Date:	12/7/2022
Your Name:	Gary Abel
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

		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.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential	Click the tab key to add additional rows.
		Time frame: past 36 month	is
2	Grants or contracts from any entity (if not indicated in item #1 above).	Evaluating video and hybrid group consultations in general practice: mixed-methods, participatory study National Institute for Health Research (NIHR) Health Services and Delivery Research (HS&DR) programme (NIHR133895).	Payments made to institution

		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	None □	
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	Agency for Healthcare Research and Quality (AHRQ), USA	I serve on a Technical Expert Panel for the AHRQ Safety Program for Telemedicine. An honoraria has been offered for taking part, which as yet I have not claimed.

		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)
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	
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.		

3 12/13/2021 ICMJE Disclosure Form

Date:	11/28/2022
Your Name:	Nurunnahar Akter
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

r		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.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential	Click the tab key to add additional rows.
		Time frame: past 36 month	is
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 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 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 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 [_	answered every question and have not altered the w	

Date:	11/28/2022
Your Name:	Abodunrin Aminu
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

		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.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	

3	Royalties or licenses	None None
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 None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Service S
10	Leadership or fiduciary role in other board, society, committee or	None Service S

	advocacy group, paid or unpaid		
11	Stock or stock options	None Service S	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Service S	
13	Other financial or non-financial interests	None Service S	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/23/2022
Your Name:	Helen Atherton
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

		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	□ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential.	Funding for my time at 7.5%FTE for the duration of the study paid to my institution. Research costs relating to fieldwork paid to my institution. Travel costs for attending meetings, reimbursed to me. Click the tab key to add additional rows.
		Time frame and 20 month	·
2	Grants or contracts from	Time frame: past 36 mont	ns
	any entity (if not indicated in item #1 above).	University of Warwick/eConsult Ltd	Warwick Industrial Fellowship funding a PhD Student, half the funding comes from eConsult Ltd. Paid to institution for purpose of funding studentship.
		NIHR 200778	Staff time and research costs paid to institution
		NIHR PB-PG-1217-20033 NIHR 133620	Staff time and research costs paid to institution Staff time and research costs paid to institution
		University of Warwick/Advanced Ltd	Warwick Industrial Fellowship funding a PhD Student, half the funding comes from Advanced Ltd. Paid to institution for purpose of funding studentship.

		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)
		Medicspot Ltd	Analysed data provided by Medicspot Ltd. Paid £1000 to institution to cover transcript costs for interviews conducted as part of study.
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Lecture on email consultation given to academic group at Aarhus University	500 Euro honorarium paid to my institution.
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	Royal College of General Practitioners Conference invited speaker Oct 2021 Royal College of General Practitioners Scientific Foundation Board meeting attendance Dec 2022	Registration fees paid for, one night of accommodation paid for, travel reimbursed directly to me. Travel expenses reimbursed to me.
8	Patents planned, issued or pending	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)
9	Participation on a Data Safety Monitoring Board or Advisory Board	Advisory Board Member NIHR128285 Advisory board Member Digital First Primary Care evaluation steering group NHS England and Improvement	No payments at all. Topic is relevant to the manuscript. No payments at all. Content is relevant to the project.
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	
Plea [\infty]	_	xt to the following statement to indicate your agreer	

12 12/13/2021 ICMJE Disclosure Form

Date:	11/30/2022
Your Name:	Wiktoria Bak
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

		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.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential	£900 payment made for internship 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).	None	
3	Royalties or licenses	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)
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 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 [_	xt to the following statement to indicate your agree	

