Date	e:		8/21/2023		
Your Name:			Chris Sherlaw-Johnson		
Mai	nuscript Title:		Investigating innovations in outpatient se	ervices	
Mai	nuscript Number (if k	(nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activities			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For e	/interest, it is preferable that you do so.	
-	medication is not m	-	-	<i>K</i> , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , ,	
	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	ithout 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)	
			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.	l I	one Il Institute for Health and Care Research	Payments made to UCL/Nuffield Trust via NIHR 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).	1 1	Navigator Ltd	Payments made to Nuffield Trust	
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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	

		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:			15/082023			
Your Name:			Theo Georghiou			
Ma	nuscript Title:		Investigating innovations in outpatient se	ervices		
Mai	nuscript Number (if kn	nown):	Click or tap here to enter text.			
con affe indi	tent of your manuscripected by the content of icate a bias. If you are	es/interests listed below that are related to the ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.				
epic		sion, you	u should declare all relationships with manuf	acturers of antihypertensive medication, even if		
				rithout time limit. For all other items, the time		
	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	[□] No	one			
	manuscript (e.g., funding, provision of study materials,	Nationa (NIHR)	Il Institute for Health and Care Research	Payments made to UCL/Nuffield Trust via NIHR		
medical writing,				Click the tab key to add additional rows.		
	article processing charges, etc.)					
	charges, etc.) No time limit for					
	charges, etc.)		Time from 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,			
2	charges, etc.) No time limit for	No.	Time frame: past 36 month	ıs		

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any entity (if not indicated in item #1 above).

Royalties or

licenses

⊠ None

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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)
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	

		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:			8/31/2021		
Your Name:			Sarah Reed		
Manuscript Title:			Investigating innovations in outpatient se	ervices	
Man	nuscript Number (if I	known):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt." The author's relationships/activities.		ript. "Rela of the man re in doubt ps/activition ension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
			· ·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	1 1	one Il Institute for Health and Care Research	Payments made to UCL/Nuffield Trust via NIHR Click the tab key to add additional rows.	
	this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] Ne	one		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Dat	e:	8/21/2023				
Your Name:		Rachel Hutchings				
Mai	nuscript Title:	Investigating innovations in outpatient se	ervices			
Mai	nuscript Number (if kno	Click or tap here to enter text.				
con affe	tent of your manuscript.	. "Related" means any relation with for-profit or no he manuscript. Disclosure represents a commitmen	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.			
epio	demiology of hypertension	activities/interests should be defined broadly. For e on, you should declare all relationships with manufa tioned 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.					
		ame all entities with whom you have this lationship 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		None				
		National Institute for Health and Care Research NIHR)	Payments made to UCL/Nuffield Trust via NIHR			
	of study materials, medical writing,	·	Click the tab key to add additional rows.			
article processing charges, etc.) No time limit for this item.			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	None				

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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	
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:			9/4/2023	
Your Name:			John Appleby	
Manuscript Title:			Investigating innovations in outpatient se	ervices
Mar	nuscript Number (if I	known):	Click or tap here to enter text.	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Rela of the ma e in doub os/activiti ension, yo	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 inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. dies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if lin the manuscript.	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	[-]	al Institute for Health and Care Research	Payments made to UCL/Nuffield Trust via NIHR Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.		T	
<u> </u>			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ N	one	
3	Royalties or licenses	⊠ Ne	one	

			ations/Comments (e.g., if payments were you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	☑ None	
8	Patents planned, issued or pending	☑ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Board member, Race and Health Observatory Unpaid	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		8/21/2023		
Your Name:		Stuti Bagri		
Ma	nuscript Title:	Investigating innovations in outpatien	services	
Ma	nuscript Number (if k	nown): Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		pt. "Related" means any relation with for-profit of the manuscript. Disclosure represents a commit in doubt about whether to list a relationship/actives/activities/interests should be defined broadly. Fasion, you should declare all relationships with maintioned in the manuscript.	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 inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. dies/interests should be defined broadly. For example, if your manuscript pertains to the su should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.	
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscripe past 36 months.	without time limit. For all other items, the time	
		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial plann	ng of the work	
1	All support for the present manuscript (e.g.,	Time frame: Since the initial plann ☐ None National Institute for Health and Care Research	Payments made to UCL/Nuffield Trust via NIHR	
1	present manuscript (e.g., funding, provision	□ None		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	National Institute for Health and Care Research		
1	present manuscript (e.g., funding, provision of study materials,	National Institute for Health and Care Research	Payments made to UCL/Nuffield Trust via NIHR	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	National Institute for Health and Care Research	Payments made to UCL/Nuffield Trust via NIHR 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	National Institute for Health and Care Research (NIHR)	Payments made to UCL/Nuffield Trust via NIHR Click the tab key to add additional rows.	

