

CFIR Domains and the LEGS bundle	Patients	Secondary care clinicians	GPs
THE LEGS BUNDLE			
Element 1: Clinical checklist		X	X
Element 2: Patient and carer education leaflet	X	X	X
Element 3: GP action letter	X	X	X
CFIR DOMAINS			
Domain 1: INTERVENTION CHARACTERISTICS	X	X	X
1.1 Intervention source: Perception about whether the intervention is externally or internally developed.			
The whole bundle		X	X
I sat down with the developers, and they gave me the background		X	
Perception about how the intervention was developed			X
Involving stakeholders in the development process will promote uptake			X
1.2 Evidence strength and quality: Perceptions of the quality and validity of evidence supporting the belief that the intervention will have desired outcomes.			
Clinical checklist		X	
Built on existing NICE guidance		X	
The guidance is vague		X	
The guidance is clear, but we don't follow it		X	
1.3 Relative advantage (or not): Perception of the advantage of implementing the intervention versus an alternative solution.			
The whole bundle		X	X
Improves care and outcomes		X	
Standardises a minimum quality of care		X	
Allows us to make a difference to patients		X	
Joins up primary and secondary care working			X
Improves awareness of NICE guidance in primary & secondary care		X	X
Improves awareness and understanding of PAD		X	X
Clinical checklist		X	
Builds your relationship with the patient		X	
Improves medication compliance		X	
Patient and carer education leaflet	X	X	X
Patients are empowered by being informed		X	
I don't want any more leaflets	X		
District nurses can answer my questions	X		
A conversation guide for primary care			X
Existing relationships to reinforce the message			X
GP action letter		X	X
A standardised letter with clear information		X	
Useful for non-medical led community vascular clinics			X
Repeat GP action letter is a duplicate, adds to the workload and sets the wrong tone			X
It gives the impression that secondary care do not trust GPs			X

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1.4 Adaptability: The degree to which an intervention can be adapted, tailored, refined, or reinvented to meet local needs.			
Clinical checklist		X	
Adapting to the environment		X	
Fits the in-patient environment neatly		X	
Incorporate into a universal admission checklist		X	
Limited access to blood pressure monitoring or cholesterol tests in out-patient clinic		X	
Promote checklist in primary care to be used alongside secondary care referral letter		X	
Patient and carer education leaflet	X	X	X
Offer personalised care and tailor patient education to individual needs		X	X
A different approach for each type of patient			X
Different information for each patient			X
Existing info most likely to suit those with intermittent claudication			X
Offer realistic targets or the advice rings hollow		X	
Consider co-existing morbidities			X
Too much information	X		
Change information layout to provide summary at outset		X	
Missing information	X		X
Understanding what causes PAD and preventing further blockages	X		X
Managing the psychological impact of PAD	X		
Maintaining movement and physiotherapy input	X		
Impact on work, social and family life	X		
Acknowledgement of reliance and impact on family	X		
Carer and family support	X		
Managing future risks and when to seek support		X	X
1.5 Trialability: The ability to test the intervention on a small scale in the organisation, and to be able to reverse course (undo implementation) if warranted.			
Clinical checklist	X	X	
A quick quality check		X	
Patient and carer education leaflet	X	X	
Leaflet is a resource for referring back	X	X	
1.6 Complexity: Perceived difficulty of implementation, reflected by duration, scope, radicalness, disruptiveness, centrality, and intricacy and number of steps required to implement.			
Clinical checklist		X	X
Simplicity		X	
Improvements that make it even simpler		X	
It needs to be a bit more, no and why		X	X
GP action letter	X	X	X
A template for new staff		X	
A time-consuming manual coding process with potential for error			X
Waiting times for primary care/test appointments	X		X
Difficult to assess patients remotely			X

