Summary of intervention development, underpinned by the theoretical framework - Behaviour Change Wheel

- **Select target behaviour:** Healthcare provider identifying and addressing needs post-TIA/ minor stroke.
- **Identify what needs to change:**
  - Semi-structured interviews were conducted with healthcare providers and patients to identify influences on the target behaviour (results reported elsewhere). Transcripts were coded using the Theoretical Domains Framework (TDF).
- **Map TDF domains to "intervention functions"**
  - Four relevant intervention function identified: Education, Training, Environmental restructuring, Enablement.
- **Identify Behaviour Change Techniques (BCT):**
  - The BCT Taxonomy was used to identity appropriate BCT that mapped to relevant intervention functions.

The above process was informed by relevant literature; iterative feedback from patient partners and a multidisciplinary team (nurses, allied health professionals, GPs, consultants, researcher); and consideration of the APEASE criteria (Affordability, Practicality, Effectiveness and cost-effectiveness, Acceptability, Side-effects/safety, and Equity).

eTable 1: Summary of the barriers/ enablers mapped to Theoretical Domain Framework domains, intervention functions, Behaviour Change Taxonomies and intervention components.

Barriers (B)/ Enablers (E)	TDF	BCW intervention function	BCT	SUPPORT TIA Intervention component
HCPs' lack of knowledge of potential needs post-TIA/ minor stroke (B). HCPs' perceived role in follow-up care influenced their approach to identifying and addressing needs (B/E).	Knowledge Social professional role and identity Goal	Education/ Training	*Information about health consequences* *Information about social and environmental consequences* *Information about emotional consequences* *Instruction on how to perform the behaviour* *Identity associated with changed behaviour*	Training for intervention providers

Lack of follow-up pathway following rapid hospital specialist review (B). Time constraints (B). Nurses and AHPs were more holistic in their approach to care (compared to doctors) and considered this part of their role (E).	Environmental context and resources Social professional role and identity Intentions	Environmental restructuring	*Restructure physical environment*	Structured nurse/AHP-led follow-up appointment
Checklists considered useful prompts to identify needs (E).		Environmental restructuring/ Enablement	*Prompt/ cues*	Needs checklist completed by participants prior to the appointment
HCPs' lack of knowledge of support services and resources to support needs (B). Directories of support services facilitated identification of support services (if up-to-date) (E).	Knowledge Environmental context and resources	Environmental restructuring/ Enablement	*Instruction on how to perform the behaviour* *Adding objects to the environment*	Resources to support management of needs, including a website of resources and support services; list of local support services; and a self-management booklet
Patients feel unsupported after hospital (B). Difficult for patients to process and retain information (B). Patients attempted to access information and support themselves, but found it overwhelming, confusing, contradictory (B).	Social influences	Environmental restructuring/ Enablement	*Action planning* *Goal setting* *Problem solving* *Pharmacological support*	Action plan
Restricted communication between primary and secondary care (B). Variability in the speed and content of GP letters (B/E)	Environmental context and resources Social influences	Environmental restructuring/ Enablement	*Action planning* *Prompts/cues*	Structured GP letter