

Additional File 4: General Practice Staff experiences of referring patients with COPD to PR

Thank you for taking the time to complete this questionnaire, which aims to gather perspectives from staff working in primary care. This survey is designed for us to find out some of the barriers staff face when considering referring a patient with COPD to PR so please answer the questions as honestly as you can. This should only take you around 15 minutes to complete. First, please complete the following information

Geographical location of practice (please circle)	England				
	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands
		East of England	London	South East	South West
		Scotland	Wales	NI	
Profession (please circle)	GP/Trainer	Practice Nurse	ANP	Other (ECP/HCP/Pharmacist)	
Age (years)	18-29	30- 39	40 – 49	50- 59	60 +
Gender	Female	Male			
What is your ethnic group? Please circle one option that best describes your ethnic group or background	White English Welsh Scottish Northern Irish British Irish Gypsy, Traveller or Irish Traveller Any other White background:			Asian/ Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background:	
	Mixed/ Multiple ethnic groups White and Black Caribbean White and Black African White and Asian Any other Mixed/ Multiple ethnic background:			Other ethnic group Arab Any other ethnic group:	
	Black/ African/ Caribbean/Black British African Caribbean Any other Black/ African/ Caribbean background				
Do you see patients with COPD for (please circle as many as relevant)	Acute management	Chronic management	Both	Neither	
No. of years in general practice	Years:	Months:			
Respiratory Qualifications	None	COPD Diploma	Asthma Diploma	ARTP Spirometry	Other
Do you currently refer patients with COPD to pulmonary Rehabilitation?	Yes	- If yes -	Weekly	Monthly	Less than monthly
	No - if no please explain why				

This questionnaire is designed to ask you about your experiences with referring (or considering referring) patients with COPD to Pulmonary Rehabilitation and should take no more than **15 minutes** to complete. Please don't spend too long thinking about each question.

The questionnaire is made up of 4 elements. When rating your level of agreement with each phrase, please think about **all the things that might affect you being able to discuss pulmonary rehabilitation with your patients as well as refer.**

Please indicate your level of agreement with the following statements:

Question list	Strongly Disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree
1. I am aware of the content of Pulmonary Rehabilitation (PR) Programmes	1	2	3	4	5
2. I am aware of PR programme objectives.	1	2	3	4	5
3. I am unsure of the evidence base for PR	1	2	3	4	5
4. I know where geographically my local PR programme is delivered	1	2	3	4	5
5. I know when it is appropriate to refer a patient with COPD to PR	1	2	3	4	5
6. I can answer questions patients have about PR	1	2	3	4	5
7. I know how to contact my local PR provider	1	2	3	4	5
8. My local PR providers regularly engage with me	1	2	3	4	5
9. It is easy to refer a patient to PR	1	2	3	4	5
10. I am confident my local PR provider offers a good service for my patients.	1	2	3	4	5
11. Referral to PR is the practice nurse role	1	2	3	4	5
12. Other General Practice staff in my practice (excluding Practice Nurse) refer patients to PR	1	2	3	4	5
13. Referring patients to PR is something I have been advised to do	1	2	3	4	5
14. I am confident in my ability to encourage patients to attend PR, even when they are not motivated	1	2	3	4	5
15. I do not find it easy to discuss PR with patients.	1	2	3	4	5
16. I don't believe patients will attend PR after I have referred	1	2	3	4	5
17. Patients in work are not able to attend PR	1	2	3	4	5
18. PR is not beneficial to patients who are breathless	1	2	3	4	5
19. Patients who use home oxygen are unable to take part in PR	1	2	3	4	5
20. Patients who smoke are not motivated to take part in PR	1	2	3	4	5
21. Patients without their own transport won't be able to get to PR	1	2	3	4	5
22. Patients who live alone won't like to take part in group PR	1	2	3	4	5
23. I only refer patients if they have quit smoking	1	2	3	4	5
24. I only refer patients if they are optimised on their respiratory medication	1	2	3	4	5

