Topic	Item No.	Guide Questions/Description		Location reported / action to take
Domain 1: Research team and reflexivity				
Personal characteristics				
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?		Staff interviews were mostly conducted by two members of the research team (CL, RH, NC, CO and SJR). In a small number of cases one researcher conducted the interview and discussed it with the wider team afterwards. Patient interviews were conducted by RH. This is described in section 3.2: *qualitative data collection and analysis.*
Credentials	2	What were the researcher's credentials? E.g. PhD, MD		Researchers' credentials and experience are covered in their Orcid profiles.
Occupation	3	What was their occupation at the time of the study?		Researchers' occupations and their contribution are listed in: *Contribution of authors.*
Gender	4	Was the researcher male or female?		Researchers' names are listed in: *Contribution of authors.*
Experience and training	5	What experience or training did the researcher have?		Researchers' credentials and experience are covered in their Orcid profiles.
Relationship with participants				

Relationship established	6	Was a relationship established prior to study commencement?	None of the staff or patient participants were known to the research team prior to the study. This is described in section 3.2: *qualitative data collection and analysis.*
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	Participants were informed about the purpose of the study and what would be involved prior to the interview. They were told that the interview would be conducted by a member of the Rapid Service Evaluation Team (RSET) who were conducting an independent evaluation into PIFU within the NHS. Potential participants were informed about this on initial contact, as well as in the Participant Information Sheets. This was reiterated to participants at the start of the interview. Sample Participant Information Sheets can be found in Supplementary File 6.
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	Participants were informed about the purpose of the study and what would be involved prior to the interview. They were told that the interview would be conducted by a member of the Rapid Service Evaluation Team (RSET) who were conducting an independent evaluation into PIFU within the NHS. Potential participants were informed about this on initial contact, as well as in the

			Participant Information Sheets. This was reiterated to participants at the start of the interview. Participants were informed that there was no right or wrong answer, and that we were keen to understand their experiences and perspectives. This is described in section 3.2: *qualitative data collection and analysis.*
Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	This was a convergent mixed-methods study. This is described in section 3.2: *design.*
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	We aimed to use a purposive approach to sampling staff for interviews but evolved to be primarily convenience based on staff availability. We also used snowball sampling to identify further participants from our interviews. We initially adopted a purposive approach to sampling patients for interviews, although given the challenges we experienced with

			recruitment our approach became more pragmatic. This is described in section 3.2: *qualitative data collection and analysis.*
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	Staff were approached via email. Patients were contacted initially by the case study sites and their contact details were then shared with the research team, who followed up over the telephone. This is described in section 3.2: *qualitative data collection and analysis.*
Sample size	12	How many participants were in the study?	36 staff participants and 4 patient participants took part in the study. This is described in section 3.2: *qualitative data collection and analysis.*
Non-participation	13	How many people refused to participate or dropped out? Reasons?	In phase 1, 18 staff were sent a formal invitation to interview, and 13 attended an interview. In phase 2, 32 staff were sent a formal invitation to interview, and 23 attended an interview. Some staff who declined to participate or did not participate after providing consent cited capacity issues, whilst others did not provide a reason. 14 patients' details were received by the study team. Four patients to take part in an interview, one was unable to take part in the

			time frame and three declined to take part. No response was obtained from the other contacts. This is described in section 3.2: *qualitative data collection and analysis.*
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	Staff interviews took place over MS Teams and patient interviews over telephone. This is described in section 3.2: *qualitative data collection and analysis.*
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	Only the interviewer(s) and participant(s) were present at staff and patient interviews. This is described in section 3.2: *qualitative data collection and analysis.*
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	Staff participants were invited to participate on the basis of their role and demographic information was not collected. Demographic information was collected for the patient interviews but is not reported due to there only being four participants.
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Topic guides were developed for both staff and patient interviews.

