Date:	7/18/2023
Your Name:	Angela Noufaily
Manuscript Title:	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study
Manuscript Number (if known):	NA

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., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	National Institute of Health Research Health and Social Care Delivery Research programme (13/13/16) Time frame: past 36 months	To my institution (UoW) 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 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		
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:			

Date:			7/13/2023		
Your Name:			Amy M. Russell		
Manuscript Title:			Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study		
Mar	nuscript Number (if k	nown):	NA		
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/activitic epidemiology of hypertension, you that medication is not mentioned			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each as should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
		- p			
			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	NIHR	one	Grant paid to Warwick Click the tab key to add additional rows.	
	charges, etc.) No time limit for this item.				
	No time limit for		Time frame: past 36 month	s	
	No time limit for	Wellco	Time frame: past 36 month pne me Trust Medical Association	Person Fellowship University of Leeds PI University of Leeds Co-ap University of Leeds	

		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	Honoraria for keynote on open data sharing	Paid by University of Bristol to Amy Russell
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None NIHR funded travel to stakeholder conference	Expenses claimed by me
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	ate:				
Your Name:			Anne-Marie Slowther		
Manuscript Title:			Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study		
Mar	nuscript Number (if k	(nown):	NA		
confl affe indi	tent of your manuscr cted by the content of cate a bias. If you are author's relationship	ipt. "Rela of the man e in doub os/activition	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For e	/interest, it is preferable that you do so.	
that	medication is not m	entioned	in 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 charges, etc.)	Nationa	al Institute for Health Research; Health and Care Delivery Research programme	Payment to my institution (Chief Investigator) Click the tab key to add additional rows.	
	No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from	1 1	one		
	any entity (if not indicated in item	l.	al Institute for Health Research; Health and Care Delivery Research	Payment to my institution (co-investigator on grants 17/99/34; 15/15/09)	
	#1 above).		al Institute for Health Research; Health logy Assessment programme	Payment to my institution (co-investigator on grants NIHR131105; NIHR127489)	
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 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 International conference on clinical ethics and consultation 2023	Travel and accommodation plus conference fees paid (invited speaker)
8	Patents planned, issued or pending	Image: square of the property o	
9	Participation on a Data Safety Monitoring Board or Advisory Board	University of Bristol	Member of Advisory Board for research programme 'Balancing Best Interests in Healthcare, Ethics and Law' Unpaid
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Member of Board of Trustees UK Clinical Ethics Network Member of Board of Trustees Institute of Medical Ethics	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.			

Date:			7/18/2023		
Your Name:			Dr Celia Janine Bernstein		
Manuscript Title:			Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study		
Mar	uscript Number (if k	(nown):	NA		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubs." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.			lated" means any relation with for-profit or no anuscript. Disclosure represents a commitme bt about whether to list a relationship/activity ties/interests should be defined broadly. For e ou should declare all relationships with manuf d in the manuscript.	/interest, it is preferable that you do so.	
			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIHR	None	The grant funds my salary. 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			The grant funds my salary. 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	NIHR	None	The grant funds my salary. 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	
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:	7/30/2023
Your Name:	Chris Bain
Manuscript Title:	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study
Manuscript Number (if known):	NA

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 Research; Health and Social Care Delivery Research programme Time frame: past 36 months	Payment to Healthwatch Warwickshire CIC Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None N/A	
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 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 None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chief Executive of Healthwatch Warwickshire CIC

			e 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)
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:	7/19/2023
Your Name:	Claire Hawkes
Manuscript Title:	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study
Manuscript Number (if known):	NA

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	□ None			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing	NIHR HSDR program funded this study NIHR 131316	Payments made to my institution, King's College London, under a collaboration agreement with the University of Warwick who are the grant holders.		
	charges, etc.)		Click the tab key to add additional rows.		
	No time limit for this item.				
		Time frame: past 36 months			
2	Grants or contracts from	□ None			
	any entity (if not indicated in item #1 above).	NIHR grant Facilitating Bystander Cardiopulmonary Resuscitation Training in highrisk areas (FACT) NIHR 131623	Payments made to my institution, King's College. London		
		NIHR grant Exploring the experience of children who have provided cardiopulmonary	Payments made to my institution, King's College London, under a collaboration		
		resuscitation (CPR and the impact of CPR training NIHR 204360	agreement with the University Hospitals Coventry and Warwickshire who are the grant holders		
		NIHR grant Evaluation of PeRsOnalised PrEhabilitation in acute myeloid Leukemia (PROPEL) NIHR 134257	Payments made to my institution, King's College London, under a collaboration agreement with the University of Warwick who		
			are the grant holders		

