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.	

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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.

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		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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Judith Smith is the Principal Investigator of the NIHR grant that funded this work (16/138/31) and Director of the BRACE Rapid Evaluation Centre> Judith Smith is Deputy Director of the Health and Social Care Delivery Research (HSDR) Programme of the NIHR.	This grant funded the BRACE Centre work on which the chapter is based. The University of Birmingham receives an institutional honorarium for Judith Smith undertaking this role. Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	Judith Smith is a co-investigator of the National Evaluation of Integrated Care and Support Pioneers (2015-2022) funded by the NIHR Policy Research Programme (project led by Professor Nicholas Mays of London School of Hygiene and Tropical Medicine)	

		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)
3	Royalties or licenses	Healthcare Management Textbook (3 rd edition) published by McGraw-Hill, of which I am coeditor.	Annual book royalties
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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,	□ 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 Judith Smith was Non-Executive Director of the Birmingham Women's and Children's NHS Foundation Trust from 2014-2022	There is no payment for this role. I received standard NHS board member remuneration for this role.
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	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)	
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	ent:
	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

Date	e:		5/18/2022		
You	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.					
contaffe indicate The epic	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.				
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			I entities with whom you have this ship or indicate none (add rows as needed) Time frame: Since the initial planning of the state of the initial planning of the state of the	Specifications/Comments (e.g., if payments were made to you or to your institution) of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	JE is a c	co-applicant on the NIHR grant that funded rk (16/138/31)	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	Time frame: past 36 months	s	
3	Royalties or licenses	⊠ No	one		

		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)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	X 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	

		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)	
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		
Plea	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.			

Dat	e:	5/18/202	5/18/2022			
You	Christopher Sherlaw-Johnson					
Mai	nuscript Title:	Rapid eva	Rapid evaluation of service innovations in health and social care: key considerations			
Mai	nuscript Number (if k	nown): Click or to	ap here to enter text.			
con affe	tent of your manuscri	terest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.				
epic		nsion, you should de	eclare all relationships with manuf	example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	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.					
			vith whom you have this icate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		relationship or indi		made to you or to your institution)		
1	All support for the	relationship or indi	icate none (add rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	relationship or indi Tim None CSJ is a co-applica	icate none (add rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g.,	relationship or indi Tim None CSJ is a co-applica	ne frame: Since the initial planning	made to you or to your institution) of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials,	relationship or indi Tim None CSJ is a co-applica	ne frame: Since the initial planning	made to you or to your institution) of the work Payments made to the institution		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relationship or indi Tim None CSJ is a co-applica	ne frame: Since the initial planning	made to you or to your institution) of the work Payments made to the institution Click the tab key to add additional rows.		

Royalties or

licenses

⊠ 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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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	

		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)	
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		
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Dat	e:		5/18/2022		
You	r Name:		Cecilia Vindrola-Padros		
Manuscript Title: Rapid evaluation of service innovations in health and social of key considerations			ovations in health and social care:		
Ma	nuscript Number (if k	(nown):	NIHR135643		
con affe indi The epic tha	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.				
	em #1 below, report ne for disclosure is th			thout time limit. For all other items, the time	
			l entities with whom you have this ship 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 o	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Funding	g provided by the National Institute for Research (NIHR).	Click the tab key to add additional rows.	
			Time frame: past 36 months	5	
Grants or contracts from any entity (if not indicated in item #1 above).		⊠ No	one		
3	Royalties or licenses	⊠ No	one		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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	

		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)	
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		
Plea	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.			

	ICIVIJE DISCLOSURE FORIVI					
Dat	e:		5/18/2022			
Your Name:			John Appleby			
Mai	nuscript Title:		Rapid evaluation of service innovations in h	ealth and social care: key considertions		
Mai	nuscript Number (if I	known):	Click or tap here to enter text.	_		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.			
epic	·	ension, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th		The state of the s	ithout time limit. For all other items, the time		
			l entities with whom you have this ship 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		
1	All support for the present manuscript (e.g., funding, provision	N N N N N N N N N N N N N N N N N N N	one			
	of study materials,			Click the tab key to add additional rows.		
	medical writing, article processing					
	charges, etc.)					
	No time limit for this item.					
			Time frame: past 36 month	S		
2	Grants or	[□ N	one			
	contracts from any entity (if not	Nation	al Institute for Health Research Health	Grant paid to institrution		
	indicated in item		es and Delivery Research programme	Grant para to institutation		
	#1 above).	(RSET:	16/138/17)			
3	Royalties or licenses	⊠ N	one			

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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	Board member Race and Health Observatory	Unpaid

		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)	
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		
Plea	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.			

Date:			5/26/2022			
Your Name:			Stephen Morris			
Manuscript Title:			Rapid evaluation of service innovations in h	ealth and social care: key considerations		
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activities.			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if			
	tem #1 below, report a			ithout time limit. For all other items, the time		
			l entities with whom you have this ship 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		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		rom NIHR HSDR Programme	Payments made to my institution Click the tab key to add additional rows.		
			Time frame: past 36 month	s		
2	Grants or contracts from	⊠ No	one			
	any entity (if not indicated in item #1 above).					

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			s/Comments (e.g., if payments were or to your institution)	
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	formerly a member of the NIHR HS&DR Programme Funding Committee (2014-2016), the NIHR HS&DR Evidence Synthesis Sub Board (2016), the NIHR Unmet Need Sub Board, the NIHR HTA Clinical Evaluation and Trials Board (2007-2009), the NIHR HTA Commissioning Board (2009-2013), the NIHR PHR Research Funding Board (2011-2017), and the NIHR PGfAR expert sub-panel (2015-2019).		
· 1	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		5/30/2022				
You	r Name:	Jon Sussex	Jon Sussex			
Manuscript Title:		Rapid evaluation	of service innovations in h	ealth and social care: key considerations		
Mar	nuscript Number (if k	own): Click or tap here	to enter text.			
cont affe indi	ent of your manuscricted by the content ocate a bias. If you are	t. "Related" means any r the manuscript. Disclosu in doubt about whether t	elation with for-profit or no re represents a commitment o list a relationship/activity	es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.		
epid	emiology of hyperter		ll relationships with manuf	acturers of antihypertensive medication, even if		
	em #1 below, report and for disclosure is the	• •	ported in this manuscript w	ithout time limit. For all other items, the time		
		Name all entities with whe	om you have this one (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time fram	e: Since the initial planning	of the work		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time inputs funded Evaluation Centre)	by NIHR HSDR grant 16/138	Gran was paid to Birmingham, RAND and Cambridge Cambridge Evaluation Centre Click the tab key to add additional rows.		
			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None				
3	Royalties or licenses	□ 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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ None	
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	

		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)		
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			
Plea	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 wo	ording of any of the questions on this 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.	

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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
1	All support for the present manuscript (e.g., funding,	National Institute for Health Research (NIHR)	Payments made to my institution
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	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	
6	Payment for expert testimony	None	
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).

Please place an "X" next to the following statement to indicate your agreement:									
X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.									

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