			The staff topic guide was created in consultation with the broader project team and project advisory group, and incorporated insights from the earlier scoping phases of the work. The patient topic guide was developed and piloted with the PPIE members of RSET. This is described in section 3.2: *qualitative data collection and analysis* and topic guides are provided in Supplementary File 4.
Repeat interviews	18	Were repeat interviews carried out? If yes, how many?	Staff and patient interviews were carried out once. This is described in section 3.2: *qualitative data collection and analysis.*
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	Staff interviews took place over MS teams and were recorded using the platform's software. Patient interviews took place over the telephone and were recorded and transcribed using a secure device and transcription service. This is described in section 3.2: *qualitative data collection and analysis.*
Field notes	20	Were field notes made during and/or after the inter view or focus group?	In the staff interviews, the research team used rapid assessment procedure (RAP) sheets to collect and analyse data.

			In the patient interviews, notes were taken during the interview, and interviews were also transcribed. This is described in section 3.2: *qualitative data collection and analysis.*
Duration	21	What was the duration of the inter views or focus group?	Both staff and patient interviews lasted between 30 and 60 minutes. This is described in section 3.2: *qualitative data collection and analysis.*
Data saturation	22	Was data saturation discussed?	Data saturation was considered for both staff and patient interviews. Given the small sample size and the wide variation in how PIFU is implemented at both site and specialty level, it was clear we would not reach saturation within the scope of this evaluation. This is described in section 3.2: *qualitative data collection and analysis.*
Transcripts returned	23	Were transcripts returned to participants for comment and/or correction	No transcripts were returned to the participants although they were informed that they could withdraw from the study at any time and could contact the research team with any questions. This is described in the Participant Information Sheets in Supplementary Files 3 and 6.

Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	The research team used Rapid Assessment Procedure (RAP) sheets to analyse the staff interview data and met regularly to discuss emerging themes. Two members of the research team (RH, CL) coded the patient interview data. This is described in section 3.2: *qualitative data collection and analysis.*
Description of the coding tree	25	Did authors provide a description of the coding tree?	RAP sheets were used to analyse the data. The categories used in the RAP sheets were structured in accordance with the interview topic guide (drawing on the scoping review and earlier interviews), maintaining flexibility to add categories as the data collection proceeded. We also drew on the Non-adoption and abandonment of technologies by individuals and the challenges to scale-up, spread, and sustainability of such technologies in health and care systems (NASSS) framework to support with our analysis. The RAP sheets were adapted to take account of emerging themes and new codes were identified. This is described in section 3.2: *qualitative data collection and analysis.*
Derivation of themes	26	Were themes identified in advance or derived from the data?	The research team used both inductive and deductive thematic analysis, and the RAP

			sheets were adapted to take account of emerging themes and new codes were identified. RAP sheets were used to analyse the data. The categories used in the RAP sheets were structured in accordance with the interview topic guide (drawing on the scoping review and earlier interviews), maintaining flexibility to add categories as the data collection proceeded. We also drew on the Non-adoption and abandonment of technologies by individuals and the challenges to scale-up, spread, and sustainability of such technologies in health and care systems (NASSS) framework to support with our analysis. The RAP sheets were adapted to take account of emerging themes and new codes were identified. This is described in section 3.2: *qualitative data collection and analysis*
Software	27	What software, if applicable, was used to manage the data?	MS word and MS excel were used to manage and analyse the staff interview data. NVivo was used to manage and analyse the patient interview data. This is described in section 3.2: *qualitative data collection and analysis.*
Participant checking	28	Did participants provide feedback on the findings?	Researchers followed-up on particular points during the interviews and participants were given the opportunity to provide real-time feedback on this. Some issues which were

			raised were also followed-up in subsequent interviews.
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	Both staff and patient participant quotations are used throughout. Staff were identified by whether they had a trust or specialty level role, and whether their role was operational or clinical. Patients were identified according to the specialty. The full range of interview participants are represented in the data. This is described in section 3.2: *combining results.*
Data and findings consistent	30	Was there consistency between the data presented and the findings?	Yes. Each chapter begins with an introduction which signposts readers to how the key findings presented relate to the research questions.
Clarity of major themes	31	Were major themes clearly presented in the findings?	Yes. Key themes are identified and presented in the findings. We used the NASSS framework to structure our findings.
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	Yes. Throughout the findings we provide examples of minor themes and examples which were mentioned by a smaller number of participants. Given the variation in PIFU, we draw attention to examples that are specific to particular sites and/ or specialties.