NICE National Institute for Health and Care Excellence

NICE quality standard

Urinary tract infections in adults

Quality standard
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www.nice.org.uk/guidance/qs90

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This standard is based on NG109, NG112 and NG12.

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

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In 2023 this quality standard was updated and statements prioritised in 2015 were updated (2015, updated 2023) or replaced (new 2023). For more information, see update information.

The previous version of the quality standard for urinary tract infections in adults is available as a pdf.

Quality statement 1: Diagnosing urinary tract infections in women under 65

Quality statement

Women aged under 65 years are diagnosed with a urinary tract infection (UTI) if they have 2 or more key urinary symptoms and no other excluding causes or warning signs. **[new 2023]**

Rationale

Diagnosing UTI correctly supports appropriate management and reduces unnecessary antibiotic prescribing and the risk of antimicrobial resistance. No single symptom or combination of symptoms is completely reliable in diagnosing UTI. Before diagnosing a UTI, vaginal and urethral causes of urinary symptoms need to be excluded. This is because the presence of vaginal discharge or vaginal irritation substantially reduces the probability of a UTI, and vaginal infections and some sexually transmitted diseases can mimic the symptoms of a UTI. Diagnosis of a UTI in women under 65 can be made with an increased likelihood when 2 or more key urinary symptoms are present. Key symptoms can also be used to guide treatment. Signs and symptoms of sepsis, pyelonephritis and cancer should also be considered during diagnosis so that any appropriate action can be taken.

Quality measures

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

Process

a) Proportion of episodes of suspected UTI in women aged under 65 with signs and symptoms documented in the patient's records.

Numerator – the number in the denominator with signs and symptoms documented in the

patient's records.

Denominator – the number of episodes of suspected UTI in women aged under 65.

Data source: Data can be collected from information recorded locally by provider organisations, for example from GP practice computer systems. Data collection forms are available to collect information on UTI symptoms from GP patients. Some forms collect data using text messages and mobile phones, and allow the data to be saved to the patient's electronic record.

b) Proportion of women aged under 65 years diagnosed with a UTI who have 2 or more key urinary symptoms and no other excluding causes or warning signs.

Numerator – the number in the denominator who have 2 or more key urinary symptoms and no other excluding causes or warning signs.

Denominator – the number of women aged under 65 diagnosed with a UTI.

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

Outcome

Prescription rates for antibiotics used for lower UTIs (such as trimethoprim, nitrofurantoin, fosfomycin or pivmecillinam).

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from prescribing systems. Note that the antibiotics listed in the measure will not capture all UTI prescribing. The listed antibiotics are either exclusively or predominately used for UTI and so are unlikely to have been prescribed for something else. NHS Business Services Authority Antimicrobial Stewardship UTI dashboard reports the number of selected antibiotic items per 1,000 population by selected gender and age bands for selected antibiotics used for treatment of lower UTIs.

What the quality statement means for different audiences

Service providers (such as GP practices, hospitals, walk-in centres, urgent treatment centres, pharmacies) ensure that procedures are in place to assess and document the signs and symptoms of women aged under 65 presenting with a suspected UTI. Providers ensure that information on the key urinary symptoms and how to exclude other causes and warning signs is available to healthcare professionals.

Healthcare professionals (such as GPs, physician associates, nurses, hospital doctors and community pharmacists) assess the signs and symptoms of women aged under 65 presenting with a suspected UTI. They ensure that vaginal and urethral causes of urinary symptoms are excluded by asking about vaginal discharge and irritation, and other possible urethral causes of urinary symptoms. They use the presence of 2 or more key urinary symptoms to diagnose a likely UTI and guide treatment. They also check for signs and symptoms of sepsis, pyelonephritis and cancer in case urgent action is needed to address these.

Integrated care systems lead on antimicrobial stewardship in their area.

Women aged under 65 with symptoms of a UTI are given a diagnosis of a UTI if they have 2 or more key urinary symptoms and other possible causes of the symptoms have been ruled out.

