

ICMJE DISCLOSURE FORM

Date: 10/25/2022

Your Name: Professor Judith Anne Smith

Manuscript Title: Rapid evaluation of service innovations in health and social care: key considerations

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		Healthcare Management Textbook (3 rd edition) published by McGraw-Hill, of which I am co-editor.	Annual book royalties
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid	Judith Smith is Trustee and Vice-Chair of Health Services Research UK	There is no payment for this role.
		Judith Smith was Non-Executive Director of the Birmingham Women's and Children's NHS Foundation Trust from 2014-2022	I received standard NHS board member remuneration for this role.
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Member and Vice-Chair of the Commissioned Prioritisation Committee of the NIHR Health Service and Delivery Research Programme (2015-2019)	
		Member of the UKRI and NIHR College of Experts for Covid-19 Research Funding (2020-21)	
		Member of the UKRI & DHSC Global Effort on Covid-19 College of Experts (2020)	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 5/18/2022

Your Name: Jo Ellins

Manuscript Title: **Rapid evaluation of service innovations in health and social care: key considerations**

Manuscript Number (if known): [Click or tap here to enter text.](#)

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/18/2022

Your Name: Christopher Sherlaw-Johnson

Manuscript Title: Rapid evaluation of service innovations in health and social care: key considerations

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 5/18/2022

Your Name: Cecilia Vindrola-Padros

Manuscript Title: **Rapid evaluation of service innovations in health and social care: key considerations**

Manuscript Number (if known): NIHR135643

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Date: 5/18/2022

Your Name: John Appleby

Manuscript Title: Rapid evaluation of service innovations in health and social care: key considerations

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/26/2022

Your Name: Stephen Morris

Manuscript Title: Rapid evaluation of service innovations in health and social care: key considerations

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 5/30/2022

Your Name: Jon Sussex

Manuscript Title: Rapid evaluation of service innovations in health and social care: key considerations

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 25 Oct 2022

Your Name: Professor Naomi Fulop

Manuscript Title: Rapid evaluation of service innovations in health and social care: key considerations

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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		NHS England and Improvement	Payments made to my institution via NIHR.
Time frame: past 36 months			
2		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	Professor Fulop is an NIHR Senior Investigator and was a member of the following: NIHR Health Services and Delivery Research (HS&DR) Programme Funding Committee (2013-2018), HS&DR Evidence Synthesis Sub Board (2016); she is a Trustee of Health Services Research UK; was a member of the UKRI and NIHR College of Experts Research Funding (2020); is a non-executive director of the organisation Covid-19 Bereaved Families for Justice and the UCL-nominated non-executive director for Whittington Health NHS Trust (2018-2024).

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