**Table 1. Professional workshops**

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| PRws1 | Site 1 | 5 participants |
| PRws 2 | Site 2 | 9 participants |
| PRws 3 | Site 3 | 3 participants |
| PRws 4 | Site 4 | 9 participants |
| **Total** |  | **26** |

In order to protect the identities of participants of Professional workshops, we have used pseudonyms for individuals and sites in our analysis, and will not specify the composition of each group. Organisational support for contacting potential participants and hosting the events was provided by our voluntary sector collaborators who have organic links with the local NHS services in their region. The Workshops were held in three different cities to ensure a wider representation, despite logistic limitations of who we could approach. The members ranged from paediatric haematologist, haemoglobinopathy specialists nurses, midwives, heamoglobinopathy counsellors, community support workers from voluntary sector organisations, Centre Managers, Young people’s nurse for long term conditions, outreach and communication officers working across the NHS and the voluntary sectors. The discussion in each group was guided by the roles and wider experience of the participants with people accessing haemoglobinopathy services. We are cautious about not making any generalisations either about a particular role or a service. Instead, we find it more useful analytically to see where the intersections of these responses lie in relation to the experiences of carriers themselves and whether there are other salient issues about service provision not covered in the FFFGs and interviews. Each workshop session was recorded and transcribed.

****FFFG1 included young people who were single and A level students or professionals from a range of ethnic backgrounds ranging from Greek, Turkish, Chinese-Greek, Ethiopian to Trinidad-Indian. The participants engaged seriously with the ethical issues underpinning carrier screening/ testing – especially in relation to notions of disability and the right to life of an unborn foetus.

FFFG4 was small due to two participants pulling out and included one couple and two young people who were single; FFG3 included participants of Caribbean origin, one couple and a father (who did not contribute much) accompanying his daughter. Since, invitations to attend a group were facilitated by our voluntary sector collaborators, the representation within these groups reflect already existing links between families and volunteers known to these organisations. This, at times, led to a focus on certain messages (information, knowledge, ignorance, stigma, reproductive choice, ‘right thing to do’ and so on) appropriated from the organisational policies and practices. FFFG4 included (young and older) participants from a range of African origin backgrounds ranging from Sierra-Leone, Nigeria and Franco-phone African regions; and one white man. Each discussion was recorded and transcribed before analysis.