

ICMJE DISCLOSURE FORM

Date: 3/13/2023

Your Name: Sara Ryan

Manuscript Title: Improving support and planning ahead for older people with learning disabilities and family carers; a mixed methods study

Manuscript Number (if known): NIHR129491

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								
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%; padding: 5px;">NIHR HSDR funded project 'Tired of spinning plates: an exploration of the mental health experiences of adults and/or older carers of adults with learning disabilities' (NIHR135080)</td> <td style="padding: 5px;">Co-PI on this grant</td> </tr> <tr> <td style="padding: 5px;">NIHR HSDR funded project 'Improving patient, family and colleague witnesses' experiences of Fitness to Practise proceedings: A mixed methods study' (NIHR131322)</td> <td style="padding: 5px;">Co-PI on this grant</td> </tr> <tr> <td style="padding: 5px;">NIHR HSDR funded project 'Understanding and using people's experiences of social care to guide service improvements: could an effective and efficient co-design approach be translated from health to</td> <td style="padding: 5px;">PI on this grant (ended 31/01/23)</td> </tr> </table>	NIHR HSDR funded project ' Tired of spinning plates: an exploration of the mental health experiences of adults and/or older carers of adults with learning disabilities' (NIHR135080)	Co-PI on this grant	NIHR HSDR funded project ' Improving patient, family and colleague witnesses' experiences of Fitness to Practise proceedings: A mixed methods study' (NIHR131322)	Co-PI on this grant	NIHR HSDR funded project ' Understanding and using people's experiences of social care to guide service improvements: could an effective and efficient co-design approach be translated from health to	PI on this grant (ended 31/01/23)
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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)
		social care using the exemplar of loneliness?’ (NIHR128616)	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Member of NIHR RfSC funding committee	
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	<input checked="" 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)
	Monitoring Board or Advisory Board	<input type="checkbox"/>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Trustee for LMCP	
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 checked="" type="checkbox"/> None	

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: 3/2/2023

Your Name: Elizabeth Tilley

Manuscript Title: Improving support and planning ahead for older people with learning disabilities and family carers; a mixed methods study

Manuscript Number (if known): NIHR129491

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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

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	society, committee or advocacy group, paid or unpaid		
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 checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 3/2/2023

Your Name: Irene Tuffrey-Wijne

Manuscript Title: Improving support and planning ahead for older people with learning disabilities and family carers; a mixed methods study

Manuscript Number (if known): NIHR129491

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ICMJE DISCLOSURE FORM

Date: 3/2/2023

Your Name: Magdalena Mikulak

Manuscript Title: Improving support and planning ahead for older people with learning disabilities and family carers; a mixed methods study

Manuscript Number (if known): NIHR129491

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ICMJE DISCLOSURE FORM

Date: 3/9/2023

Your Name: Rebecca Anderson

Manuscript Title: Improving support and planning ahead for older people with learning disabilities and family carers; a mixed methods study

Manuscript Number (if known): NIHR129491

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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: 3/8/2023

Your Name: Angeli Vaid

Manuscript Title: Improving support and planning ahead for older people with learning disabilities and family carers; a mixed methods study

Manuscript Number (if known): NIHR129491

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.

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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: 3/6/2023

Your Name: Pam Bebbington

Manuscript Title: Improving support and planning ahead for older people with learning disabilities and family carers; a mixed methods study

Manuscript Number (if known): NIHR129491

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: 3/2/2023

Your Name: Richard Keagan-Bull

Manuscript Title: Improving support and planning ahead for older people with learning disabilities and family carers; a mixed methods study

Manuscript Number (if known): NIHR129491

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: 3/2/2023

Your Name: Emmie Morrissey

Manuscript Title: Improving support and planning ahead for older people with learning disabilities and family carers; a mixed methods study

Manuscript Number (if known): NIHR129491

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.

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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: 3/8/2023

Your Name: Angela Martin

Manuscript Title: Improving support and planning ahead for older people with learning disabilities and family carers; a mixed methods study

Manuscript Number (if known): NIHR129491

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ICMJE DISCLOSURE FORM

Date: 10/9/2023

Your Name: Professor Louise M. Wallace

Manuscript Title: Improving support and planning ahead for older people with learning disabilities and family carers; a mixed methods study

Manuscript Number (if known): NIHR129491

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		Member SDO Service Evaluations panel (2009-2011)	No payments other than expenses
		Member DH NIHR Health Services & Research Development panel (2012-13)	Ditto
		Member of NIHR HS &DR Researcher Lead Panel (2013-15)	Ditto
		NIHR HS & DR Remit and Competitive committee (2015- 2019)	This is not a public committee. I was a paid Senior Scientific Adviser
		Member NIHR Health Services & Research Development panel (Seacole) (October 2020-2022)	Ditto

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