

## ICMJE DISCLOSURE FORM

**Date:** 3/20/2023

**Your Name:** Dr Abigail Barkham

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

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

## ICMJE DISCLOSURE FORM

**Date:** 3/20/2023

**Your Name:** Professor Andy Clegg

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**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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## ICMJE DISCLOSURE FORM

**Date:** 4/10/2023

**Your Name:** Carole Fogg

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**Manuscript Number (if known):** HSDR 16/116/43

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## ICMJE DISCLOSURE FORM

**Date:** 11/23/2023

**Your Name:** Bronagh Walsh

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**Manuscript Number (if known):** HSDR 16/116/43

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <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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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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>							

**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:** 11/23/2023

**Your Name:** Francesca Lambert

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**Manuscript Number (if known):** HSDR 16/116/43

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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Award ID: 16/116/43 NIHR HS&amp;DR</td> <td></td> </tr> <tr> <td>The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning</td> <td>Co-applicant (unpaid) Project Co-ordinator/PPIE Lead - Paid</td> </tr> <tr> <td>Principal Investigator – funded Co-investigator - funded</td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Award ID: 16/116/43 NIHR HS&DR		The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning	Co-applicant (unpaid) Project Co-ordinator/PPIE Lead - Paid	Principal Investigator – funded Co-investigator - funded	Click the tab key to add additional rows.
Award ID: 16/116/43 NIHR HS&DR								
The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning	Co-applicant (unpaid) Project Co-ordinator/PPIE Lead - Paid							
Principal Investigator – funded Co-investigator - funded	Click the tab key to add additional rows.							
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Award ID: NIHR128056</td> <td></td> </tr> <tr> <td>Consequences, costs, and cost-effectiveness of different workforce configurations in English acute hospitals: a longitudinal retrospective study using routinely collected data</td> <td>Co-applicant (unpaid) Project coordinator/PPIE Lead (job role) - Paid</td> </tr> </table>	Award ID: NIHR128056		Consequences, costs, and cost-effectiveness of different workforce configurations in English acute hospitals: a longitudinal retrospective study using routinely collected data	Co-applicant (unpaid) Project coordinator/PPIE Lead (job role) - Paid		
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 11/23/2023

**Your Name:** Vivienne Windle

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**Manuscript Number (if known):** HSDR 16/116/43

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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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	
		Award ID: 16/116/43 NIHR HS&DR	
		The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning	Lay co-applicant; Paid PPIE contributions
			Click the tab key to add additional rows.
Time frame: past 36 months			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b>	



		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	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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:** 10/4/2023

**Your Name:** Simon Fraser

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**Manuscript Number (if known):** HSDR 16/116/43

