

Article title: Barriers and Facilitators to National UHC Health Reform Implementation: A Qualitative Case Study of Sláintecare in Ireland

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Supplementary file 2. Interview Guide

Topic guides for qualitative interviews - Reform

Initial steps, before recording

- Initial introductions and small talk to facilitate rapport building and trust
- Verbal consent for participation and recoding confirmed

General questions

1. Please give your name, position and current duties.
2. What role have you played in the development of Sláintecare?

Sláintecare and its implementation

3. What do you think Sláintecare is all about?
4. Do you think it has progressed as planned? (Why? Why not?)
5. What have been some of the key barriers and facilitators to implementing Sláintecare?
6. Regions: When do they work? What would be needed to make them work? In what context is the Irish system operating and how will this affect decentralisation? (Internationally, decentralisation works when there is strong engagement with stakeholders and an integrated, robust health system that includes clear lines of authority and funding. Decentralisation does not work when the system is fragmented.)
7. Shocks (COVID-19, Cost of living crisis) appear to have enabled Sláintecare – why and how has that worked?

Sláintecare as a policy – macro issues

8. What narratives have surfaced about Sláintecare? Is a dominant one emerging? Is this a positive or negative narrative? Is it helpful? If so, how and why?
9. Culture and status vs free care - are there cultural narratives impeding/enhancing policy and implementation?
10. What are the political narratives around Sláintecare and to what extent has the multipartisan political support for Sláintecare held? How has this affected its implementation?
11. Can we see examples where Sláintecare has been “added to” (layering)” or “subtracted from (shrinking)”, where some elements are enhanced or others diminished?
12. Is Sláintecare being repurposed (Conversion) for another goal? Is it changing “drifting” because of the socio-economic context?
13. Can we see evidence that Sláintecare is feeding into a dynamic of, or being coopted by a tendency to, “cycling” or “spinning” through policy options without real progress.

Sláintecare – facing the future

14. Where will Sláintecare go from here? (And why?)
15. Is Sláintecare “exhausted”? Will it be replaced?
16. If you had a magic wand, where would you like Sláintecare to go now?