

ICMJE DISCLOSURE FORM

Date: 12/16/2024

Your Name: Helen Atherton

Manuscript Title: Formulating outputs from a mixed methods study of access to general practice: a series of collaborative stakeholders workshops

Manuscript Number (if known): RA5 05-ART-NIHR133620

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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">This study is funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research Programme (reference: NIHR133620).</td> <td style="width: 50%; padding: 2px;">Payments made to Institutions: University of Warwick and latterly will be made to the University of Southampton (once grant is novated)</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	This study is funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research Programme (reference: NIHR133620).	Payments made to Institutions: University of Warwick and latterly will be made to the University of Southampton (once grant is novated)			<small>Click the tab key to add additional rows.</small>	
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	or Advisory Board	<table border="1"> <tr> <td>Chair of Advisory Board NIHR160384</td> <td>No payments</td> </tr> <tr> <td>Advisory Board member BRACE rapid evaluation centre</td> <td>Travel expenses only</td> </tr> <tr> <td>Advisory Board member HED-LINE study</td> <td>No expenses or payments</td> </tr> <tr> <td>____ University of Leeds</td> <td>Chair of steering committee for NIHR HS&DR funded grant. (EPaCCS study)</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Chair of Advisory Board NIHR160384	No payments	Advisory Board member BRACE rapid evaluation centre	Travel expenses only	Advisory Board member HED-LINE study	No expenses or payments	____ University of Leeds	Chair of steering committee for NIHR HS&DR funded grant. (EPaCCS study)					
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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> </table>													
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Please place an "X" next to the following statement to indicate your agreement:

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

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ICMJE DISCLOSURE FORM

Date: 12/16/2024

Your Name: Professor Catherine Pope

Manuscript Title: Formulating outputs from a mixed methods study of access to general practice: a series of collaborative stakeholders workshops

Manuscript Number (if known): RA5 05-ART-NIHR133620

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Membership of NIHR study steering and advisory groups not related to this study	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Trustee/Treasurer, Foundation for the Sociology of Health & Illness, since Sept 2024	unpaid
		Member of Governing Body, Green Templeton College, University of Oxford, since Oct 2024	unpaid
		Trustee Society for studies of organizing of health care	unpaid
		Trustee & Publications Director BSA (until July 2024)	unpaid
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: 12/4/2024

Your Name: Toto Anne Gronlund

Manuscript Title: Formulating outputs from a mixed methods study of access to general practice: a series of collaborative stakeholders workshops

Manuscript Number (if known): RA5 05-ART-NIHR133620

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers	<input checked="" type="checkbox"/> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 12/4/2024

Your Name: Angela Martin

Manuscript Title: Formulating outputs from a mixed methods study of access to general practice: a series of collaborative stakeholders workshops

Manuscript Number (if known): RA5 05-ART-NIHR133620

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety	<input checked="" type="checkbox"/> None	

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ICMJJE DISCLOSURE FORM

Date: 12/5/2024

Your Name: Carol Bryce

Manuscript Title: Formulating outputs from a mixed methods study of access to general practice: a series of collaborative stakeholders workshops

Manuscript Number (if known): RA5 05-ART-NIHR133620

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ICMJE DISCLOSURE FORM

Date: 12/4/2024

Your Name: Abi Eccles

Manuscript Title: Formulating outputs from a mixed methods study of access to general practice: a series of collaborative stakeholders workshops

Manuscript Number (if known): RA5 05-ART-NIHR133620

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<input type="checkbox"/> None								

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <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>							
4	Consulting fees	<input checked="" type="checkbox"/> None <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>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <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>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <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>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <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>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <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>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

		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	<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.