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Lack of continuity			X
60 calls and 40 letters a day			X
Up to three months to receive hospital letters			X
Patients to hand deliver letter to GP surgery			X
1.7 Design quality and packaging: Perceived excellence in how the intervention is bundled, presented, and assembled.			
Clinical checklist		X	
Working across two different systems - Paper and electronic		X	
Paper checklists tend to get missed		X	
Electronic option required		X	
Patient and carer education leaflet	X	X	X
Accessibility	X		
Stored in a safe place	X		
Lost the leaflet	X		
Would be improved if available by email	X		
Presentation & format	X		
Paper leaflet		X	
Larger print has been requested		X	
Language can be hard to understand	X		X
Write for a lower reading age and provide additional information or additional resources for people who are able to access more detailed information			X
Keep it simple, give less information, in different formats and in a way that is understandable			X
Avoid didactic language and reframe the approach			X
There's a lot of 'do not's'			X
Ensure accuracy of information			X
Confusing dietary advice			X
Provide more infographics and pictures	X	X	X
Include diversity in visuals (e.g., pictures of leg ulcers/skin changes in different skin colours)		X	
Add web links			X
Could be supported by existing NHS software like QRX, direct information to patient phones			X
Offer an audio and video version	X	X	X
Patient information to be offered as a group intervention	X	X	
Opportunity for group to be peer-led		X	
GP action letter			X
Same information and same system across primary and secondary care			X
Include information on the discussion around contraindications and side effects of any newly prescribed medication with patient			X
Any contraindications primary care should be aware of, useful for clarification			X
Offered and accepted/declined smoking cessation referral			X
Provide a clear plan for if the situation deteriorates			X
Copy of letter to patient – shared message – reinforcement			X

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1.8 Cost: Costs of the intervention and costs associated with implementing that intervention including investment, supply, and opportunity costs.			X
It is not commissioned or financially viable			X
Primary care time			X
Maintaining equipment			X
Domain 2: OUTER SETTING	X	X	X
2.1 Patient needs and resources: The extent to which patient needs, as well as barriers and facilitators to meet those needs are known and prioritised.			
The whole bundle	X	X	X
Working as part of a whole team			X
Promoting joined up working across primary and secondary care		X	X
Enabling specialist care from different people			X
Expectations and understanding of each other's roles			X
Timely access back into secondary care if needed			X
Secondary care oversight			X
Accessible referral pathway	X		X
We can't make a referral anyway			X
Secondary care referral thresholds too high			X
You don't fit the criteria so wait until it gets worse			X
Delayed referral to secondary care	X	X	X
Presenting too late		X	
Can I do some of the diagnostics in the community?			X
Time wastage		X	X
A geographical consideration	X		X
Locality of secondary care services	X		X
Transport needs	X		X
Clinical checklist		X	X
Use in primary care to start best medical therapy		X	
Would promote earlier conversations with patients in primary care		X	
Use at point of admission and discharge for in-patients		X	
Adapt for primary care to support referral			X
Patient and carer education leaflet	X	X	X
Patient education provided too late	X	X	
Too far gone to talk about lifestyle modification		X	
Level of functioning & mobility - I can only do what I can do	X		
It is crucial whenever it happens		X	
Introduced sooner in primary care as part of a PAD prevention programme			X
Informing patients to reduce the chance of presenting late/in crisis			X
Managing patient expectations			X
2.2 Cosmopolitanism: The degree to which an organisation is networked with other external organisations.			
The whole bundle		X	
Shared primary & secondary care working		X	
Patient and carer education leaflet			X