		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)
		NIHR Evaluation of the Recommended Summary Plan for Emergency Care and Treatment 15/15/09	Grant completed Aug 2021. Payments were made to my then employer the University of Warwick.
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	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety		

		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)		
	Monitoring Board or Advisory Board				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Resuscitation Council UK- ReSPECT Research and Evaluation Working Group member	No payments involved – voluntary role		
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.				

3 12/13/2021 ICMJE Disclosure Form

Date:			7/17/2023		
Your Name:			Caroline Huxley		
Manuscript Title:			Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study		
Manuscript Number (if known):			NA		
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the ma			
-		nsion, you	-	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all suppo frame for disclosure is the past 36				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)	
			_	made to you or to your institution)	
1		relations	ship or indicate none (add rows as needed)	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relations	Time frame: Since the initial planning	made to you or to your institution) of the work Click the tab key to add additional rows.	

#1 above).

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	

			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)
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.			

	ICIVISE DISCESSORE I ORIVI			
Date:	e: 7/18/2023			
Your Name:	Claire Mann			
Manuscript Title:	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study			
Manuscript Number (if known):	NA			
content of your manuscript. "Re affected by the content of the maindicate a bias. If you are in double the author's relationships/activite epidemiology of hypertension, you that medication is not mentioned."	ated" means any relation with for-profit or no anuscript. Disclosure represents a commitmer of about whether to list a relationship/activity, ies/interests should be defined broadly. For e ou should declare all relationships with manufal in the manuscript.	Interest, it is preferable that you do so. xample, if your manuscript pertains to the acturers of antihypertensive medication, even if		
Name a	Il entities with whom you have this	Specifications/Comments (e.g., if payments were		

			e 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., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	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	
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	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:		7/26/2023		
Your Name:			Dr Chris Turner		
Manuscript Title:			Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study		
Ma	nuscript Number (if k	nown):	NA		
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		nsion, yo	•	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report and the second se			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	
				or 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.	Nationa	al Institute for Health Research; Health and Care Delivery Research programme	Payment to my institution Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa	one al Institute for Health Research; Health and	Payment to my institution 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 Social C	al Institute for Health Research; Health and Care Delivery Research programme	Payment to my institution 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	National Social C	one al Institute for Health Research; Health and Care Delivery Research programme Time frame: past 36 monthone	Payment to my institution Click the tab key to add additional rows. S Grant to undertake simulation studies on communication in resuscitations whilst	
	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	National Social C	one al Institute for Health Research; Health and Care Delivery Research programme Time frame: past 36 monthone	Payment to my institution Click the tab key to add additional rows. S Grant to undertake simulation studies on communication in resuscitations whilst	

		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	⊠ None	
	lectures,	Bart hospitals NHS Trust	I undertake paid work lecturing on the
	presentations,		importance of behaviour at individual, team and
	speakers		organisational level. I have worked with many
	bureaus,		organisations.
	manuscript	Defense medical services	
	writing or	Northumbria University	
	educational	Surrey and Sussex Council	
	events	VetLed	
		Walsall NHS Trust	
		Hywel Dda health board	
		Shrewsbury and Telford NHS Trust	
		East Kent NHS Trust	
		Nottingham hospitals NHS Trust	
		Ganjuu Wellbeing Service (Japan)	
		Interior Health, Vancouver	
		Adelaide health Royal Cornwall NHS trust	
		Lincolnshire NHS Trust	
		University Hospitals Birmingham	
		Royal College of Surgeons Ireland	
		Royal College of Nursing	
		NHS Grampian	
		Scottish Ambulance Service	
		NHS Highland	
		HEIW Wales	
		Guernsey Health and Social Care	
		Avon and Wiltshire partnership trust	
		North Staffs combined NHS Trust	
		University Hospitals of North Midlands	
		NHS Blood and Bone	
		Health Education England North East	
		Health Education England North West	
6	Payment for expert testimony	None	
	,		
	1	<u> </u>	

