

ICMJE DISCLOSURE FORM

Date: 7/24/2023

Your Name: Sarah Combes

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

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								
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">NIHR/HEE CDRF</td> <td style="width: 50%; padding: 2px;">To King's College London</td> </tr> <tr> <td style="padding: 2px;">NIHR/KSS/ARC IDA</td> <td style="padding: 2px;">To University of Surrey</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	NIHR/HEE CDRF	To King's College London	NIHR/KSS/ARC IDA	To University of Surrey		
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4	Consulting fees	<input type="checkbox"/> None	
		Hospice UK frailty steering group	Paid direct
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Bid and protocol development	Paid direct
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/24/2023

Your Name: Rowan H Harwood

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

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.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Chair Technical Advisory Group on Health Ageing World Health Organization</td> <td>unpaid</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Chair Technical Advisory Group on Health Ageing World Health Organization	unpaid							
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/31/2023

Your Name: Dr Louise Bramley

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

Manuscript Number (if known): N/a

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		University of Nottingham Honoraria	Teaching, MSc supervision
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Eastwood Town cricket Club	Vice Chair

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ICMJE DISCLOSURE FORM

Date: 7/28/2023

Your Name: Dr Nadia Brookes

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

Manuscript Number (if known): N/a

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ICMJE DISCLOSURE FORM

Date: 1/8/2023

Your Name: Professor Adam L Gordon

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

Manuscript Number (if known): N/a

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">National Institute of Health Research</td><td>Payment made to institution</td></tr> <tr><td>Dunhill Medical Trust</td><td>Payment made to institution</td></tr> <tr><td>Stroke Association</td><td>Payment made to institution</td></tr> <tr><td>Alzheimer's Society</td><td>Payment made to institution</td></tr> </table>	National Institute of Health Research	Payment made to institution	Dunhill Medical Trust	Payment made to institution	Stroke Association	Payment made to institution	Alzheimer's Society	Payment made to institution	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"> </td><td style="width: 50%;"> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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4	Consulting fees	<input type="checkbox"/> None	
		Gilead Science Inc	Payment to institution for consulting in respect of COVID-19 management of older people
		Pfizer inc	Payment to institution for consulting in respect of an educational video
		Patient Records Standards Body	Payment made to institution in respect of consultation on care home data standards
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		President and Chair of Trustees	British Geriatrics Society – non-paid charitable trustee role

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Dr Diane Laverty

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

Manuscript Number (if known): N/a

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 7/31/2023

Your Name: Julie MacInnes

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

Manuscript Number (if known): N/a

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/26/2023

Your Name: Dr Emily McKean

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

Manuscript Number (if known): N/a

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Dr Shannon Milne

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

Manuscript Number (if known): N/a

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/31/2023

Your Name: Professor Heather Richardson

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

Manuscript Number (if known): N/a

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 8/1/2023

Your Name: Dr Joy Ross

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

Manuscript Number (if known): N/a

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/26/2023

Your Name: Dr Emily Sills

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

Manuscript Number (if known): N/a

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/31/2023

Your Name: Professor Caroline Nicholson

Manuscript Title: ALLIANCE: Enhancing the quality of living and dying with advancing frailty through integrated care partnerships: Building research capacity and capability

Manuscript Number (if known): N/a

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">Academic Lead, End of Life Specialist Interest group- British Geriatrics Society</td> <td style="width: 50%;">Unpaid</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Academic Lead, End of Life Specialist Interest group- British Geriatrics Society	Unpaid							
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.