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Copy of leaflet to primary care to reiterate message			X
GP action letter		X	
Clear open communication across community and hospital services		X	
Joined up clinical record systems		X	
We don't sing off the same hymn sheet		X	
2.3 External policies and incentives: A broad construct that includes external strategies to spread interventions including policy and regulations (governmental or other central entity), external mandates, recommendations and guidelines, pay-for-performance, collaboratives, and public or benchmark reporting.			
The whole bundle		X	
Additional funding		X	
Domain 3: INNER SETTING	X	X	X
3.1 Structural characteristics: The social architecture, age, maturity, and size of an organisation.			
The whole bundle		X	X
Impact of staff shortages		X	
Reduced staffing due to covid		X	
Involving the multi-disciplinary team			X
GP action letter		X	X
Time delay between writing and getting to primary care		X	X
Patient and carer education leaflet	X	X	X
Being able to follow the advice	X	X	
Difficulty ordering repeat medication	X		
Relying on others for food shopping	X		
Availability of supervised exercise		X	
It's easy to bombard somebody with information			X
3.2 Networks and communications: The nature and quality of webs of social networks and the nature and quality of formal and informal communications within an organisation.			
The whole bundle	X	X	X
A team approach		X	
Building relationships			X
Clear communication			X
The patient is in the middle			X
Involve all multi-disciplinary professionals (including pharmacists, nurses, physios)		X	
Access to the vascular team or not	X		X
Advice and information	X		X
3.3 Culture: Norms, values, and basic assumptions of a given organisation.			
The whole bundle		X	
Target patients earlier		X	
The gap in no man's land		X	
3.4 Implementation climate - tension for change: The degree to which stakeholders perceive the current situation as intolerable or needing change.			
The whole bundle		X	X
Primary care needs to do more sooner		X	
Secondary care referral threshold is too high			X
3.5 Implementation climate - Compatibility: The degree of tangible fit between meaning and values attached to the intervention by involved individuals, how those align with individuals' own norms, values, and			

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perceived risks and needs, and how the intervention fits with existing workflows and systems.			
The whole bundle			X
Existing systems in place for primary care medication management and monitoring			X
Provide 28 days medication to allow for delay in seeing GP			X
Preventative medicine and health promotion is core to primary care practice			X
Ability to offer smoking cessation support			X
Local variation in set-up of smoking cessation, dietary advice, exercise therapy			X
No formal set-up in primary care to pick it up			X
GP relationship with patients			
Not commissioned			
Secondary care to initiate smoking cessation referral			X
National protocol for weight reduction			X
Existing relationships with Diabetes nurses/clinics			X
3.6 Implementation climate - Relative priority: Individuals' shared perception of the importance of the implementation within the organisation.			
Clinical checklist		X	
Take the opportunity		X	
It shouldn't be seen as an extra thing		X	
A threat to autonomy		X	
Checklists are tick-box exercises rather than safety mechanisms		X	
3.7 Implementation climate - Learning climate			
The whole bundle			X
Two-way learning			X
Secondary care can learn from this too			X
Holistic picture of medication profile, side effects, competing medication			X
Teams are not static so require ongoing access to training		X	X
3.8 Readiness for implementation – leadership engagement: Commitment, involvement, and accountability of leaders and managers with the implementation.			
The whole package		X	
Provide a named leader		X	
External oversight is preferable		X	
3.9 Readiness for implementation – available resources: The level of resources dedicated for implementation and on-going operations including money, training, education, physical space, and time.			
Clinical checklist		X	X
Checklists are quick		X	
Managing it alongside the burden of work		X	
The assumption that the GP will sort it – putting it back into GP land		X	X
Lack of access to testing equipment in community			X
Limited community workforce (i.e., reduced number of district nurses) capacity for conducting ABPIs			X
Secondary care are gatekeepers for ABPIs and duplexes			X

