NIHR | National Institute for Health and Care Research

NIHR Economics Group

Foreword

We are delighted to introduce the NIHR Economics Group, a community of economists dedicated to strengthening the role of economic thinking within applied health and care research. The group represents a long-anticipated step forward in how the National Institute for Health and Care Research (NIHR) supports, connects, and amplifies the work of economists across the UK.

COVID-19 brought into sharp focus the importance of economics in shaping health policy, guiding resource allocation, and understanding trade-offs between competing priorities. It also highlighted the need for stronger collaboration across research disciplines and institutions. The NIHR Economics Group has grown from that recognition - a belief that by working more closely together, we can improve the quality, consistency, and impact of economic evidence that underpins health and care decisions.

We are pleased to launch the group now and look forward to it evolving over time. Our structure is intentionally open and flexible, allowing new members to take on leadership roles and influence the direction of our work. As co-chairs, we work alongside a management group that has been established to help guide activity and foster connections across NIHR's diverse portfolio. Over time, we hope to see this group expand as more economists join the conversation and help shape the future of applied economics in the UK.

NIHR already provides a vital platform for innovation and methodological advancement. The NIHR Economics Group is committed to several key priorities. We will: create and support peer-to-peer networks that enable collaboration, learning, and mentorship across the community; identify opportunities to offer training and methodological guidance, helping to maintain high standards and promote consistency across NIHR studies; signpost areas of expertise, ensuring that economists and research teams can easily connect with those who can best support their work.

Importantly, we will act as a professional voice for economists within NIHR, contributing to consultations, advising on policy and funding priorities, and ensuring that economic perspectives remain visible and valued across the system.

At its heart, this group is about communicating, co-ordinating and building stronger connections across programmes and institutions.

Together, we can strengthen the voice of economics within NIHR and ensure that our research continues to deliver meaningful, measurable impact - improving outcomes, enhancing system efficiency, and advancing wellbeing across the UK and beyond.

Professor Matt Sutton
Co-Chair, NIHR
Economics Group

Professor Olivia Wu
Co-Chair, NIHR
Economics Group

Speakers

A series of economics experts spoke at the NIHR Economics Group Launch in October 2025 about their aims for the Group and priorities within their specialisms.

Professor Olivia Wu, Director of the NIHR Better Methods Better Research Programme and of the National Research Collaboration Programme.

Professor Wu holds the William R Lindsay Chair of Health Economics at the University of Glasgow. Her research is multidisciplinary in nature, and spans across a wide range of clinical areas and different types of health interventions.

"The government's 10-Year Plan identifies three priority areas: shifting from treatment to prevention, leveraging digital interventions, and supporting community-based care. Economists must think deeply about their role in achieving these goals and to better articulate the unique value and influence of economic analysis."

Professor Matt Sutton, NIHR Emeritus Senior Investigator and Chair in Health Economics at the University of Manchester.

Professor Sutton's research focuses on the economic analysis of the financing and organisation of care, the care workforce, and influences on health and health behaviours.

"The NIHR Economics Group gives economists the opportunity to connect, share expertise, and strengthen their collective impact and identify opportunities to build the evidence base that truly advances health and care. It is about sharing opportunities, challenging ourselves to do better, and ensuring that economic insight continues to inform the evidence base that drives health and care improvement."

Chris Mullin, Chief Economist and Director of Analysis, Department of Health and Social Care

Chris is a senior government leader dedicated to ensuring that the UK's health and social care policies are grounded in rigorous analysis, economics, statistics, data, and evidence. He provides professional leadership to a community of over 500 analysts, fostering excellence in analytical capability and evidence-based decision making across government.

"It's fantastic to see both familiar and new faces coming together with the NIHR Economics Group to share ideas, united by a common goal of using economics to improve health and care. What really strikes me is the power of bringing together different areas of economic expertise and taking a cross-disciplinary approach to tackling our biggest policy challenges."

Professor Kara Hanson, Professor of Health System Economics, London School of Economics

Professor Hanson is Director of the NIHR Global Health Research Programme and Professor of Health System Economics and Dean of the Faculty of Public Health and Policy at the London School of Hygiene and Tropical Medicine. She is the founding director of what is now the Global Health Economics Centre and is President of the International Health Economics Association.

"As researchers, we need to think about how we can collectively push the boundaries in terms of methods and making good use of scarce data, and finding innovative ways of translating the theory that guides our activity to the way we actually conduct economics research."

Professor Martin Knapp, Professor of Health and Social Care Policy, London School of Economics

Since 2023, Professor Knapp has been Programme Director for the Research Programme for Social Care, part of the NIHR in England. His work uses economic arguments and evidence to inform policy discussion and influence practice development, and his research has had wide-ranging impacts on policy and practice in a number of fields.

