Supplement 1 - PRECIS-2 Domains scores and rationale

PRECIS-2 Domain	Score	Rationale
Eligibility Criteria- to what extent are the participants in the trial similar to those who would receive this intervention if it was part of usual care?	5	Patients were eligible for the study if they had a diagnosis of COPD and attended routine annual COPD review with their GP or practice nurse. If the intervention was implemented as usual care the same cohort of patients would receive the intervention.
Recruitment Path- how much extra effort is made to recruit participants over and above what that would be used in the usual care setting to engage with patients?	5	Minimal additional effort was required to recruit patients for the study. Patients were recruited for the study through the usual appointment booking system used in usual care, whereby those due for their annual review were contacted by the practice receptionist and were offered to be seen by a specialist as part of a trial.
Setting- how different is the setting of the trial and the usual care setting?	5	There was no difference between the trial setting and usual care. The intervention was being delivered within GP practices and using practice resources, which would have been used as part of usual care.
Organisation- how different are the resources, provider expertise and the organisation of care delivery in the intervention arm of the trial and those available in usual care?	4	There was no difference between the resources used or available in the intervention arm and usual care arm of the study. The delivery of the intervention required respiratory specialists with expertise in respiratory medicine, which is not part of usual care. However, the mode of care delivery was identical between the intervention and usual care as both used standardized COPD templates to guide the review, which is part of usual care.
Flexibility (Delivery)- how different is the flexibility in how the intervention is delivered and the flexibility likely in usual care?	5	As the intervention was being delivered within the same setting as usual care and was bound by the same timing and room availability constraints there was no difference in flexibility of care delivery between intervention and usual care.
Flexibility (Adherence)- how different is the flexibility in how participants must adhere to the intervention and the flexibility likely in usual care?	5	Measures to ensure adherence to the intervention were identical to usual care. The measures used were messages and calls from GP receptionists to patients reminding them to book and attend for their annual COPD review, which was usual practice.
Follow up- how different is the intensity of measurement and follow-up of participants in the trial and the likely follow-up in usual care?	5	There was no difference in follow up intensity between intervention and usual care. Patients were offered annual follow up as per usual care and measurements carried out in the intervention were as per local COPD guidelines used in usual care.
Primary outcome- to what extent is the trial's primary outcome relevant to participants?	5	The primary outcome is guideline adherence. The outcome can be measured in a usual care setting without additional expertise or resources as it is based on data collected as part of usual care. It is very relevant to participants as it reflects the quality of evidence-based care they have received.
Primary analysis- to what extent are all data included in the analysis of the primary outcome?	5	Primary outcome data will be analysed using an intention to treat approach, using all available data of patients who were deemed eligible and consented to participate in the trial.