NHS
Greater Manchester

Rhinosinusitis/Rhinitis/Sinusitis (referral to secondary care for the further management of)

Commissioning Statement

Version 2.2 (3 April 2025)

Criteria

1. This commissioning statement applies to adults and children

2. Patients with rhinitis, who have unilateral symptoms, heavily blood stained discharge or pain, require Ear Nose and Throat, also referred to as ENT, referral.

3. Arrange admission if acute sinusitis is associated with a severe systemic infection, or a serious complication including the following:

- Orbital involvement — indicated by peri-orbital oedema or cellulitis, a displaced globe, double vision, ophthalmoplegia, or reduced visual acuity.

- Intracranial involvement — indicated by severe frontal headache, swelling over the frontal bone, symptoms or signs of meningitis, or focal neurological signs.

4. Those with nasal blockage unrelieved by pharmacotherapy or structural abnormalities, such as septal deviation, sufficient to render nasal therapy difficult should be seen by a surgeon.

5. NHS England Evidence Based Interventions guidance suggests the use of the Sinonasal Outcome Test, also referred to as SNOT-22, after trial of appropriate medical therapy. An example of the questionnaire can be found on the website: Nasal_SNOT 22 (ubc.ca)

6. A referral to secondary care for Rhinosinusitis/Rhinitis/Sinusitis is commissioned when the patient has had moderate/severe symptoms after 3 months of primary care management.

NOTE: Please see: Commissioning guide for Rhinosinusitis on the Royal College of Surgeons/ENT UK website for more details on patient management prior to referral, referral to secondary care and treatment in secondary care.

7. In secondary care, when reading a computerised tomography, also referred to as CT scan, of the paranasal sinuses and ostiomeatal complex, the reader assigns each sinus a score of:

0 (no abnormality)

1 (partial opacification)

2 (complete opacification)

The ostiomeatal complex is assigned a score of either 0 (not obstructed) or 2 (obstructed).

Exclusions

1. Prescribing for rhinitis / sinusitis is the remit of Greater Manchester Medicines Management Group (GMMMG) and is not covered by this commissioning statement. NICE NG79: Sinusitis (acute): antimicrobial prescribing should also be referred to where appropriate.

2. Any cases where there is any suspicion that malignancy may be the diagnosis should be referred using the cancer pathway. **NOTE:** the higher incidence of nasopharyngeal cancer in individuals of South East Asian origin.

3. Please note the following policy exclusions as detailed in the NHS England Evidence Based Interventions List 2 guidance: Surgical intervention for chronic rhinosinusitis which can be found on the Academy of Medical Royal Colleges website aomrc.org.uk

- Patients with immunodeficiency
- Fungal Sinusitis
- Patients with conditions such as Primary Ciliary Dyskinesia, Cystic Fibrosis or Non-steroidal anti-inflammatory drugs Eosinophilic Respiratory Disease, also referred to as NSAID-ERD, Samter'sTriad Aspirin Sensitivity, Asthma, Chronic Rhinosinusitis, also referred to as CRS.
- Treatment with topical and / or oral steroids contra-indicated.
- As part of surgical access or dissection to treat non-sinus disease (for example pituitary surgery, orbital decompression for eye disease, nasolacrimal surgery

Notes for clinicians:

1. When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

2. Treating clinicians can submit an Individual Funding Request, also known as an IFR, outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester IFR Operational Policy