Source guidance

Diagnosis of urinary tract infections: quick reference guide for primary care. UK Health Security Agency and NHS England (2025), diagnostic decision tool for women (under 65 years) with suspected UTI; text summary of diagnostic decision tool for women (under 65 years) with suspected UTI

Definitions of terms used in this quality statement

Urinary tract infection

An infection of any part of the urinary tract, usually by bacteria. For this statement, this

definition excludes women with recurrent UTI (repeated UTI with a frequency of 2 or more UTIs in the last 6 months or 3 or more UTIs in the last 12 months) and women with a urinary catheter. [NICE's clinical knowledge summary on urinary tract infection (lower) - women, summary and UK Health Security Agency's and NHS England's Diagnosis of urinary tract infections: quick reference guide for primary care, diagnostic decision tool for women (under 65 years) with suspected UTI; text summary of diagnostic decision tool for women (under 65 years) with suspected UTI]

Key urinary symptoms

UK Health Security Agency currently indicates there are 3 key urinary symptoms:

- dysuria (pain when passing urine)
- new nocturia (passing urine more often than usual at night)
- urine cloudy to the naked eye.

[UK Health Security Agency's and NHS England's Diagnosis of urinary tract infections: quick reference guide for primary care, diagnostic decision tool for women (under 65 years) with suspected UTI]

Other excluding causes or warning signs

Other excluding causes are other possible genitourinary causes of urinary symptoms:

- vaginal discharge
- urethritis (urinary symptoms may be due to urethral inflammation post sexual intercourse, irritants, or sexually transmitted infection)
- genitourinary symptoms of menopause/atrophic vaginitis/vaginal atrophy.

Warning signs are signs of:

- pyelonephritis (kidney pain or tenderness in back under ribs; new or different myalgia, flu-like illness; shaking chills [rigors] or temperature 37.9°C or above; nausea or vomiting)
- sepsis

- cancer (see NICE's guideline on suspected cancer: recognition and referral).

[Adapted from UK Health Security Agency's and NHS England's Diagnosis of urinary tract infections: quick reference guide for primary care, diagnostic decision tool for women (under 65 years) with suspected UTI; text summary of diagnostic decision tool for women (under 65 years) with suspected UTI]

Equality and diversity considerations

When people with a learning disability present with urinary symptoms, diagnosing a UTI can be more difficult. People with a learning disability should have a discussion with a healthcare professional about urinary symptoms and UTI. Their support needs should be considered, for example, by giving longer appointments to allow more time for discussion and involving family members, carers or an advocate if the person wishes.

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

Quality statement

Adults with indwelling urinary catheters do not have dipstick testing to diagnose urinary tract infections (UTIs). **[2015, updated 2023]**

Rationale

A catheter-associated UTI is a symptomatic infection of the bladder or kidneys in a person with a urinary catheter. Dipstick testing is not an effective method for detecting UTIs in adults with indwelling urinary catheters. Catheters quickly become colonised with bacteria and give a positive dipstick result. However, this does not indicate that the bacteria are causing an infection in the bladder or kidneys. To ensure that UTIs are diagnosed accurately, dipstick testing should not be used. Instead, signs and symptoms are assessed to diagnose UTIs with urine culture and sensitivity testing used to support the diagnosis and guide treatment. Minimising the risk of infection through procedures for the safe insertion, maintenance and removal of a catheter is covered by statement 4 of NICE's quality standard on infection prevention and control.

Quality measures

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

Structure

Evidence of a register of people with an indwelling urinary catheter in the community.

Data source: Data can be collected from information recorded locally by provider organisations, for example from patient electronic medical records. If a list of people with indwelling urinary catheters is not available, a list could be developed by cross-referencing

information on people prescribed catheter items, district nurse records, and continence team records. NHS Business Services Authority's Antimicrobial Stewardship UTI dashboard includes information on urinary continence devices (indwelling catheters, intermittent catheters and incontinence sheaths) prescribed for the first time and allows commissioning organisations to quantify the number of people, by age band and gender, who may be using these devices.

Process

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

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

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

Data source: No routinely collected data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from patient records using a local audit. The RCGP TARGET antibiotics toolkit hub includes a UTI audit toolkit for catheterised patients.

b) Proportion of episodes of suspected catheter-associated UTI in adults where a urine sample is sent to laboratories for culture and sensitivity testing.

Numerator – the number in the denominator where a urine sample is sent to laboratories for culture and sensitivity testing.

Denominator – the number of episodes of suspected catheter-associated UTI in adults.

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

Outcome

Antibiotic prescription rates for adults with indwelling urinary catheters.

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

What the quality statement means for different audiences

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

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

Integrated care systems lead on antimicrobial stewardship in their area.

