Report supplementary material 5 - TRIUMPH Clinician topic guide v1.0

04.04.2019

Telephone interviews:

Verbal consent: *switch audio recorder on* - For the audio recording, can I check that:

- You read and understood the study information sheet?
- You know that taking part in the interview is voluntary and you are free to stop the interview at any point and you may skip questions you would prefer not to answer?
- You agree to our conversation being audio recorded?
- You understand that quotes from the interview may be used to illustrate our findings, but it will not be possible to trace who said them?

Part A. Introduction and background (<5 mins)

- Collect basic biographic details: Age, job title, year qualified, length of time working in primary care, role

- How major a problem is LUTS in your patient population? Probe impact, bother

Part B. TRIUMPH experience, context and pathway (10 mins)

- How did you first hear about TRIUMPH? When was this? What were your first impressions when you received information about it?
- What is your involvement in TRIUMPH?
- Roughly how many patients at the practice are involved in TRIUMPH?
- What do you think about the use of cluster randomisation in TRIUMPH? Prompts: How did you feel when you were told which arm the practice had been allocated to – did you have a preference which arm of the trial your practice was randomised to?
- Before TRIUMPH, what was usual practice at your surgery, in terms of assessing men with LUTS? What was usual practice in terms of treating men with LUTS?
- Before the trial, what were your views on non-pharmacological and non-surgical treatment for LUTS?
- What about now - do you think non-pharmacological and non-surgical intervention for LUTS is beneficial? Why, or why not? (equipoise) Prompts: Have your views changed from previously, or not? How/why?
- In your view, how easy was it to retain patients in the trial? Prompts: Has there been significant loss to follow-up at your site? Why/why not?
- What has it been like for you to take part in the TRIUMPH study? Is there anything you would have changed about the design of TRIUMPH? Prompts: What do you think has worked well? What has not worked well?
- Which men do you think this intervention/study is least suited to supporting? Which men do you think this intervention/study is best suited to supporting? Prompts: What kinds of conditions, such as: the severity of lower urinary tract symptoms; age-related conditions; additional health-related or other personal factors are liable to reduce levels of engagement?
- In as much as you have experienced the study population, does the TRIUMPH study patient cohort seem similar to your normal patient cohort - do you have the impression

that any particular components of your normal patient group (in particular of men with lower urinary tract symptoms) are missing from the study cohort as you have experienced it?

Part C: Views of the intervention and its impact (10 mins) – Clinicians at intervention sites only

- During TRIUMPH, how different was the intervention provided from what you used to do? Has TRIUMPH had any impact on the patient pathway, even for patients not in the trial? Prompts:
    - how quickly patients are seen for assessment
    - how quickly patients receive treatment advice
    - the type of advice patients receive
- In your view, is non-pharmacological and non-surgical treatment acceptable to patients? Prompts: Why, or why not? Do some patients find it more acceptable than others? Why?
- Are you involved in delivering the intervention at your site? If yes:
    - what questions or concerns do patients raise regarding the advice they receive? How are these addressed?
    - what are your experiences of delivering the intervention? Prompt: Did you encounter any challenges in explaining the advice? E.g. Difficulty demonstrating techniques. Solutions to the challenges?
    - what do you think about the standardised information booklet? Prompt: Did you encounter any challenges using it? E.g. lack of patient understanding. Solutions to the challenges?
- In your view, how compliant are patients with following the advice they are given during the intervention? Prompt: reasons for lack of compliance, any challenges patients might face, factors which help to encourage compliance?
- Can you describe any patients that you have engaged with as part of the TRIUMPH study who have struggled to take part? Which patients, in your experience, have struggled most to benefit from the self-help intervention? Prompts: Is there any sense of a systematic loss of (for instance, already marginalised/disadvantaged) patient groups through poor uptake among particular populations/ patient groups (perhaps particularly as a result of the paperwork/bladder diary/self-help burdens inherent to this study/intervention?) [beyond those already explicitly excluded because they do not speak English or lack capacity/for other health-related reasons].
- When the trial first started it was unknown if a non-pharmacological and non-surgical intervention would impact on patients' LUTS. Before the trial, did you think that the intervention would change LUTS severity or not?
- What do you think now – has the intervention changed LUTS severity? How?

Part D: TRIUMPH – Putting it into practice (5 mins)

- If the trial was to show a benefit to patients of this non-pharmacological and non-surgical intervention for LUTS, do you think that it would be taken up as part of standard care?
- Do you think there would be any problem with implementing the intervention as part of standard care in practice? Why?
- In your opinion, what changes (if any) would need to be implemented for it to be rolled out to standard care?
  Prompts: What resources, training, information or other support would GP practices and staff need if it was rolled out into standard care? Would anything else be needed?

Final thoughts

- Thank you so much for your time. Is there anything else you would like to say about LUTS treatment or the TRIUMPH trial?