

ICMJE DISCLOSURE FORM

Date: 5/17/2025

Your Name: Felix Greaves

Manuscript Title: Evaluating the national rollout of the NHS App in England using qualitative and quantitative methods

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

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

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		NIHR PHR - Research Funding Board 16/02/2016 - 13/05/2020	
		NIHR PHR Prioritisation Group 19/02/2016 - 13/05/2020	
		NIHR PHR Programme Advisory Board 13/01/2015 - 13/05/2020	

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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: 6/9/2024

Your Name: Chrysanthi Papoutsi

Manuscript Title: **Evaluating the national rollout of the NHS App in England**

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: 6/9/2024

Your Name: Sukriti KC

Manuscript Title: **Evaluating the national rollout of the NHS App in England**

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: 6/24/2024

Your Name: Salina Tewolde

Manuscript Title: **Evaluating the national rollout of the NHS App in England**

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

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ICMJE DISCLOSURE FORM

Date: 6/11/2024

Your Name: Claire Reidy

Manuscript Title: **Evaluating the national rollout of the NHS App in England**

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

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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: 6/8/2024

Your Name: Bernard Gudgin

Manuscript Title: **Evaluating the national rollout of the NHS App in England**

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

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ICMJE DISCLOSURE FORM

Date: 6/10/2024

Your Name: Anthony Laverty

Manuscript Title: **Evaluating the national rollout of the NHS App in England**

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

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ICMJE DISCLOSURE FORM

Date: 6/7/2024

Your Name: Azeem Majeed

Manuscript Title: **Evaluating the national rollout of the NHS App in England**

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

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ICMJE DISCLOSURE FORM

Date: 6/24/2024

Your Name: Ceire Costelloe

Manuscript Title: **Evaluating the national rollout of the NHS App in England**

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: 4/14/2025

Your Name: John Powell

Manuscript Title: **Evaluating the national rollout of the NHS App in England using qualitative and quantitative methods**

Manuscript Number (if known): NIHR128285

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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.

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		<p>John Powell was employed by the National Institute for Health and Care Excellence (NICE) to 2023. John Powell receives funding from the National Institute for Health and Care Research (NIHR) Applied Research Collaboration Oxford and Thames Valley at Oxford Health NHS Foundation Trust.</p> <p>NIHR HTA & EME Editorial Board 2005 - 2022</p> <p>Covid-19 Reviewing 01/06/2020 - 30/09/2020</p> <p>ESP - Evidence Synthesis Programme Grants Committee 2021-2022</p> <p>ESP - NIHR Incentive Awards Committee 2021</p>	

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