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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)
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	
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:		8/15/2023			
Your Name:		Nadia Crellin	Nadia Crellin		
Manuscript Title:		Investigating innovations in outpatient se	ervices		
Ma	nuscript Number (if k	nown): Click or tap here to enter text.	Click or tap here to enter text.		
con affe	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.				
epi	demiology of hyperter	s/activities/interests should be defined broadly. For ension, you should declare all relationships with manufentioned 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	□ None			
	manuscript (e.g., funding, provision	National Institute for Health and Care Research (NIHR)	Payments made to UCL/Nuffield Trust via NIHR		
	of study materials, medical writing,		Click the tab key to add additional rows.		
article processing					
	article processing		Click the tab key to add additional rows.		
	•		CICK TIC TAB KCY TO AND AUDITORIATIONS.		
	article processing charges, etc.) No time limit for	Time frame: past 36 month			

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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)
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	
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:	8/21/2023
Your Name:	Stephanie Kumpunen
Manuscript Title:	Investigating innovations in outpatient services
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	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.	National Institute for Health and Care Research (NIHR) Time frame: past 36 months	Payments made to UCL/Nuffield Trust via NIHR 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 None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
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:			8/29/2023	
Your Name:			Cyril Lobont	
Ma	nuscript Title:		Investigating innovations in outpatient s	ervices
Mai	nuscript Number (if k	(nown):	Click or tap here to enter text.	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub				/interest, it is preferable that you do so.
epic		nsion, you	u should declare all relationships with manuf	facturers of antihypertensive medication, even if
In item #1 below, report all suppor frame for disclosure is the past 36			•	vithout time limit. For all other items, the time
			l 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)
				, , , , , , , , , , , , , , , , , , , ,
			Time frame: Since the initial planning	
1	All support for the	[□] No	Time frame: Since the initial planning	
1	present manuscript (e.g., funding, provision	1 1		
1	present manuscript (e.g.,	Nationa	one	of the work
1	present manuscript (e.g., funding, provision of study materials,	Nationa	one	of the work Payments made to UCL/Nuffield Trust via NIHR
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Nationa	one	of the work Payments made to UCL/Nuffield Trust via NIHR
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa	one	of the work Payments made to UCL/Nuffield Trust via NIHR 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	Nationa (NIHR)	one al Institute for Health and Care Research	of the work Payments made to UCL/Nuffield Trust via NIHR 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	Nationa (NIHR)	one al Institute for Health and Care Research Time frame: past 36 month	of the work Payments made to UCL/Nuffield Trust via NIHR 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	
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	

		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	
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:	8/15/2023
Your Name:	Jenny Negus
Manuscript Title:	Investigating innovations in outpatient services
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	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.	National Institute for Health and Care Research (NIHR)	Payments made to UCL/Nuffield Trust via NIHR Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			8/15/2023	
Your Name:			Pei Li Ng	
Manuscript Title:			Investigating innovations in outpatient se	ervices
Mai	nuscript Number (if k	(nown):	Click or tap here to enter text.	
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in double The author's relationships/activities			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For o u should declare all relationships with manuf	/interest, it is preferable that you do so.
In item #1 below, report all supports frame for disclosure is the past 36		all suppo	rt for the work reported in this manuscript w	vithout time limit. For all other items, the time
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present	[□] No	one	
	manuscript (e.g., funding, provision	Nationa (NIHR)	al Institute for Health and Care Research	Payments made to UCL/Nuffield Trust via NIHR
	of study materials, medical writing,			Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.			
			Time frame: past 36 month	is
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Ne	one	
3	Royalties or licenses	⊠ No	one	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
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:	8/29/2023	
Your Name:	Camille Oung	
Manuscript Title:	Investigating innovations in outpatient services	
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	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.	National Institute for Health and Care Research (NIHR)	Payments made to UCL/Nuffield Trust via NIHR 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	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	□ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None 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.		

Date:			8/30/2021		
Your Name:			Jonathan Spencer		
Manuscript Title:			Investigating innovations in outpatient services		
Mar	nuscript Number (if	known):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Rela of the ma re in doub ps/activition ension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
In item #1 below, report all suppo frame for disclosure is the past 36			·	rithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present	[□] No	one		
	manuscript (e.g., funding, provision of study materials,	Nationa (NIHR)	al Institute for Health and Care Research	Payments made to UCL/Nuffield Trust via NIHR	
	medical writing,			Click the tab key to add additional rows.	
	article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No	one		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
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	e:	9/5/2023			
Your Name:		Angus I G Ramsay	Angus I G Ramsay		
Mar	nuscript Title:	Investigating innovations in outpatient se	ervices		
Mar	nuscript Number (if known	: Click or tap here to enter text.			
con affe	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.				
epic	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.				
		all entities with whom you have this onship 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 onal Institute for Health and Care Research	Payments made to UCL/Nuffield Trust via NIHR		
	funding, provision (NIF		rayments made to oct/Numera must via Nimi		
	of study materials, medical writing,		Click the tab key to add additional rows.		
	article processing charges, etc.) No time limit for this item.				
		Time frame: past 36 month	ns .		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			

1 12/13/2021 ICMJE Disclosure Form

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 payment made to you or to your institution)	s were
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Trustee, Health Services Research UK	

		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	NIHR HS&DR Associate Board Member 2013-2017 and NIHR HS&DR Commissioned Associate Board Member 2013-2016.
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.		