Interview prompts related to success criteria for testing the co-designed interventions in routine practice

Laboratory pro forma

Coherence:

- Are the new standardised lab pro forma(s) easy to describe?
  - What is different compared to the existing pro forma(s)?
  - Do staff understand how to complete the new pro forma(s)?
  - Is the data presented in an accessible and easily understood manner for lab and clinical staff?
- Are the new standardised lab pro forma(s) distinct from other interventions?
  - Are the condition specific pro forma(s) needed?
- Do the new standardised lab pro forma(s) have a clear purpose?
  - Do lab and clinical staff think the new pro forma(s) reduce ambiguity?
  - Do lab and clinical staff think the new pro forma(s) improve communication of a positive NBS result?
  - Are the new pro forma(s) easy to complete (lab) and navigate (clinical teams)?
  - Do the new pro forma(s) collect all the required information?
- Do the new standardised lab pro forma(s) fit in with the overall goals of the organisation?
  - Are they comparable in terms of time needed for completion?

Cognitive participation

- Is it possible to recruit the staff from each study site? If <50% of staff approached, agree to participate, consider stopping in consultation with PPIAG.
- Are staff willing to invest the time required to implement the interventions into practice? If drop out rate ≥50% then consider stopping in consultation with PPIAG.

Collective action:

- Is the training required too time consuming to make this feasible in practice?
  - How long does the training take?
  - What resources are needed?
  - What approach/method is most appropriate?
- Are the interventions compatible with existing resources?
  - Does it take more or less time to complete the new pro forma(s)?
  - Are there any formatting issues?
Reflexive monitoring:

- Is implementation of the intervention sustainable?
  - Time needed to complete the new pro forma(s)
  - Training needs?

- Does the qualitative data imply any negative psychological sequela from the implementation of the interventions? Any 'incidents' should be reported to and discussed with PPIAG.
  - Have any 'missing' data caused any issues?

- Are the interventions being implemented as planned (fidelity)? If not are the adaptations appropriate for local context?
  - Audit completion of the new proforma(s)
Communication checklists

Coherence:

• Is the purpose of the education checklists easy to describe?
  • What is different compared to the existing methods used for sharing information about a positive NBS result between lab and clinical staff?
  • Do staff understand how to complete the checklists?
  • Is the information on the checklists presented in an accessible and easily understood manner for lab and clinical staff?
  • Is the differentiation between screening and diagnostic clear (training requirements)?
• Are the checklists distinct from other interventions?
  • Are the checklists needed?
• Do the checklists have a clear purpose?
  • Do lab and clinical staff think the checklists reduce ambiguity?
  • Do lab and clinical staff think the checklists improve communication when a child receives a positive NBS result?
  • Are the new checklists easy to complete (lab) and navigate (clinical teams)?
  • Do the checklists collect all the required information?
  • Where should the checklists be held; medical notes, red book etc
• Do the new standardised lab pro forma(s) fit in with the overall goals of the organisation?
  • Are they comparable in terms of time needed for completion?
  • Do they facilitate effective communication between health professionals?

Cognitive participation

• Is it possible to recruit the staff from each study site? If <50% of staff approached, agree to participate, consider stopping in consultation with PPIAG.
• Are staff willing to invest the time required to implement the interventions into practice? If drop out rate ≥50% then consider stopping in consultation with PPIAG.

Collective action:

• Is the training required too time consuming to make this feasible in practice?
  • How long does the training take?
  • What resources are needed?
  • Differentiation between screening and diagnostic clear (training requirements)?
  • What approach/method is most appropriate?
• Are the interventions compatible with existing resources?
  • Does it take more or less time to complete the new checklists?
  • Are there any formatting issues?
  • Where is each part of the checklist stored? With parents (red book), clinical teams, medical notes?
  • Who has/needs access to the checklists?

Reflexive monitoring:
• Is implementation of the intervention sustainable?
  • Time needed to complete the new checklists
  • Training needs?
• Does the qualitative data imply any negative psychological sequelae from the implementation of the interventions? Any 'incidents' should be reported to and discussed with PPIAG.
  • Have any ‘missing’ data caused any issues?
• Are the interventions being implemented as planned (fidelity)? If not are the adaptations appropriate for local context?
  • Audit
    • Who is filling in each section of the checklists
    • Are they being completed satisfactorily?
    • Are any data being consistently completed incorrectly or not being completed?
Information provision

Coherence:

- Is the email and the identified information sources easy to describe?
  - What is different compared to the existing information provision?
  - Do staff understand how / when to use the email?
  - Are staff familiar with the information sources (web pages/app) provided?
  - Do parents find the information sources accessible and helpful?
  - Is the information in the email presented in an accessible and easily understood manner for clinical staff and parents?

- Are the email and resources distinct from other interventions?
  - Is the email needed?
  - Is it sufficient to provide website links or would it be better to have a link to a website where all the other resources are signposted?
  - Are website links sufficient or do clinicians parents indicate a preference for an App such as the metabolic app

- Does the information provision have a clear purpose?
  - Does the email reduce ambiguity from a staff and parental perspective?
  - Do clinical staff and parents think the email improves communication following a positive NBS result?
  - Is the email easy to complete (clinical staff) and interpret (parents)?
  - Do the websites/links/app meet parents’ needs or is there a better way to present these information sources (e.g. a screening website or an app like the metabolic app)?
  - Does the email and the websites/app provide all the required information from a staff and parental perspective?

- Does the email fit in with the overall goals of the organisation?
  - Is it comparable in terms of time needed for completion?
  - Does it improve the parent experience of care?
  - Does it facilitate effective communication between health professionals and parents?
    - Does the email need to be translated into different languages if so, how many?

Cognitive participation
• Is it possible to recruit the staff from each study site? If <50% of staff approached, agree to participate, consider stopping in consultation with PPIAG.

• Are staff willing to invest the time required to implement the interventions into practice? If drop out rate ≥50% then consider stopping in consultation with PPIAG.

Collective action:
• Is the training required too time consuming to make this feasible in practice?
  • How long does the training take?
  • What resources are needed?
  • What approach/method is most appropriate?

• Are the interventions compatible with existing resources?
  • Who will complete and send the email?
  • Does it take more or less time to complete and send the email?
  • Are there any formatting issues?
  • Are parents able to access the links and have the resources to do this?

Reflexive monitoring:
• Is implementation of the intervention sustainable?
  • Time needed to complete the email?
  • Training needs?
  • Regular checking of links to ensure they continue to work (who and how often)

• Does the qualitative data imply any negative psychological sequelae from the implementation of the interventions? Any ‘incidents’ should be reported to and discussed with PPIAG.
  • Have any ‘missing’ data caused any issues?

• Are the interventions being implemented as planned (fidelity)? If not are the adaptations appropriate for local context?
  • Audit use of the email?
    • Who is sending the email?
    • Is the email being completed satisfactorily?
    • Are any data being consistently completed incorrectly or not being completed?