

<b>Table 3: Details of adaptations that were deemed to have an unknown effect on trial efficiency</b>		
<b>Adaptation</b>	<b>Reason why efficiency is unknown</b>	<b>Potential to improve efficiency</b>
Remote collection of spirometry and cough data	Largely unused in trial – unknown acceptability to participants and unknown missing data levels	<ul style="list-style-type: none"> <li>• Avoids the need for NHS sites to collect this data.</li> </ul>
Delivery of the trial intervention by any NHS Trust	Largely unused in trial – unknown if challenges can be overcome, unknown participant acceptability	<ul style="list-style-type: none"> <li>• Interventionist absences at one site can be covered by another site.</li> <li>• Participants can be recruited from any location.</li> </ul>
Collection of biological measures at another facility	Lack of discussion within WP2 – unknown take-up, participant acceptability and levels of missing data.	<ul style="list-style-type: none"> <li>• Less travel for participants.</li> </ul>
Use of routinely collected outcome measures		<ul style="list-style-type: none"> <li>• Avoids the need for NHS sites to collect this data.</li> </ul>

\* Please note these are the author's reflections and are not gleaned from WP1 or WP2.

WP1: work package 1; WP2: work package 2.