		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)
7	Support for attending meetings and/or	None International conference of Emergency Medicine	Accommodation and fees paid (invited speaker)
	travel	2023	Accommodation and rees paid (invited speaker)
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	
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	se place an "X" next	to the following statement to indicate your agreeme	ent:
	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:			7/26/2023			
Your Name:			Hazel Blanchard			
Manuscript Title:			Using the Recommended Summary Plan for mixed methods study	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study		
Ma	nuscript Number (if k	(nown)	: <u>NA</u>			
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 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						
In it	t medication is not m em #1 below, report ne for disclosure is th	all sup	port for the work reported in this manuscript w	ithout time limit. For all other items, the time		
			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., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	L L	None None Institute for Health Research; Health and I Care Delivery Research programme	Payment to myself (Co-Investigator) Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	L L	None onal Institute for Health Research; Health and	Payment to myself (Co-Investigator) 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	L L	None onal Institute for Health Research; Health and Il Care Delivery Research programme	Payment to myself (Co-Investigator) 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	
Plea [⊠]		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date	e:	7/13/2023				
Your Name:		Jenny Harlock	Jenny Harlock			
Mar	nuscript Title:	Using the Recommended Summary Plan for mixed methods study	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study			
Mar	nuscript Number (if k	known): NA				
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 in 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., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	National Institute for Health Research; Health and Social Care Delivery Research programme	Paymaentodnstytirisoiou(tilo)W(Chief Investigator)			
		Time frame: past 36 month	ıs			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Co-investigator on NIHR HSDR award 18/02/27 Co-investigator on NIHR HTA award 131593	Payment to institution (UoW) Payment to institution (UoW)			
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	Image: square of the square o		
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:		Click or tap to enter a date. 13/07/2023	Click or tap to enter a date. 13/07/2023		
Your Name:		Dr Jacqui M. Lovell	Dr Jacqui M. Lovell		
Mar	nuscript Title:	Using the Recommended Summary Plan for mixed methods study	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study		
Mar	nuscript Number (if k	nown): NA			
contaffe indicate The epic that	tent of your manuscricted by the content ocate a bias. If you are author's relationship lemiology of hyperters medication is not me	rency, we ask you to disclose all relationships/activities of the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity as/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactioned in the manuscript. all support for the work reported in this manuscript we past 36 months.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
		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.	Warwick Medical School - Provision of Research Fellow position from 29 th August, 2022 to 31 st of July, 2023	Click the tab key to add additional rows.		
		Time frame: past 36 month	s		
2	Grants or contracts from	□ None			
	any entity (if not indicated in item #1 above).	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	
9	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	Support only within my Research Fellow contract at WMS – support for attendace at the Stakeholder Conference in March, 2023 and travel to and from Advisory Group meetings at Change in Leeds	
8	Patents planned, issued or pending	None 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	

ľ		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 None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None		
13	Other financial or non-financial interests	None 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:	7/17/2023
Your Name:	Julia Walsh
Manuscript Title:	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study
Manuscript Number (if known):	NA
content of your manuscript. "Rela affected by the content of the man	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.
• •	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.
In item #1 below, report all supports frame for disclosure is the past 36	rt for the work reported in this manuscript without time limit. For all other items, the time 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., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	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	
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	
Plea [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	7/1/2023
Your Name:	Katie Bruce
Manuscript Title:	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study
Manuscript Number (if known):	NA
content of your manuscript. "Rela affected by the content of the ma	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 t 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.

