

Appendix 1

GP/ENT SPECIALIST INTERVIEW GUIDE

Section 1: Experiences with and diagnosing patients with chronic Rhinosinusitis (CRS)

- To start us off, I just want to ask you some specific questions about your experience of seeing patients who have chronic rhinosinusitis.
 - *Prompt:* understanding of the term chronic rhinosinusitis (CRS).
 - *Prompt:* how many patients.
 - *Prompt:* for any challenges
- Please talk me through the approach that you use to help decide whether a patient has CRS?
 - *Prompt:* for any challenges
 - *Prompt:* for views on any diagnostic criteria if aware of them.
 - *Prompt:* for familiarity with the different sub-categories of CRS (CRS with polyps, CRS without polyps).
 - *Prompt:* for any investigations or diagnostic tests.

Section 2: Experiences and views on treatment options for patients with CRS

GP views:

- Please talk me through your experience of treating patients with CRS
 - *Prompt:* for any challenges
 - *Prompt:* for any treatments you may initiate for patients with CRS
- What is your view of these treatments for managing CRS
 - *Prompt:* for antibiotics (standard short term antibiotics – such as 1-2 week courses, versus long term courses) nasal steroid sprays/drops/oral steroids and nasal douching/saline irrigations.
 - *Prompt:* for patient pressure for antibiotics
 - *Prompt:* for how they assess response to treatment
- How would you decide whether to, and when to refer/not refer your patient to a specialist?
- What is your view of the role of surgery in CRS?
- What is your preferred method of keeping up to date with the current evidence base for CRS

- *Prompt:* for how they keep up with evidence (journals, conferences, peer meetings).
- *Prompt:* for view of evidence base

ENT specialist views:

- Please talk me through your experience of treating patients with CRS
 - *Prompt:* for any challenges
 - *Prompt:* for any treatments you may initiate for patients with CRS
- What is your view of these treatments for managing CRS
 - *Prompt:* for antibiotics (standard short term antibiotics – such as 1-2 week courses, versus long term courses) nasal steroid sprays/drops/oral steroids and nasal douching/saline irrigations.
 - *Prompt:* for how they assess response to treatment
- What is your view of the role of surgery for managing CRS
 - *Prompt:* for how they decide who to list for surgery
 - *Prompt:* for how they assess response to treatment
 - *Prompt:* How long they follow up CRS patients in clinic
- What is your preferred method of keeping up to date with the current evidence base for CRS
 - *Prompt:* for how they keep up with evidence (journals, conferences, peer meetings).
 - *Prompt:* for view of evidence base
- What is your view of the referrals that you get from GPs
 - *Prompt:* for the timing and quality of GP referrals received
 - *Prompt:* for too many or too few CRS referrals?

Section 3: Views on use and knowledge of guidelines

- What are your views of aids to diagnosis and the treatment and management of CRS, such as diagnostic criteria and guidelines?
 - *Prompt:* for guidelines (local or national)
 - *Prompt:* for familiarity and usefulness of the commissioning guidelines from the Royal College of Surgeons of England/ENT UK?
 - *Prompt:* knowledge of any other local guidelines that their CCG may adhere to
 - *Prompt:* for any other local guidance, such as peer support
 - *Prompt:* for guidance sought from research evidence