| Please complete the questions below by simply placing an ‘X’ the box (from strongly agree to strongly disagree).  | **Strongly agree** | **Agree** | **Neither** | **Disagree** | **Strongly disagree** |
| --- | --- | --- | --- | --- | --- |
| 1 | I don’t know what content we would discuss in our huddles  | 1 | 2 | 3 | 4 | 5 |
| 2 | A huddle is no different to other things we already do (e.g. practice team meetings, briefings, informal/ad hoc discussions) | 1 | 2 | 3 | 4 | 5 |
| 3 | I don’t know what is expected of me in huddles  | 1 | 2 | 3 | 4 | 5 |
| 4 | Huddles are just another initiative | 1 | 2 | 3 | 4 | 5 |
| 5 | My role means my views are (would be) less important than other members of staff attending a huddle | 1 | 2 | 3 | 4 | 5 |
| 6 | It is not my job to express concerns about patients in a huddle  | 1 | 2 | 3 | 4 | 5 |
| 7 | There are no resources to address any problems we identify/discuss in the huddle | 1 | 2 | 3 | 4 | 5 |
| 8 | Huddles are only for medically trained staff  | 1 | 2 | 3 | 4 | 5 |
| 9 | I am confident in attending/leading a huddle | 1 | 2 | 3 | 4 | 5 |
| 10 | I don’t have the communication skills to contribute to huddles | 1 | 2 | 3 | 4 | 5 |
| 11 | There is nothing more we can do to reduce harm  | 1 | 2 | 3 | 4 | 5 |
| 12 | Huddles will reduce harm to patients | 1 | 2 | 3 | 4 | 5 |
| 13 | There are no benefits to me/other staff in attending huddles  | 1 | 2 | 3 | 4 | 5 |
| 14 | I am worried I may appear incompetent/lack knowledge about my patients if I (were to) contribute to a huddle | 1 | 2 | 3 | 4 | 5 |
| 15 | We haven’t got time for huddles | 1 | 2 | 3 | 4 | 5 |
| 16 | Huddles (would) take staff away from important care duties | 1 | 2 | 3 | 4 | 5 |
| 17 | There are more important things I need to do other than attending huddles  | 1 | 2 | 3 | 4 | 5 |
| 18 | I am worried I may say something inappropriate when I contribute in huddles | 1 | 2 | 3 | 4 | 5 |
| 19 | I(d) forget to attend huddles | 1 | 2 | 3 | 4 | 5 |
| 20 | It is part of my routine to attend huddles  | 1 | 2 | 3 | 4 | 5 |
| 21 | I (would) feel uncomfortable about contributing to huddles | 1 | 2 | 3 | 4 | 5 |
| 22 | I am the only one (or one of only a few people) who (are likely to) contribute to our huddle | 1 | 2 | 3 | 4 | 5 |
| 23 | Patient turnover is too quick to make a huddle worthwhile  | 1 | 2 | 3 | 4 | 5 |
| 24 | It is not possible to get people together so we can huddle  | 1 | 2 | 3 | 4 | 5 |
| 25 | Staff at our practice are keen about holding huddles | 1 | 2 | 3 | 4 | 5 |
| 26 | There is nowhere suitable to huddle  | 1 | 2 | 3 | 4 | 5 |

**Appendix 1**

**Please contact the Authors Directly for the full survey**

**Appendix 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Themes** | **Categories**  | **Codes** | **Concepts** |
| Time | Time | Efficiency | Appointments overrunningLeaving work late/starting early |
| Workload | Home visits ReferralsAdministrative tasksAdditional tasks |
| Meeting frequency  | Meetings | Informal/formal meetingClinical/non-clinical meeting | Multiple meetings of different staffDifferent types of meetings |
| Breaks | Coffee breaks | Natural times in the day to meet |
| Inclusivity | Teams | Separate teams | Clinical vs non-clinical team Doctor team Nursing team Partners Salaried GPsLocum GPs |
| Schedules | Working hoursWorking pattern | Less than full time staffOn-call duties  |
| Culture | Structure | Isolation Independent working | Separate rooms to work inSeeing patients individuallyMaking decisions independentlyIndividual responsibility  |
| Primary vs Secondary care | Different to hospitalsDifferences between practices | MDT/ team discussion of patients Daily roles and responsibilities |
| Relationships | Communication | CommunicationProfessional guidanceValue of staff | Ad hoc clinical guidanceUnclear roles/relationshipsUnclear contributions |
| Support | Personal supportGrievancesTrust | Not knowing colleagues Lack of socialising in/out of work  |

**Appendix 2:** Table demonstrating the framework used for qualitative analysis of interviews