



Resource impact statement

Resource impact

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No significant resource impact is anticipated

The [NICE guideline on urinary tract infection in under 16s](#) updates and replaces the former guideline CG54 published in 2007 and last updated in October 2018.

We do not expect this update to have a significant impact on resources; that is:

- the resource impact of implementing any single guideline recommendation in England will be less than £1 million per year (or approximately £1,800 per 100,000 population, based on a population for England of 56.3 million people) **and**
- the resource impact of implementing the whole guideline in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people).

Where clinical practice changes as a result of this update to the previous NICE guideline, there will not be a significant change in resource use.

The updated recommendations relate to diagnosis and identifying the signs and symptoms of a urinary tract infection (UTI). These are unlikely to substantially change practice because although some of the symptoms and signs suggesting a UTI have changed, the diagnostic pathway remains the same.

There may be resource benefits from aligning practice on testing, and not routinely testing the urine of babies, children, and young people over 3 months who have symptoms and signs that suggest an infection other than a UTI (recommendations 1.1.1 to 1.1.5). The previous (2017 guideline) recommendation on dipstick testing in babies and children aged 3 months or older but younger than 3 years (recommendation 1.1.18) clarifies the role of dipstick testing and encourages immediate diagnosis and treatment in primary care. Where implemented, this is likely to be cost saving and reduces the burden on laboratories by reducing the number of urine samples sent for culture. The resource benefits are not expected to be significant at a national level.

Urinary tract infection services in under 16s are commissioned by integrated care systems and clinical commissioning groups. Providers are GPs, specialist paediatric care providers if there is recurrent UTI or abnormal imaging results, and paediatric emergency departments who provide care for a large number of under 16s with simple UTIs as well as delivering acute care for patients with more complex UTIs or urological abnormalities.