Adults with indwelling urinary catheters do not have UTIs diagnosed by dipstick testing.

Source guidance

- Diagnosis of urinary tract infections: quick reference guide for primary care. UK Health Security Agency and NHS England (2025), diagnostic decision tool for women (under 65 years) with suspected UTI; text summary of diagnostic decision tool for women (under 65 years) with suspected UTI
- Management of suspected bacterial lower urinary tract infection in adult women. Scottish Intercollegiate Guidelines Network (SIGN) 160 (2020), recommendations 6.1.1 page 35 and, 6.1.2 page 35
- Urinary tract infection (lower) – men (2022). NICE clinical knowledge summary, diagnosis - diagnosing a urinary tract infection

Definitions of terms used in this quality statement

Catheter-associated UTI

A symptomatic infection of the bladder or kidneys in a person who is catheterised or who has had a urinary catheter in place within the previous 48 hours. [NICE's clinical knowledge summary on urinary tract infection (lower) – women, background information – definition]

Quality statement 3: Antibiotic treatment for asymptomatic bacteriuria in men and non-pregnant women

Quality statement

Men and non-pregnant women are not prescribed antibiotics to treat asymptomatic bacteriuria. **[2015, updated 2023]**

Rationale

Asymptomatic bacteriuria is not routinely treated with antibiotics in men and non-pregnant women because it is not a risk factor for harm. Unnecessary antibiotic treatment of asymptomatic bacteriuria is associated with increased risk of adverse events and is of no clinical benefit. It can also increase the resistance of bacteria that cause urinary tract infections (UTIs), making antibiotics less effective for future use. Asymptomatic bacteriuria is especially problematic for older people, as incidence increases with age and is high among people in long-term residential care. Symptoms should be assessed and identified before a urine sample is sent for culture. Antibiotics should not be routinely prescribed when a urine culture identifies bacteriuria for a person without symptoms. In older people, symptoms can include non-specific signs of infection such as delirium.

Quality measures

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

Process

a) Proportion of episodes of suspected UTI in men and non-pregnant women with signs and symptoms documented in the patient's records.

Numerator – the number in the denominator with signs and symptoms documented in the patient's records.

Denominator – the number of episodes of suspected UTI in men and non-pregnant women.

Data source: Data can be collected from information recorded locally by provider organisations, for example from GP practice computer systems. Data collection forms are available to collect information on UTI symptoms from GP patients. Some forms collect data using text messages and mobile phones, and allow the data to be saved to the patient's electronic record.

b) Proportion of episodes of asymptomatic bacteriuria in men and non-pregnant women treated with antibiotics.

Numerator – the number in the denominator treated with antibiotics.

Denominator – the number of episodes of bacteriuria in men and non-pregnant women with no symptoms recorded.

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

Outcome

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

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

What the quality statement means for different audiences

Service providers (such as GP practices, hospitals, community services) ensure that procedures are in place so that healthcare professionals do not routinely prescribe antibiotics to treat asymptomatic bacteriuria in men and non-pregnant women. They

provide internal training and education to healthcare professionals on when to send urine samples for culture and when to treat bacteriuria.

Healthcare professionals (GPs, physician associates, hospital doctors and community pharmacists) do not prescribe antibiotics to treat asymptomatic bacteriuria in men and non-pregnant women. They assess symptoms to determine if a urine sample should be sent for culture and if antibiotics should be prescribed when a urine culture identifies bacteriuria.

Integrated care systems lead on antimicrobial stewardship in their area.

Men and non-pregnant women who have bacteria in their urine but no symptoms of a UTI are not prescribed antibiotics.

Source guidance

- Management of suspected bacterial lower urinary tract infection in adult women. Scottish Intercollegiate Guidelines Network (SIGN) 160 (2020), recommendation 2.1 page 7
- Urinary tract infection (lower): antimicrobial prescribing. NICE guideline NG109 (2018), recommendation 1.2.1

Definitions of terms used in this quality statement

Asymptomatic bacteriuria

The presence of significant levels of bacteria in the urine in a person without signs or symptoms of UTI. [NICE's clinical knowledge summary on urinary tract infection (lower) – women, background information – definition]

Equality and diversity considerations

Assessing symptoms for some older people who are experiencing difficulties making decisions due to their health condition may be difficult. Reasonable adjustments should be made to help such people take an active part in an assessment of their symptoms. These can include longer appointments to allow enough time for discussions, using a range of

communication tools and including family members, carers, or an advocate in line with the person's needs and preferences.