		e 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., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	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).	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	
Plea [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date	e:		7/13/2023		
Your Name: Manuscript Title: Manuscript Number (if known):			Karin Eli Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study		
		(nown):	NA		
con affe indi The epic	tent of your manuscr cted by the content of cate a bias. If you are author's relationship	ipt. "Rel of the ma e in douk os/activit nsion, yo	lated" means any relation with for-profit or no anuscript. Disclosure represents a commitmen of about whether to list a relationship/activity ies/interests should be defined broadly. For each of the should declare all relationships with manufacture.	/interest, it is preferable that you do so.	
	em #1 below, report ne for disclosure is th		•	ithout time limit. For all other items, the time	
			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)	
			Time frame: Since the initial planning	of the work	
			. 9		
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.	NIHR	None	The study is funded by NIHR; the grant provides my salary Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	l 1		The study is funded by NIHR; the grant provides my salary 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	NIHR	lone	The study is funded by NIHR; the grant provides my salary 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	
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 [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date	e:	-	7/13/2023		
You	r Name:	-	Rachel Spencer Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study		
Mar	nuscript Title:	-			
Manuscript Number (if known):		nown):	NA		
contaffe indicate The epic that	tent of your manuscricted by the content of cate a bias. If you are author's relationship lemiology of hyperten medication is not me	ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned i all suppor	ted" means any relation with for nuscript. Disclosure represents a about whether to list a relations es/interests should be defined brown the manuscript.	-profit or no commitmer :hip/activity, oadly. For e with manufa	es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. Example, if your manuscript pertains to the acturers of antihypertensive medication, even if ithout time limit. For all other items, the time
			entities with whom you have th hip or indicate none (add rows a		Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initi	ial 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.	NIHR	one		Paid as Co-I on ReSPECT study by this funder Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	l I	Time frame: pa	st 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	NIHR	Time frame: pa	st 36 month	Click the tab key to add additional rows.

ľ			pecifications/Comments (e.g., if payments were rade 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	
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	Society of Academic Primary Care executive board unpermember	paid

		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:	7/1/2023
Your Name:	Sophie Rees
Manuscript Title:	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study
Manuscript Number (if known):	NA
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.

		e 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., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	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).	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	
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:	7/19/2023	
Your Name:	Frances Griffiths	
Manuscript Title:	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study	
Manuscript Number (if known):	NA	
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.	National Institute of Health Research HS&DR programme	Research project funding made to University of Warwick Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from	□ None	
	any entity (if not indicated in item	NIHR HTA programme (15/15/19),	Payment to my Institution
	#1 above).	Programme grants for applied research (RP-PG-2012-2018, PTC-RP-PG-0213-20002),	Payment to my Institution
		Artificial Intelligence for long term conditions (20/39/86)	Payment to my Institution
		Research and Innovation for global health transformation (20/01/32) outside the submitted work	Payment to my 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 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	
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,	□ 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.		

Date:	7/13/2023
Your Name:	Jeremy Dale
Manuscript Title:	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study
Manuscript Number (if known):	NA

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	NIHR HS&DR programme (13/13/16)	Co investigator. Payment to my Institution
ı	of study materials,		Click the tab key to add additional rows.
	medical writing, article processing charges, etc.)		
	No time limit for		
	this item.		
		Time frame: past 36 months	s
2	Grants or contracts from	□ None	
	any entity (if not indicated in item	NIHR Research for Patient Benefit programme (20/00/78,	Payment to my Institution
	#1 above).	NIHR Health and Social Care Delivery programme (15/32/31, 20/43/54, 20,07,78, PB-PG-1217-20033, 15/145/04	Payment to my Institution
		NIHR Health Technology Assessment programme (01/14/10)	Payment to my 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 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	
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,	□ 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.		

Date:	7/24/2023
Your Name:	Martin Underwood
Manuscript Title:	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study
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.	National Institute for Health and Care Research (HSDR Programme, project 13/13/16)	To Institution Click the tab key to add additional rows.		
		Time frame: past 36 months			
2	Grants or contracts from	□ None			
	any entity (if not indicated in item #1 above).	NIHR Health Technology Assessment programme (13/28/03, 12/87/68, 16/77/02,16/167/56, 13/20/46, 13/28/71, 16/61/18, 13/43/98, 13/31/629, 13/146/02, 17/129/02, 14/224/04,),	To institution		
		NIHR Programme Development Grants programme (20/26/14),	To institution		
		NIHR Programme grants for applied research (RP-PG-2012-2018)	To Institution		
		Health and Social Care Delivery programme (15/15/09)	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)
		NIHR Senior Investigator Australian National Health and Medical Research Council Versus Arthritis, Serco Group PLC	To Institution To Institution To Institution To Institution
3	Royalties or licenses	□ None Clinvivo Ltd via University of Warwick	To self
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	Anglo-Dutch Migraine Association	Travel costs to deliver invited lecture
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	National Institute for Health and Care Research	No fee	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Editor of NIHR Journal series and member of NIHR Journal Editors group	Fee to self	
11	Stock or stock options	Clinvivo Ltd	To self	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Stryker PLC	Additional treatment and research costs paid to NHS Trusts to support one recent and two current trials for which the NIHR is the primary funder	
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.			
ı J	, , , , , , , , , , , , , , , , , , , ,			

