**Healthcare professionals pulmonary rehab professional interview topic guide**

1. Identify barriers and facilitators to referral and uptake (including the impact of the pandemic) amongst healthcare professionals, including those experienced by under-represented communities, and associated behaviours in accordance with the Theoretical Domains Framework, structured by the Behaviour Change Wheel COM-B model;
2. Identify how the VBA model of ‘Ask, Advise, Act’ can be adapted for PR e.g. how and what referrers can say that is likely to be well-received and lead to a referral, how to support patients make a decision and manage responses;
3. Identify whether similar or different approaches are required for different HCPs and patients;
4. Identify training needs and programme delivery strategy to support HCPs.

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| ***Opening question about pulmonary rehabilitation*** | |
| 1. **Can you tell me about your experience in pulmonary rehab?** | * Can you tell me your view of the effect of pulmonary rehab on people with COPD? * Can you tell me your view on whether all people with COPD should be referred for rehab? (*Probe re severity and patient ability*) |
| ***Opinions about referral and uptake of rehab*** | |
| 1. **Can you tell me why you think some people decline to start rehab despite accepting a referral?** | Prompt:   * In your experience, can you tell me what reasons have patients given for declining to start rehab? (*Probe re level of breathlessness, physical capability, fear of exercise, lack of information, referrer’s opinion of PR, referrer’s explanation of PR, lack of transport, cost of attending PR, competing demands (health, family, work), lack of choice in PR model options, PR frequency/duration, group-based exercise, cultural or language reasons, waiting list*) * Are some groups of patients more likely to decline starting rehab than others? Why do you think this is? (*Probe: individuals with high levels of breathlessness, individuals with limited physical ability, anxious, depressed, people living in deprived areas, ethnic minority communities, people who don’t speak English, employed, carers*) * Can you tell me whether this has changed since the COVID-19 pandemic? |
| 1. **In your experience, can you tell me what makes some people start a rehab programme?** | * *Probe: individuals with low levels of breathlessness, individuals with the physical capability, previous experience of PR, referrer’s opinion of PR, referrer’s explanation of PR, local PR service, ease of transport to PR venue (e.g. public or local to individual’s home), financial status, family support, choice in PR model, potential benefit of PR, prioritization of health, health event (e.g. hospital admission), opportunity for peer-support, group exercise*) * Are some groups of patients more likely to start rehab than others? Why do you think this is? *Probe: individuals with low levels of breathlessness, individuals with the physical capability, previous experience of PR, referrer’s opinion of PR, referrer’s explanation of PR, local PR service, good transport to PR venue, able to afford cost of attending PR, local to individual’s home, family support, choice in PR model, potential benefit of PR, prioritization of health, health event (e.g. hospital admission), people who want peer-support, people who want to exercise in groups* * Can you tell me whether this has changed since the COVID-19 pandemic? |
| ***Very Brief Advice*** | |
| 1. **Can you tell me what you understand by the term ‘Very Brief Advice’?** | Prompt to clarify as necessary |
| 1. **This study involves adapting Very Brief Advice for rehab. Part of this includes developing a framework for the referrer to discuss rehab with a COPD patient and a training programme that shows the referrer how to have this discussion. What are your initial thoughts about this idea?** | Prompt to clarify as necessary |
| 1. **What would a referrer need to know or have to make it possible for them to deliver Very Brief Advice for rehab?** | Prompt:   * *(Probe re understanding what PR involves, PR benefits, referral process and criteria, local PR service, training on Very Brief Advice, referrer skill)* * What should the training programme include e.g. explanation of PR, theory of Very Brief Advice, recordings of conversations between healthcare professionals and patients? * How should the training be delivered and accessed? (*Probe re online, in-person*) * How long should the training programme last? * Should the training programme be accredited with professional bodies? |
| 1. **The discussion between the referrer and patient about rehab should last 30 seconds. Can you tell me what should be included in the conversation? What would make the conversation more effective?** | Prompt:   * Can you tell me what the referrer could say that would encourage the patient to accept a referral for rehab? (*Probe: benefit of PR, individualised care, safe, feedback from other people with COPD)* * Can you tell me how the referrer should speak that is likely to be well-received by the patient? * Can you tell me whether it’s a good idea to give the patient something to help make their decision e.g. information leaflet, link to a video about rehab? * Is there anything else the referrer could do to support the patient to accept a referral for rehab? * Should different professions use the same or different approach when discussing rehab with patients? * Should the same approach be used with each patient, or are different approaches required for specific patients? * How should a referrer manage the response of a patient who declines a referral for rehab? |
| ***End of interview*** | |
| 1. **Is there something else you would like to tell me or discuss before we finish?** | Thank you |