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

Quality statement

Non-pregnant women with an uncomplicated lower urinary tract infection (UTI) are prescribed a 3-day course of antibiotics, and men and pregnant women with an uncomplicated lower UTI are prescribed a 7-day course of antibiotics. **[new 2023]**

Rationale

When a decision is made to prescribe antibiotics, the shortest course that is likely to be effective should be prescribed to reduce the risk of antimicrobial resistance and adverse effects. Short (3-day) courses of antimicrobials are sufficient for treating uncomplicated lower UTI in non-pregnant women. They also minimise the risk of adverse events and of antimicrobial resistance. People who are at higher risk of treatment failure need longer courses of treatment.

A 7-day course of antibiotics is needed to treat uncomplicated lower UTI in men and pregnant women. Men are more at risk of complications from UTIs than women due to anatomical differences and possible outflow obstruction. Pregnant women are at greater risk of harm from a UTI than non-pregnant women.

All people taking antibiotics are reassessed if symptoms worsen rapidly or significantly, or do not start to improve within 48 hours of taking the antibiotic.

Quality measures

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

Process

a) Proportion of prescriptions for antimicrobials with the clinical indication, dose and duration of treatment documented in the patient's records.

Numerator – the number in the denominator with the clinical indication, dose and duration of treatment documented in the patient's records.

Denominator – the number of prescriptions for antimicrobials.

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

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

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

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

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

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

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

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

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

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

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

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

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

Outcome

Average duration of antibiotic treatment for UTI.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records and prescribing systems. OpenPrescribing.net includes the prescribing measure 'Antibiotic stewardship: three-day courses for uncomplicated UTIs', which allows comparisons between organisations.

What the quality statement means for different audiences

Service providers (such as GP practices, hospitals, pharmacies) ensure that healthcare professionals prescribing antibiotics to treat uncomplicated lower UTIs are aware that non-pregnant women should be prescribed a 3-day course of antibiotics, and men and pregnant women should be prescribed a 7-day course of antibiotics.

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

Integrated care systems lead on antimicrobial stewardship in their area.

Women with lower UTIwho are not pregnant are prescribed a 3-day course of antibiotics.
Men and pregnant women with lower UTI are prescribed a 7-day course of antibiotics.

Source guidance

Urinary tract infection (lower): antimicrobial prescribing. NICE guideline NG109 (2018), recommendations 1.1.3, 1.1.5, 1.4.1 and tables 1 to 3

Definitions of terms used in this quality statement

Uncomplicated lower UTI

An infection of the bladder, also known as cystitis. Uncomplicated means it is caused by typical pathogens in people with a normal urinary tract and kidney function, and no predisposing co-morbidities (such as immunosuppression or poorly controlled diabetes). This definition excludes UTI with an increased likelihood of complications such as persistent infection, treatment failure and recurrent infection. It also excludes cases where there are symptoms of pyelonephritis (such as fever). [NICE's clinical knowledge summary on urinary tract infection (lower) – men, background information, definition, NICE's clinical knowledge summary on urinary tract infection (lower) – women, background information, definition and NICE's guideline on urinary tract infection (lower): antimicrobial prescribing, recommendation 1.4.1 and tables 1 to 3]

Equality and diversity considerations

There are different course lengths of antibiotics recommended for men and women. For trans people, there are no specific course lengths. Prescribing for trans people should be based on anatomy and will need to take account of any gender reassignment surgery and whether there has been structural alteration of the person's urethra.

Quality statement 5: Referring adults with recurrent urinary tract infection

Quality statement

Men with a recurrent urinary tract infection (UTI), and women with a recurrent lower UTI where the cause is unknown or a recurrent upper UTI, are referred for specialist advice. **[new 2023]**

Rationale

Recurrent UTIs are common but referral for specialist advice is needed when there are higher risks or when it is uncertain if the UTI is the cause of urinary symptoms. Higher risks are associated with recurrent UTIs in men, and with recurrent upper UTIs (pyelonephritis) which can lead to impaired renal function. Further consideration of the underlying reason for recurrent infection may alter management and treatment. Repeated prescription of antibiotics without identifying the underlying cause risks missing alternative conditions that may be causing the symptoms such as bladder cancer. Also, over-use of antimicrobials could result in more resistant infections. For recurrent UTIs to be identified, adults diagnosed with a UTI should have the diagnosis recorded, including the type of UTI, and coded in their patient records.