Question list	Strongly Disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree
25. PR is most suited to COPD patients who have frequent exacerbations	1	2	3	4	5
26. My practice receives financial incentives for referral to PR (Before April 2019)	1	2	3	4	5
27. My practice regularly reviews COPD registers to ensure eligible COPD patients are offered PR	1	2	3	4	5
28. There are set targets within the practice to improve PR referral rates	1	2	3	4	5
29. I often forget to refer patients with COPD to PR	1	2	3	4	5
30. There is not enough time in practice to refer	1	2	3	4	5
31. I believe patients may be harmed by taking part in PR	1	2	3	4	5
32. Prompts to refer patients to PR within annual review templates are important reminders for me	1	2	3	4	5
33. The best time to discuss PR referral with patients is when they are stable.	1	2	3	4	5
34. Patients are motivated to attend PR	1	2	3	4	5
35. PR is best suited to those patients with worsening breathlessness	1	2	3	4	5
36. PR is best suited to those who have frequent exacerbations	1	2	3	4	5
37. I believe in encouraging patients to attend PR	1	2	3	4	5
38. PR reduces hospital admissions	1	2	3	4	5
39. I believe most patients will attend and complete PR following my referral	1	2	3	4	5
40. PR reduces risk of mortality	1	2	3	4	5
41. If patients attend PR this will reduce their general practice visits	1	2	3	4	5
42. PR reduces exacerbations	1	2	3	4	5
43. PR improves breathlessness	1	2	3	4	5
44. PR reduces a patient's anxiety and/or depression.	1	2	3	4	5
45. If I keep pushing patients to attend PR this will disadvantage my relationship with them.	1	2	3	4	5
46. There are good relationships in practice with PR providers	1	2	3	4	5
47. PR providers are good at communicating outcomes of referrals I have made	1	2	3	4	5
48. Resources about PR (i.e written information) are readily available	1	2	3	4	5
49. PR is something that patients ask for	1	2	3	4	5

Question list	Strongly Disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree
50. I will refer more patients to PR now there are practice QoF incentives (from April 2019)	1	2	3	4	5
51. There will be greater awareness of PR within practices because of the new QoF incentives.	1	2	3	4	5
52. More health care practitioners will discuss PR with patients because of the QoF incentive.	1	2	3	4	5
53. I believe patient attendance to PR will increase because of the QoF Incentive.	1	2	3	4	5
54. I believe the QoF incentive will not increase patients PR attendance	1	2	3	4	5

2/Please consider the interventions below. Please rate each possible intervention based on which you think would be the most helpful in improving your rates of referral to PR?

3/ Then please indicate the top 5 that you think will be the most effective in increasing PR referral within your practice. Please rank them in order 1 (highest) – 5 (lowest) in the ‘Rank’ column.

Question list	Strongly Disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree	Rank (1-5)
1. Health Care Professional (HCP) referring patients to PR at the time of COPD diagnosis.	1	2	3	4	5	
2. HCP prescribing PR at the time of COPD acute exacerbation.	1	2	3	4	4	
3. A standardised summary (i.e: a 2 sentences) that describes PR succinctly for HCP to recite to eligible patients.	1	2	3	4	5	
4. Face to face educational sessions for general practice staff.	1	2	3	4	5	
5. Online educational sessions for general practice staff.	1	2	3	4	5	
6. Face to face educational sessions for potential patients, carers and family.	1	2	3	4	5	
7. Online educational sessions for patients, carers & family.	1	2	3	4	5	
8. Practice staff loaning DVDs which demonstrate PR to patients.	1	2	3	4	5	
9. HCP showing patients PR recording within practice or consultation ie on a tablet device.	1	2	3	4	5	
10. Past PR patient attenders directly engage with eligible patients to highlight benefits.	1	2	3	4	5	
11. PR providers directly contacting eligible practice patients.	1	2	3	4	5	

Question list	Strongly Disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree	Rank
12. PR providers engaging with practice staff by coming into surgeries.	1	2	3	4	5	
13. Personalised letters to eligible patients from general practice advocating PR.	1	2	3	4	5	
14. Group consultations with patients, general practice staff and PR provider.	1	2	3	4	5	
15. Patients being able to refer themselves to PR.	1	2	3	4	5	
16. Patients having their own COPD health care record, similar to a COPD passport, meaning they are prompted to ask for PR.	1	2	3	4	5	
17. PR promotional material within patient pharmacy medication packs	1	2	3	4	5	
18. Greater awareness of PR in practice. i.e Posters highlighting local PR provider, benefits, etc.	1	2	3	4	5	
19. General practice staff being able to refer patients by telephone rather than manually completing referral form.	1	2	3	4	5	
20. If my practice referred more COPD patients this would increase my own referral numbers.	1	2	3	4	5	
21. Changing the name of PR to something more user friendly.	1	2	3	4	5	
22. General practice staff being taught motivational interviewing techniques would improve referral to PR.	1	2	3	4	5	
23. Lead practice PR referrer to educate and show PR video to other practice staff at practice meetings, to encourage a whole practice approach.	1	2	3	4	5	

4/ Please add any further comments/suggestions you may have.....

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Many thanks for completing this questionnaire. Please return to the return box to collect your chocolate(s).