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Waiting for secondary care to make diagnosis			X
Patient and carer education leaflet		X	
Time to talk requires extra staff		X	
GP action letter		X	X
Time burden and impact of dictating long clinic letters		X	
Joining it up - We've done our bit and now pass it on to the GP			X
Routine practice or adding to the workload			X
Feels top down and with didactic language			X
Keep the GP onside and change phraseology			X
3.10 Readiness for implementation - access to information and knowledge: Ease of access to digestible information and knowledge about the intervention and how to incorporate it into work tasks.			
The whole bundle		X	
Training on the purpose of the intervention		X	
Written information for those unable to attend training		X	
Prioritise training and supervision for junior staff – the people who do the day-to-day work		X	
Consider involving medical students		X	
Highlight the link between PAD and cardiovascular death		X	
Education on managing CLTI and Non-CLTI patients in primary care		X	
Knowing the risk factors for CLTI and how to make a referral to secondary care		X	
Taking an ABPI in primary care		X	X
Support the triage for secondary care			X
We're not commissioned to do it			X
Visibility of vascular teams at primary care conferences		X	
Learning on the job		X	X
Informal training to colleagues i.e., when seeing a medical outlier		X	
Use available supervision/debriefing opportunities			X
Webinar-ed out		X	
Training delivered by vascular team to primary care			X
Collaborative working and building relationships			X
We don't ever see secondary care specialists			X
Involve all primary care staff and not just GPs			X
Learning gap in exercise and lifestyle modification			X
DOMAIN 4: CHARACTERISTICS OF INDIVIDUALS			
The whole bundle	X	X	X
Taking on the advice	X	X	X
Familiarity and understanding of PAD		X	X
4.1 Knowledge and beliefs about the intervention			
Clinical checklist		X	X
Prioritising the checklist (or not)		X	
Previous experience of using checklists and identifying benefits		X	
Checklists are a useful memory prompt		X	
Patient and carer education leaflet	X		

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Targets that are impossible to reach	X		
4.2 Self-efficacy			
The whole bundle		X	
Confidence to implement guidelines		X	
4.3 Individual stage of change			
Clinical checklist		X	
Put myself forward to find out more		X	
Patient and carer education leaflet	X	X	X
If I was younger and I had more get-up-and-go	X		
It's down to willpower at the end of the day (I like smoking, I like drinking, I like the telly) – patient engagement & stage of change – resistance from patients	X	X	X
The only thing left is something nice to eat	X		
Resistance from patients		X	
Secondary care doctors tell people to do things			X
Everybody knows they need to stop smoking			X
4.4 Individual identification with organisation: how individuals perceive the organization and their relationship and degree of commitment with that organisation.			
The whole bundle		X	
Joined up working with primary care		X	
Patient and carer education leaflet	X	X	X
The patient – health professional relationship	X	X	
It takes time to build the relationship and have the conversation		X	
Clear open communication	X		
Frank conversations for some	X	X	
Be honest and explain the risks		X	
Information on the benefits versus taking pleasure away		X	
Striking a balance to optimise people's quality of life. You can't take everything away.		X	
Patient preferences and shared decision making		X	
Online tools to support the clinical conversation		X	
Language and approach used to engage people			X
Consider use of motivational interviewing techniques in secondary care			X
GP action letter			X
Partnership working			X
Avoid the extra step and order the test in secondary care			X
4.5 Other personal attributes: other personal traits such as tolerance of ambiguity, intellectual ability, motivation, values, competence, capacity, and learning style.			
Clinical checklist		X	
Team members who prioritise PAD		X	
Patient and carer education leaflet	X		
Living with other health conditions alongside (arthritis, diabetes)	X		
Managing the pain	X		
Medication side-effects	X		

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DOMAIN 5: PROCESS			
5.1 Engaging: Attracting and involving appropriate individuals in the implementation and use of the intervention through a combined strategy of social marketing, education, role modelling, training, and other similar activities.			
The whole bundle		X	
Championing the cause		X	
Doing the bare minimum and going home on time		X	
Using research to demonstrate a difference		X	
Involving stakeholders at an early stage		X	
Clinical checklist		X	
Posters in clinic to remind staff		X	
5.2 Executing: Carrying out or accomplishing the implementation according to plan.			
Patient and carer education leaflet	X		
A direct contact number for the vascular team	X		
Primary care capacity	X		
My GP and practice nurses keep an eye on me	X		
Sometimes it can take weeks to get them to answer a query over the phone	X		
GP action letter	X		
It can take weeks to get information on their system	X		
It's lots of different clinics and different people involved in your healthcare (whole person care)	X		

CFIR matrix and distribution of descriptive themes