		ICMIJE DISCLOSURE I	
Date:		11/22/2022	
Your Name:		Carol M Bryce	
Manuscript Title	e:	Facilitating access to online NHS prima future potential	ry care services - current experience and
Manuscript Nunknown):	nber (if	Click or tap here to enter text.	
of your manuscrithe content of the	pt. "Related" me manuscript. Di	eans any relation with for-profit or not-for-pro	/interests listed below that are related to the content fit third parties whose interests may be affected by ency and does not necessarily indicate a bias. If you that you do so.
	hypertension, yo		ample, if your manuscript pertains to the cturers of antihypertensive medication, even if that
In item #1 below for disclosure is t			hout time limit. For all other items, the time frame
		all entities with whom you have this aship or indicate none (add rows as	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 present manuscript (funding, provious of study mat	e.g., vision		cilitating access to online NHS primary care
present manuscript (funding, prov of study mat medical writi	e.g., vision erials, ing,	HS&DR Project: NIHR128268 - Faservices - current experience and fu	cilitating access to online NHS primary care ture potential
present manuscript (funding, prov of study mat	e.g., vision erials, ing, sssing)	HS&DR Project: NIHR128268 - Faservices - current experience and fu	cilitating access to online NHS primary care
present manuscript (funding, prov of study mat medical writi article proces charges, etc. No time limit	e.g., vision erials, ing, sssing)	HS&DR Project: NIHR128268 - Faservices - current experience and fu	cilitating access to online NHS primary care ture potential Click the tab key to add additional rows.
present manuscript (funding, prov of study mat medical writi article proce charges, etc. No time limit	e.g., vision erials, ing, ssing) t for	HS&DR Project: NIHR128268 - Factorices - current experience and fusion ollection, data analysis, report writing	cilitating access to online NHS primary care ture potential Click the tab key to add additional rows.
present manuscript (funding, prov of study mat medical writi article proces charges, etc. No time limit this item. 2 Grants or contracts fro any entity (i indicated in	e.g., vision erials, ing, sssing) to for Data continue Data continue	HS&DR Project: NIHR128268 - Factorices - current experience and fusion ollection, data analysis, report writing Time frame: past 36 month	cilitating access to online NHS primary care ture potential Click the tab key to add additional rows.

		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	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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 [_	xt to the following statement to indicate your agree	

Date:	11/22/2022
Your Name:	John Campbell
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

		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	 None NIHR Research Award HS&DR Project: NIHR128268 - Facilitating access 	
	of study materials, medical	to online NHS primary care services - current experience and future potential	
	writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Evaluating video and hybrid group consultations in general practice: mixed-methods, participatory study National Institute for Health Research (NIHR) Health Services and Delivery Research (HS&DR) programme (NIHR133895).	Payments made to institution

		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	⊠ None	
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 ■ None	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Member of the HTA National Stakeholder Advisory Group	
10	Leadership or fiduciary role in	⊠ 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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None ■	
13	Other financial or non-financial interests	None ■	
	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:	12/7/2022
Your Name:	Christopher Clark
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
Manuscript Number (if known):	Click or tap here to enter text.
* 4	

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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.

		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.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	ReCor Medical Bayer UK	Unrelated hypertension work Unrelated hypertension work
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	Chair, RCGP Rural Steering Group HTA Prioritisation Committee	unpaid 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.		

			Tenise Discessere i		
Date:			11/25/2022		
Your Name:			Dr Emma Cockcroft		
Manuscript Title:			: Facilitating access to online NHS primary care services - current experience and future potential		
Manuscript Number (if known):		•	Click or tap here to enter text.		
of your manuscript. "Related" m the content of the manuscript. Di		lated" me cript. Dis	ans any relation with for-profit or not-for-pro	/interests listed below that are related to the content fit third parties whose interests may be affected by ncy and does not necessarily indicate a bias. If you that you do so.	
epid		nsion, you		ample, if your manuscript pertains to the cturers of antihypertensive medication, even if that	
	em #1 below, report disclosure is the past			hout time limit. For all other items, the time frame	
			ll entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		necaca)	Time frame: Since the initial planning	of the work	
1	All support for the	,		of the work	
	present	[N	Time frame: Since the initial planning one	of the work	
		□ No	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access	of the work	
	present manuscript (e.g., funding, provision of study materials,	HS&DR	Time frame: Since the initial planning one	of the work	
	present manuscript (e.g., funding, provision of study materials, medical writing,	HS&DR	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current	of the work	
	present manuscript (e.g., funding, provision of study materials,	HS&DR	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current	of the work Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	HS&DR	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	HS&DR	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current ence and future potential	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	HS&DR	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□ No HS&DR to online experies	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current ence and future potential	Click the tab key to add additional rows.	
	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	□ No HS&DR to online experies	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current ence and future potential Time frame: past 36 month	Click the tab key to add additional rows.	
	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	□ No HS&DR to online experies	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current ence and future potential Time frame: past 36 month	Click the tab key to add additional rows.	
	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	HS&DR to online experies	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current ence and future potential Time frame: past 36 month	Click the tab key to add additional rows.	
2	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).	HS&DR to online experies	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current ence and future potential Time frame: past 36 month one	Click the tab key to add additional rows.	
	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).	HS&DR to online experies	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current ence and future potential Time frame: past 36 month	Click the tab key to add additional rows.	
2	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).	HS&DR to online experies	Time frame: Since the initial planning one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current ence and future potential Time frame: past 36 month one	Click the tab key to add additional rows.	