3 12/13/2021 ICMJE Disclosure Form

7/13/2023

Date:

Your Name:			Paramjit Gill	
Manuscript Title:			Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study	
Mai	nuscript Number (if I	known):	NA	
con affe	tent of your manuscr cted by the content	ript. "Rela of the ma		
		nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time
			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)
			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,	NIHR fu	one unding for ReSPECT (grant number /16) Co-I	Payment to Institution 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		one	Down out to Institution
	#1 above).		Research for Patient Benefit amme (PB-PG-1217-20038,),	Payment to Institution
			RIGHT Programme (NIHR200132)	Payment to Institution
			HSDO (NIHR150687) Co-I	Payment to Institution
			Health and Social Care Delivery rch (13/48/66)	Payment to Institution
			PHR(151356) Co-I	Payment to Institution
		NIHR I	Programme Grants (RP-PG-0614-20004)	Payment to Institution
			Policy Research programme (20/26/70)	Payment 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)
		NIHR Policy Research Programme (NIHR200937) Co-I NIHR Senior Investigator (NIHR202408) PI NIHR Health Technology Assessment programme (15/06/87) Co-I	Payment to Institution Payment to Institution Payment to Institution
3	Royalties or licenses	None None □	
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	[⊠] 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)	
	Monitoring Board or Advisory Board			
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 NIHR Work and Health Development Awards Panel, member Co-Chair NIHR RIGHT Panel Enhanced Safety Group, PANORAMIC Trial, member OPTIMAL Steering Group, member	No payment Payment to Intitute Payment to Institute No payment	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	8/4/2023
Your Name:	Gavin D Perkins
Manuscript Title:	Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study
Manuscript Number (if known):	NA
n 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	

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.	National Institute for Health Research, Health Service Delivery Research Programme Grant Number 13/13/16, Co-investigator.	Payment to institution Click the tab key to add additional rows.		
		Time frame: past 36 months			
2	Grants or contracts from	□ None			
	any entity (if not indicated in item #1 above).	National Institute for Health Research (NIHR) Applied Research Collaboration (ARC) West Midlands. Co-investigator	Payment to institution		
		NIHR Health Technology Assessment Programme NIHR 131105; 128086; 12/127/126; 17/120/01; 14/152/14) Chief Investigator NIHR 13/11/05, 17/120/01, 13/14/30, 17/147,33, 13/04/54, 13/28/71, 12/83/74, 15/02/27, 13/15/33, 15/47/98, 17/136/10, 17/16/04, 15/116/03, 13/143/02,15/99/02, 16/93/01 Co-investigator	Payment 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)
		Health and Social Care Delivery programme NIHR 15/15/09, 17/99/34, 127368 Chief Investigator 12/73/68, 13/16/23 Co-investigator	Payment to institution
		Ad hoc research grants (COVID-19-RSC) Co-Chief Investigator	Payment to institution
		Resuscitation Council UK Out of Hospital Cardiac Arrest Outcomes	Payment to institution
		British Heart Foundation Out of Hospital Cardiac Arrest Outcomes	Payment to institution
		NIHR Clinical Trials Unit support funding NIHR Research Support Service	Payment to institution Payment to institution
		NIHR Senior Investigator	Payment to institution
3	Royalties or licenses	None ■	
4	Consulting fees	⊠ None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	☑ None	
7	Support for attending	⊠ None	
	meetings and/or travel		

		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)
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	Trustee, Resuscitation Council UK Director, European Resuscitation Council Co-chair, International Liaison Committee on Resuscitation	Reimbursement of travel expenses Reimbursement of travel expenses Reimbursement of travel expenses
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	NIHR the HTA Clinical Evaluation and Trials Committee NIHR Academy, Deputy Chair, Advanced Fellowships NIHR CTU Scientific Advisory Committee	Reimbursement of travel expenses Reimbursement of travel expenses Reimbursement of travel expenses
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