



Cáilíocht Náisiúnta agus Sábháilteacht Othar

Oifig an Phríomhoifigigh Cliniciúil

National Quality and Patient Safety

Office of the Chief Clinical Officer

Deputy Pádraig Rice,  
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13th August 2025

Re: PQ 42594/25, 42595/25, 42597/25, 42598/25, 42599/25, 42601/25, 42602/25 and 42603/25

**PQ 42594/25:** To ask the Minister for Health the annual cost to the health service of treating urinary tract infections in women, including GP visits, emergency presentations, hospital admissions, prescription medications, and to provide a cost breakdown by age cohort, in tabular form.

**PQ 42595/25:** To ask the Minister for Health the estimated cost to the HSE of managing repeat or chronic urinary tract infections in women; if any cost-benefit analysis has been undertaken to assess the savings from preventive care or early intervention; and if she will make a statement on the matter.

**PQ 42597/25:** To ask the Minister for Health the number of deaths in women in each of the past five years where urinary tract infection (UTI) was listed as a primary or contributory cause of death, in tabular form; and her views on mortality trends linked to untreated or recurrent UTIs.

**PQ 42598/25:** To ask the Minister for Health the number of women over 65 who died as a result of urosepsis or complications arising from urinary tract infections in the past five years, in tabular form; if these deaths were reviewed under clinical audit or HIQA processes; and if she will make a statement on the matter

**PQ 42599/25:** To ask the Minister for Health if the HSE has developed a standardised care pathway for recurrent urinary tract infections in women, particularly for older adults; if this includes specific outcome improvement measures; and if she will make a statement on the matter.

**PQ 42601/25:** To ask the Minister for Health if a national audit has been carried out on the treatment outcomes and recurrence rates of urinary tract infections in women in primary and secondary care settings; and if she will make a statement on the matter.

**PQ 42602/25:** To ask the Minister for Health the estimated cost to the HSE of emergency department attendances for urinary tract infections in women over the past five years; if any

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analysis has been undertaken into whether these could have been managed more effectively in primary care; and if she will make a statement on the matter.

**PQ 42603/25: To ask the Minister for Health if mortality data linked to urosepsis and late stage urinary tract infections in women is being analysed to inform clinical protocols and improve early intervention strategies; and if she will make a statement on the matter.**

Dear Deputy Rice,

The Health Service Executive (HSE) has been requested to reply directly to you in relation to the above parliamentary questions, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme (NCP) for Surgery and HSE Clinical Design & Innovation on your questions and have been informed that the following outlines the position.

The HSE does not have a formal, standardised care pathway for recurrent urinary tract infections (UTIs) in women. However, healthcare practitioners in Ireland are expected to practice evidence-based medicine. In the case of recurrent UTIs in women, there are international guidelines, such as the European Association of Urology Guidelines, which outline evidence-based approaches for managing this condition. HSE national antimicrobial prescribing guidelines for community prescribers for the treatment and prophylaxis of urinary tract infection is available on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie). Many patients with recurrent urinary tract infections (UTIs) present with symptoms such as blood in the urine or co-existing disabling conditions, including urinary incontinence for which there are established pathways.

Specific, comprehensive mortality data for Ireland directly linking urosepsis and late-stage UTIs to female mortality is not available. The Sepsis report that is published annually does not break down the mortality rate for urosepsis in women specifically (Ref [here](#)). However, in Ireland, a study in two tertiary referral, maternity hospitals in Dublin, Ireland found that urosepsis was a significant cause of maternal sepsis, a life-threatening illness with high mortality risks for both the mother and foetus (Ref [here](#)). International studies report that elderly women with recurrent urinary tract infections have a higher risk of urosepsis (Ref [here](#)).

There has been no national audit carried out on the treatment outcomes and recurrence rates of urinary tract infections in women in primary and secondary care settings. An audit tool has been developed by the HSE AMRIC team to support local audit of antimicrobial prescribing for urinary tract infection prophylaxis in community settings:

<https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/antibicrobial-stewardship-audit-tools/audit-tool-for-uti-prophylaxis-word-version.pdf>.

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The National Incident Management System (NIMS) is an end-to-end incident management tool developed to improve patient and service user safety. The system also supports reviews into incidents, the monitoring of recommendations and records complaints, with more than 210,000 incidents reported annually. In line with the above the events recorded in NIMS are health care incidents, which may be clinical or non-clinical. As per the Incident Management Framework 2020, an incident is defined as an event or circumstance which could have, or did lead to unintended and/or unnecessary harm. Incidents include adverse events which result in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention; and staff or service user complaints which are associated with harm. We acknowledge most steps that happen throughout the patient journey are not an incident, therefore they are not included in the NIMS system.

We note only a small proportion of sepsis cases are incidents and reported on NIMS, while the diagnostic of sepsis in the acute setting (as seen via HIPE) is linked to a considerably higher number of patient's journeys. For this reason, we conclude NIMS is not the best source for identifying the number of patients diagnosed with sepsis. Furthermore, even for the incidents recorded in NIMS where the outcome was death of the patient the system is not intended to record the death certificate or the details in relation to primary or contributory causes of death. The reviews are focused on identifying systemic contributory factors and improvement recommendations to avoid reoccurrence. Even where available, the coronary report is not part of the NIMS documentation.

The total costs across all healthcare settings for treating UTIs in women in Ireland is not readily available. Specific data on the HSE's costs for emergency department attendances for urinary tract infections (UTIs) in women is not readily available. However, national studies in other regions, such as the UK's NHS, spent an estimated £604 million on UTIs in hospitals in 2023-24 (Ref [here](#)). Studies show that costs vary depending on factors like hospitalisation, diagnostics, and the need for ongoing community services.

A study, reported in the BMJ, was conducted in 20 hospitals in eight countries, which has indicated that the mean cost per case of hospitalised patients due to complicated urinary tract infections was €5,700, with considerable variation between countries (largest value €7,740 in Turkey; lowest value €4,028 in Israel), mainly due to differences in length of hospital stay (Ref [here](#)). Factors associated with higher costs per patient were: type of admission, infection source, infection severity, the Charlson comorbidity index and presence of multidrug resistance.

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UTIs account for approximately 3% of GP consultations in the NHS and about 50% of all antibiotic prescriptions. The costs of treating recurrent UTIs in women are higher, as women are disproportionately affected by UTIs, with females being nearly five times more likely to require hospital treatment for a UTI compared to males under 50 (Ref [here](#)).

While the provided data offers insights into hospital costs in the UK, there is no readily available, comprehensive figure for the annual cost of treating only women for UTIs across all healthcare settings (GP, emergency, and hospital) for Ireland or the UK. Consequently, it is not possible to provide a cost breakdown by age cohort.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours Sincerely,

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Dr Orla Healy

National Clinical Lead, Quality & Patient Safety

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