Quality measures

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

Process

a) Proportion of men with a recurrent UTI who are referred for specialist advice.

Numerator – the number in the denominator referred for specialist advice.

Denominator – the number of men with a recurrent UTI.

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

b) Proportion of women with a recurrent lower UTI where the underlying cause is unknown following clinical assessment who are referred for specialist advice.

Numerator – the number in the denominator referred for specialist advice.

Denominator – the number of women with a recurrent lower UTI where the underlying cause of recurrence is unknown following clinical assessment.

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

c) Proportion of women with a recurrent upper UTI referred for specialist advice.

Numerator – the number in the denominator referred for specialist advice.

Denominator – the number of women with a recurrent upper UTI.

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

Outcome

Number of recurrent UTIs in adults.

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

What the quality statement means for different audiences

Service providers (such as GP practices, hospitals) ensure that procedures are in place for all men with a recurrent UTI, and women with a recurrent lower UTI where the cause is

unknown or a recurrent upper UTI, to be referred for specialist advice to a urology service. They ensure that specialist advice includes specialist investigation and management of recurrent UTI when appropriate.

Healthcare professionals (GPs, physician associates, hospital doctors) assess people with a recurrent UTI to understand why they are having recurrent infections. They refer men with a recurrent UTI, women with a recurrent lower UTI where the underlying cause of recurrence is unknown and women with a recurrent upper UTI (pyelonephritis) to urology for specialist advice.

Integrated care systems lead on antimicrobial stewardship in their area.

Men with a recurrent UTI, and women with a recurrent lower UTI where the cause is unknown or a recurrent upper UTI, are referred for specialist advice to help identify the reason for recurrence and manage the UTI.

Source guidance

- Urinary tract infection (recurrent): antimicrobial prescribing. NICE guideline NG112 (2018, updated 2024), recommendation 1.1.4
- Suspected cancer: recognition and referral. NICE guideline NG12 (2015, updated 2025), recommendation 1.6.5

Definitions of terms used in this quality statement

Recurrent UTI

Repeated UTI with a frequency of 2 or more UTIs in the last 6 months or 3 or more UTIs in the last 12 months. A recurrent UTI may be due to relapse (with the same strain of organism) or reinfection (with a different strain or species of organism). [NICE's guideline on urinary tract infection (recurrent): antimicrobial prescribing, terms used in the guideline and recommendation 1.1.2]

Lower UTI

An infection of the bladder (also known as cystitis) usually caused by bacteria from the

gastrointestinal tract. [NICE's clinical knowledge summary on urinary tract infection (lower) – women, background information, definition]

Upper UTI

Infection of the upper part of the urinary tract – the ureters and kidneys (pyelonephritis). [NICE's clinical knowledge summary on urinary tract infection (lower) – women, background information, definition]

Specialist advice

Advice provided by a urology healthcare professional such as a urologist, urology nurse or clinical nurse specialist. It includes further investigation, such as using ultrasound scanning, and management. [Adapted from NICE's guideline on urinary tract infection (recurrent): antimicrobial prescribing, recommendation 1.1.4, guideline committee discussion and expert opinion]

Update information

February 2023: This quality standard was updated and statements prioritised in 2015 were replaced. The topic was identified for update following a review of quality standards. The review identified that the SIGN guidance supporting the original quality standard had been replaced and NICE guidance covering antimicrobial prescribing had also been published.

Statements are marked as:

- **[new 2023]** if the statement covers a new area for quality improvement
- **[2015, updated 2023]** if the statement covers an area for quality improvement included in the 2015 quality standard and has been updated.

Minor changes since publication

July 2025: Changes have been made to align this quality standard with the updated UK Health Security Agency's and NHS England's Diagnosis of urinary tract infections: quick reference guide for primary care. Links, definitions, and source guidance references have been updated for statement 1 and statement 2. Data sources have been updated throughout.

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 standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

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

Resource impact

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

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

For all quality statements where information is given, it is important that people are provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with health care services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter if needed. People should also have access to an advocate, if needed, as set out in NICE's guideline on advocacy services for adults with health and social care needs.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

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.

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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.

- Bladder Health UK
- Royal College of Pathologists