		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	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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.		

Date:	11/29/2022
Your Name:	Hamish Evans
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

		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	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.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
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 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.		

TONIJE DISCEOSURE FORM			
Date:	11/17/2022		
Your Name: Evangelos Gkousis			
Manuscript Title: Facilitating access to online NHS primary care services - current experience and future poten			
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			
1	All support for the present manuscript (e.g.,	□ None NIHR	The grant this manuscript is funded by is: HS&DR	
	funding, provision of study materials, medical writing, article processing		Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential	
	charges, etc.) No time limit for this item.		Click the tab key to add additional rows.	
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	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)
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 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.		

Date:	11/29/2022
Your Name:	Georgia Jenkins
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

		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		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.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential	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).	None None	
3	Royalties or licenses	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)
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 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 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.		

Date:	11/22/2022
Your Name:	Caroline Jenkinson
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

		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.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	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)
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 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.		

		ICMIJE DISCLOSURE I	CORM
Date:		11/19/2022	
Your Name:		Nada Khan	
Manuscript Title:		Facilitating access to online NHS prima future potential	ry care services - current experience and
Manuscript Number (i known):	if	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 conte 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.		fit third parties whose interests may be affected by ncy and does not necessarily indicate a bias. If you	
	ension, yo		ample, if your manuscript pertains to the cturers of antihypertensive medication, even if that
In item #1 below, report for disclosure is the past			hout time limit. For all other items, the time frame
		ll entities with whom you have this aship or indicate none (add rows as	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	[□] N	lone	
manuscript (e.g., funding, provision	1 1 1	R Project: NIHR128268 - Facilitating	
of study materials,		s to online NHS primary care services - nt experience and future potential	
medical writing, article processing			Click the tab key to add additional rows.
charges, etc.)			Click the tab key to add additional rows.
No time limit for this item.			
		Time frame: past 36 month	s
2 Grants or		Jone	
contracts from			
any entity (if not indicated in item			
#1 above).			
2 Davidi:		T	
Royalties or licenses		lone	

		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 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.		

42 12/13/2021 ICMJE Disclosure Form

Date:	11/28/2022
Your Name:	Dr Jeffrey Lambert
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

		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.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month	
3	Royalties or licenses	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)
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 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 [_	xt to the following statement to indicate your agree	

Date:	14 November 2022
Your Name:	Brandi Leach
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
Manuscript Number (if known):	Click or tap here to enter text.

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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 paymore made to you or to your institution)	ents were
		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.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

			Ill entities with whom you have this aship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	x	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	х	None	
6	Payment for expert testimony	X	None	
7	Support for attending meetings and/or travel	х	None	
8	Patents planned, issued or pending	х	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	х	None	

			Il 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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x	None	
11	Stock or stock options	х	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x	None	
13	Other financial or non-financial interests		None	

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.

Date:	12/7/2022
Your Name:	Christine Marriott
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

r		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.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential	Click the tab key to add additional rows.
		Time frame: past 36 month	is
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
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	Received payments for attending Di-Facto meetings and reviewing documents	
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.		

Date:	12/7/2021
Your Name:	Jennifer Newbould
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

		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.	HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential	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).	Project: The Birmingham, RAND and Cambridge Evaluation (BRACE) Centre	Funder: NIHR 16/138/31 Role: Co-applicant Grant amount: £2 million Grant period: April 2018- March 2023

		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	None None	
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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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		
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.		