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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Time frame: Since the initial planning of the work									
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Principal Investigator – funded Co-investigator - funded	Click the tab to add additional rows.								
Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1. Start 1/9/23. Co-investigator - King's College London MDENet Seedcorn grant programme - Evaluation of domain-specific languages for Chronic Kidney Disease (CKD) computerised clinical protocol guidelines for clinicians and requirements gathering for its applicability within clinical and education settings. Amount awarded £5000</td> <td>Co-investigator - unfunded</td> </tr> <tr> <td>2. Start 1/12/23. Co-investigator - NIHR ARC School for Primary Care Research (UK) - Understanding risk</td> <td>Co-investigator - unfunded</td> </tr> </table>	1. Start 1/9/23. Co-investigator - King's College London MDENet Seedcorn grant programme - Evaluation of domain-specific languages for Chronic Kidney Disease (CKD) computerised clinical protocol guidelines for clinicians and requirements gathering for its applicability within clinical and education settings. Amount awarded £5000	Co-investigator - unfunded	2. Start 1/12/23. Co-investigator - NIHR ARC School for Primary Care Research (UK) - Understanding risk	Co-investigator - unfunded		
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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)
	stratification of patients with chronic kidney disease (CKD) in primary care. Amount awarded £49,971	
	3. Start 1/10/22. Co-investigator - NIHR ARC Wessex – Development of a structured deprescribing intervention for people with dementia or mild cognitive impairment in primary care (STOP-DEM). Amount awarded £113,195	Co-investigator - funded
	4. Start 1/4/22. Principal Investigator – Kidney Research UK - Determinants, trajectory and impact of health-related quality of life in adults with CKD; The NURTuRE (National Unified Renal Translational Research Enterprise)-CKD HRQoL Study. Amount awarded £123,856	PI - funded
	5. Start 1/6/22. Principal Investigator – NIHR203988 Central Commissioning Facility - Multidisciplinary Ecosystem to study Lifecourse Determinants and Prevention of Early-onset Burdensome Multimorbidity (MELD-B). Amount awarded £2,208,466	PI - funded
	6. Start 1/4/22. Co-investigator - NIHR School for Primary Care Research (UK) – Treatment burden in people below the age of 65 with multimorbidity in primary care: A mixed methods study. Amount awarded £354,495	Co-investigator – funded Project No: 564
	7. Start 1/2/22. Co-investigator – NIHR131948 HS&DR Programme - Improving the quality of post-discharge care following acute kidney injury. Amount awarded £869,660	Co investigator - funded
	8. Start 1/10/21. Co-investigator - NIHR ARC Wessex – The development and implementation of a multidisciplinary medication review and Deprescribing Intervention among Frail older people in primary care (MODIFY). Amount awarded £139,566.	Co-investigator - unfunded
	9. Start 1/1/21. Principal Investigator – NIHR Central Commissioning Facility NIHR202644 - Developing a	PI -funded

		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)
		Multidisciplinary Ecosystem to study Lifecourse Determinants of Complex Mid-life Multimorbidity using Artificial Intelligence (MELD). Amount awarded £116,948	
		10. Start 1/10/20. Principal Investigator - NIHR ARC Wessex – Change in treatment burden among people with multimorbidity – a follow up survey and development of efficient measurement tools for primary care. Amount awarded £56,900	PI - unfunded
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		Support for travel to examine PhD Glasgow January 2023 from University of Glasgow	

		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)
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		Member of the SAIL Databank Information Governance Review Panel	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		I am employed part time (0.1FTE) by the University of Southampton as a Consultant Advisor to the NIHR Evaluations, Trials and Studies Coordinating Centre (NETSCC)	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 3/20/2023

**Your Name:** Dr Harnish Patel

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**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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Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 3/20/2023

**Your Name:** Professor Paul Roderick

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**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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## ICMJE DISCLOSURE FORM

**Date:** 3/20/2023

**Your Name:** Professor Sally Brailsford

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**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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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Award ID: 16/116/43 NIHR HS&amp;DR The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning</td> <td style="width: 40%;">Co-investigator - funded NIHR HS&amp;DR funding (16/116/43)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Award ID: 16/116/43 NIHR HS&DR The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning	Co-investigator - funded NIHR HS&DR funding (16/116/43)				
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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

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

## ICMJE DISCLOSURE FORM

**Date:** 3/20/2023

**Your Name:** Mr Scott Harris

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 3/20/2023

**Your Name:** Dr Shihua Zhu

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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

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

## ICMJE DISCLOSURE FORM

**Date:** 3/20/2023

**Your Name:** Professor Simon de Lusignan

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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



## ICMJE DISCLOSURE FORM

**Date:** 10/9/2023

**Your Name:** Dr Tracey England

**Manuscript Title:** The dynamics of frailty in older people: modelling impact on health care demand and outcomes to inform service planning and commissioning

**Manuscript Number (if known):** HSDR 16/116/43

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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b>	
		Laptop and AnyLogic software used to develop the simulation model	Jointly funded under the NIHR HS&DR (16/116/43) study and University of Southampton Business School
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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