection.

Data source: Local data collection.

Process

Proportion of adults with long-term indwelling catheters and no current symptomatic urinary tract infection and no history of recurrent or severe urinary tract infections who are being treated with antibiotic prophylaxis to prevent symptomatic urinary tract infection.

Numerator – the number in the denominator who are being treated with antibiotic prophylaxis to prevent symptomatic urinary tract infection.

Denominator – the number of adults with long-term indwelling catheters and no current symptomatic urinary tract infection and no history of recurrent or severe urinary tract infection.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as hospitals, community services, care homes and GPs) ensure that processes are in place and training is kept up to date so that healthcare professionals do not prescribe antibiotic prophylaxis to adults with long-term indwelling catheters to prevent symptomatic urinary tract infection.

Healthcare professionals ensure that adults with long-term indwelling catheters are not prescribed antibiotic prophylaxis to prevent symptomatic urinary tract infection unless there is a history of recurrent or severe urinary tract infection.

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

Adults with long-term indwelling catheters are not prescribed antibiotics to prevent urinary tract infection unless they have a history of recurrent or severe urinary tract infection.

Source guidance

Management of suspected bacterial urinary tract infection in adults. Scottish Intercollegiate Guidelines Network (SIGN) (2012), recommendation 6.3

Quality statement 7 (placeholder): Treatment of recurrent urinary tract infection

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 and prevented effectively.

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.

For further information see [how to use NICE quality standards](#).

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](#).

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments for this quality standard](#) 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.

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

Policy context

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

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

Definitions and data sources for the quality measures

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

Related NICE quality standards

- [Urinary incontinence in women. NICE quality standard 77 \(2015\)](#)
- [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 \(2012, updated 2019\)](#)

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.

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](#) is available from the NICE website.

See our [webpage on quality standard advisory committees](#) for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathways on urinary incontinence and pelvic organ prolapse in women](#) and [urinary incontinence in neurological disease](#), which bring together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) 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 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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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [MRSA Action UK](#)
- [Royal College of General Practitioners \(RCGP\)](#)
- [Royal College of Nursing \(RCN\)](#)
- [Royal College of Pathologists](#)