		ICNIJE DISCLOSURE I	CURIVI
Date:		1/11/2023	
Your Name:		Sarah Parkinson	
Manuscript Title:		Facilitating access to online NHS prima future potential	ry care services - current experience and
Manuscript known):	Number (if	Click or tap here to enter text.	
of your manuscript. "Related" me the content of the manuscript. Dis		means any relation with for-profit or not-for-pro	frinterests listed below that are related to the content fit third parties whose interests may be affected by ency and does not necessarily indicate a bias. If you that you do so.
epidemiolog			cample, if your manuscript pertains to the acturers of antihypertensive medication, even if that
	elow, report all supe is the past 36 mo		hout time limit. For all other items, the time frame
		e all entities with whom you have this ionship or indicate none (add rows as ed)	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 supp	ort for the	None	
		DR Project: NIHR128268 - Facilitating access	
_		nline NHS primary care services - current	
of study medical		erience and future potential.	
	rocessing		Click the tab key to add additional rows.
charges, No time this item	limit for		
		Time frame: past 36 month	ıs
2 Grants or ⊠ ⊠		None	
	tity (if not		
	ed in item		
#1 abo	ve).		
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3 Royalti		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 None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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 [_	answered every question and have not altered the w	

Date:			11/28/2022		
Your Name:			Dr Jo Parsons		
Manuscript Title:			Facilitating access to online NHS primary ca	are services - current experience and future potential	
	nuscript Number (if wn):	f	Click or tap here to enter text.		
of your manuscript. "Related" m the content of the manuscript. Di		elated" me cript. Dis	e ask you to disclose all relationships/activities/interests listed below that are related to the content teans any relation with for-profit or not-for-profit third parties whose interests may be affected by isclosure represents a commitment to transparency and does not necessarily indicate a bias. If you a relationship/activity/interest, it is preferable that you do so.		
epid		nsion, you		ample, if your manuscript pertains to the cturers of antihypertensive medication, even if that	
	em #1 below, report disclosure is the past			nout time limit. For all other items, the time frame	
			ll entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning of	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.	HS&DR	one R Project: NIHR128268 - Facilitating access ne NHS primary care services - current ence and future potential	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).		Time frame: past 36 months		
3	Royalties or licenses	N N	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 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 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 [_	answered every question and have not altered the w	

Date:	11/22/2022
Your Name:	Emma Pitchforth
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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.

		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.	None HS&DR Project: NIHR128268 - Facilitating access to online NHS primary care services - current experience and future potential	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None	
3	Royalties or licenses	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)
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 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 [_	xt to the following statement to indicate your agree	

Date:	11/27/2022
Your Name:	Laura Sheard
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
Manuscript Number (if known):	Click or tap here to enter text.

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2	contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	

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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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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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	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:	11/22/2022	
Your Name:	Stephanie Stockwell	
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential	
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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	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)
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 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 None	

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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	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:	11/15/2022	_		
Your Name:	Jon Sussex			
Manuscript Title:	Facilitating access to online NHS primary car potential	Facilitating access to online NHS primary care services - current experience and future potential		
Manuscript Number (it known):	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.				
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)		

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None 16/138/31 - NIHR HS&DR Rapid Service Evaluation Research Team - BRACE Centre.	Co-applicant. Payment made to employing institution: RAND Europe Community Interest Company
3	Royalties or licenses	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)
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 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.		

	TOMBE DISCEOSURE I ORM		
Date:	11/22/2022		
Your Name:	Chloe Thomas		
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential		
Manuscript Number (if known):			
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		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	

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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 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.		

Date:	11/28/2022
Your Name:	Bethan Treadgold
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None Non	
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 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 [_	answered every question and have not altered the w	

Date:	11/28/2022
Your Name:	Bethan Treadgold
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None 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 None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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.		

Date:	11/23/2022 Rachel Winder	
Your Name:		
Manuscript Title:	Facilitating access to online NHS primary care services - current experience and future potential	
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		Time frame: past 36 month	s			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR201070 The SPOtting Cancer among Comorbidities (SPOCC) programme. Supporting clinical decision making in patients with symptoms of cancer and pre-existing conditions.	Co-Applicant. Research project funded by NIHR			

		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	None None	
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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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			
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 Work part time at a practice which took part in the Di-Facto Patient and Practice surveys	No financial interest	
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.				