

Supplementary data

Questions	Response options
1 Where is your current practice?	Scotland/England/N.Ireland/Wales/Outwith UK
2 What is the approximate size of your practice list?	<2000, 2000-4999, 5000-10,000, locum/no fixed practice base
3. How many years have you been qualified as a GP?	<5years, 5-10 years, 10-20 years, >20years
4. Do you have a special interest in Dermatology?	Yes/No
5 Are you a GP with a Special Interest in Dermatology ( GPWSI)?	Yes/No
6 Do you have other post-graduate training or experience in Dermatology or Plastic Surgery?	Yes/No
(If Yes, please expand on your experience)	Free text
7. Have you currently, or in the past, had any patients with Hidradenitis Suppurativa (HS)?	Yes/No/ Don't know
8. In the last month, how many patients with HS have you seen?	0/1-2,3-5, >5
9. How confident are you about diagnosing HS?	Very confident - would not need Secondary Care input to diagnose/ Quite confident - could diagnose but might refer to Secondary Care for confirmation /Not very confident - would always refer for confirmation/ Not at all confident of recognising features suggestive of HS
10. How confident are you about treating HS?	Very confident: would usually manage patient in Primary Care, unless complex or failed treatment Quite confident: happy to manage patient in Primary Care after diagnosis and treatment plan confirmed by Secondary Care (51, 38.3%), Not very confident: regular follow-up in Secondary Care preferred, with Primary Care input between appointments (16, 12.0%), Not at all confident: prefer all management of HS to be in Secondary Care (1, 0.8%), Other
11. To which hospital speciality do you usually refer patients with HS? ( Tick all that apply)	Dermatology/ General Surgery/ Plastic Surgery /Gynaecology/ Specialist Hidradenitis Suppurativa Clinic /Other
12. What are the biggest influences on your choice of speciality for referral of HS patients?	List of factors, with respondents rating each very important /somewhat important/ slightly important/ not at all important
a)severity of HS	
b) speciality patient previously attended for HS	
c) patient preference	
d) agreed local pathways	
e) particular skin region involved	

f) awareness of local hospital clinician with interest in HS	
g) advice from Primary Care colleagues	
h) other	Free text
13. Which medical interventions would you consider trying before hospital referral (tick all that apply)?	Lifestyle advice: smoking/ lifestyle advice: weight management/ topical antibiotics and antiseptics/ pain management/ wound care/ 3 month or longer course of tetracycline-type antibiotic/ 3 month or longer course of erythromycin/ 3 month course of clindamycin and rifampicin/ screening for and treating depression/ other
14. Would you perform minor surgery in the practice on a localised HS skin lesion?	Never/ incision and drainage of acutely inflamed lesion/ excision of chronic non-resolving HS nodule/ other
15. Do you consider people with HS to be at increased risk of cardiovascular disease or diabetes?	Yes/no/don't know
16. Do your HS patients get a cardiovascular risk assessment at time of diagnosis?	Yes- in Primary Care/ yes- in Secondary Care/ no - but done opportunistically if attend at later date/ no - not specifically targeted at this patient group /don't know
17. What proportion of your HS patients get a formal Anxiety/Depression screening?	Nearly all/ Most/ Some/ Few/ None/ Don't know
18. What treatments do you think are most appropriate for pain associated with HS? (tick all that apply)	Simple analgesics eg. paracetamol /NSAIDs / opiate drugs /referral for incision and drainage of acutely inflamed lesions/ dressings and other topical treatments /other
19. How useful would the following services be in supporting you in managing your HS patients ( rate all according to usefulness)	List of services rated: very useful/ quite useful/slightly useful/ not very useful/ not at all useful
a) More accessible Dermatology services for flares	
b) Local specialised hidradenitis suppurativa clinic	
c) Accessible evidence-based guidelines on diagnosing and managing HS	
d) Educational lectures or resources tailored to GP management of HS	
e) Patient support or self-management resources	
f) Other	Free text

Table S1: Survey questions

Size of practice vs confidence in managing HS					Number of respondents
	Not at all confident: prefer all management of HS by Secondary Care	Not very confident: prefer regular patient follow-up in Secondary Care, with Primary care support	Quite confident: manage patient in Primary Care after diagnosis /treatment plan by Secondary Care	Very confident: manage patient in Primary Care, unless complex or failed treatment	
>10000	2.08%	8.33%	27.08%	62.50%	48
5000-10000	0.00%	11.32%	47.17%	41.51%	53
2000-4999	0.00%	30.00%	40.00%	30.00%	20
< 2000	0.00%	0.00%	50.00%	50.00%	4
no fixed practice base or locum GP	0.00%	0.00%	44.44%	55.56%	9

Table S2

Years qualified vs confidence in managing HS					Number of respondents
	Not at all confident: prefer all management of HS to be in Secondary Care	Not very confident: regular follow-up in Secondary Care preferred, with Primary Care input between appointments	Quite confident: happy to manage patient in Primary Care after diagnosis and treatment plan confirmed by Secondary Care	Very confident: would usually manage patient in Primary Care, unless complex or failed treatment	
>20 years	0.00%	10.29%	42.65%	47.06%	68
10 to 20 years	2.78%	5.56%	36.11%	55.56%	36
5 to 10 years	0.00%	17.65%	35.29%	47.06%	17
less than 5 years	0.00%	30.77%	30.77%	38.46%	13

Table S3