## **ICMJE DISCLOSURE FORM**

Date:		-	4/25/2023		
Your Name:		-	Jon Sussex		
Manuscript Title:		-	Service innovations for people living with nevaluation team	nultiple long-term conditions: reflections of a rapid	
Mai	nuscript Number (if kr	nown):	Click or tap here to enter text.		
con affe	content of your manuscript. "Rela affected by the content of the man		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		nsion, you	· · · · · · · · · · · · · · · · · · ·	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ane for disclosure is the			vithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
				made to you or to your institution)	
1	All support for the	relations	hip or indicate none (add rows as needed)	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning one	made to you or to your institution)  of the work  Payments were to employer: RAND Europe	
1	All support for the present manuscript (e.g., funding, provision of study materials,	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning one	made to you or to your institution)  of the work  Payments were to employer: RAND Europe Community Interest Company	
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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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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.		

## **ICMJE DISCLOSURE FORM**

Date:	4/21/2023	
Your Name:	Professor Judith Anne Smith	
Manuscript Title:	Service innovations for people living with multiple long-term conditions: reflections of a rapid evaluation team	
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
	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.  Grants or contracts from any entity (if not indicated in item #1 above).	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.  Time frame: past 36 month  None  Judith Smith is part-time Expert Adviser (primary care) to the Health Foundation, London	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.
3	Royalties or licenses	None  Healthcare Management Textbook (3 <sup>rd</sup> edition) published by McGraw-Hill, of which I am coeditor.	Annual book royalties

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4	Consulting fees	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	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  Judith Smith is Trustee and Director of Ex Cathedra Choir and Music	There is no payment for this role.  I received standard NHS board member remuneration for this role.  There is no payment for this role

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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	ise place an "X" nex	t to the following statement to indicate your agreeme	nt:
	I certify that I have	answered every question and have not altered the wor	rding of any of the questions on this form.

## **ICMJE DISCLOSURE FORM**

Date:		4/25/2023			
Your Name:		Frances Wu	Frances Wu		
Manuscript Title:		Service innovations for people living with me evaluation team	nultiple long-term conditions: reflections of a rapid		
Ma	nuscript Number (if kno	own): Click or tap here to enter text.			
con affe indi	tent of your manuscript ected by the content of t icate a bias. If you are in	ency, we ask you to disclose all relationships/activities t. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitment doubt about whether to list a relationship/activity.	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.		
epi	demiology of hypertensi	/activities/interests should be defined broadly. For esion, you should declare all relationships with manufutioned in the manuscript.			
		I support for the work reported in this manuscript w past 36 months.	rithout time limit. For all other items, the time		
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li.	N.	Jame all entities with whom you have this elationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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2	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 frame: Since the initial planning  None  NIHR HSDR grant 16/138/31 funded this work	made to you or to your institution)  of the work  Payments were to employer: RAND Europe Community Interest Company  Click the tab key to add additional rows.		

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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 None	

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