"I want members of the NIHR Economics Group to inspire broader economics research to contribute to NIHR. It would be great to see NIHR contributing more support for economics methods development, which would be a huge benefit to both the NIHR, and the economics community as a whole."

Professor Brian Ferguson, NIHR Public Health Strategic Advisor, University of York

Professor Ferguson has worked in the health field throughout his career in academia, the NHS and Civil Service. He was previously a Professor of Health Economics and since 2013 he has worked for Public Health England where he is Chief Economist and Deputy Director of Strategy.

"There's a real opportunity to tell NIHR about the breadth of economics that NIHR can use. I'd really like to see them commission more economics work that isn't necessarily in the PICO framework and interventions, but factors like simulation modelling of policy scenarios and data and record linkage across sectors."

The importance of economics to NIHR

"At the heart of NIHR's remit is the aim to improve the health and wealth of the nation through research. Economics plays a pivotal role in the mission of the NIHR, enabling research not only to improve health but also to drive wider societal and economic benefits."

"In this context, economics provides a lens through which the value of research can be articulated, measured and leveraged. Economics helps articulate the value of health and care research in financial and resource-terms. For example, the NIHR Impact Programme, which develops top-down modelling methods to understand how NIHR-funded R&D contributes to health and wealth outcomes. The Impact Programme oversees the generation of high-quality evidence of NIHR's work, creates a suite of indicators showing the organisation's economic outcomes, collaborates across sectors to establish best evidence sources and methodologies, and transforms the way impact is communicated."

"Innovations in measurement of health states and broader outcomes strengthen the sector's ability to make the case for investment. Within NIHR's infrastructure and wider applied research collaborations, economic evaluation methods are embedded – such as the work of regional Applied Research Collaborations (ARC) - which shows how health and care economic methods are used to support commissioning and decision-making. By capturing cost-effectiveness, cost-benefit, quality of life adjustments and broader non-health outcomes, economics ensures that the research funded by NIHR is robustly appraised and translates into actionable decisions."

"Economics also supports NIHR's strategic objective of fostering collaboration and translating research into real-world impact. The NIHR Economics Group activities are designed to maximise NIHR research: by engaging a number of audiences - such as policymakers, health system managers and public stakeholders - by improving the availability of data beyond NHS settings (such as education, housing, local authorities), and by broadening multidisciplinary evidence. These capabilities mean that NIHR's work becomes relevant not only to academia, but to system change, policy reform and budgetary decisions."

"It's important to remember that economics is not an optional lens for NIHR - it is foundational. It allows the institute to measure what research does, communicate the value in terms that resonate across health, social care, public policy and the economy, and maximise the impact of investment in research. By supporting methodological innovation, cross-sector data linkage and top-down modelling of outcomes, economics ensures that NIHR delivers on its dual promise of better health and stronger economic outcomes."

Karl Thompson and Georgina Pike – NIHR Economics and Impact Team

Economics areas of focus

The NIHR Economics Group Launch - which brought together 140 people from over 40 institutions - to explore how economics can more effectively inform health, care, and policy decisions. Speakers and programme directors set an ambitious and collaborative tone - emphasising that this is an organic initiative, designed to grow around the needs and ideas of its members.

The Group's objectives are clear: to create and support peer-to-peer networks and working groups; to identify opportunities for training and methodological development; to promote consistency and good practice across studies; and to provide a professional voice for economists within NIHR and beyond. It aims to highlight NIHR's positive role in championing economics in applied health and care research - and to support other funders in doing the same.

As one of the largest funders of applied health economics in the UK, NIHR already supports an impressive breadth of research. Yet, a recurring question throughout the launch was whether it funds enough economics research - and whether the current scope captures the full value that economic thinking can offer. A panel event hosted by current and recent NIHR Programme Directors addressed the importance of understanding the value of public health consumption and looking beyond health budgets to consider broader, distributed impacts across the public sector.

"Only a small proportion of funded global health awards are primarily driven by economic questions. We need greater coherence across research conducted in high- and low-income countries, and common questions - particularly around marginalised groups - could foster stronger global collaboration and shared learning."

Professor Kara Hanson, Professor of Health System Economics, London School of Economics

"We need stronger methods to evaluate prevention, labour market outcomes, and environmental considerations, noting that traditional frameworks like PICO may be too restrictive for many economic questions."

Professor Brian Ferguson, NIHR Director of Public Health Research

The event also examined 'Thinking Macro', and what policy expects of health and care economics. The link between policy and economics is an even higher priority for government: ill health is the second biggest cause of worklessness, and the cause of over 30% of economic inactivity in the UK. But this relationship has other manifestations, such as the life sciences sector, a huge contributor to the economy and driver of innovation. Group leaders emphasised the growing demand for economists in this space, whether it be in the work and health agenda, for assessing and tackling inequalities, or properly assessing the role of prevention, a priority of this government.

Looking ahead, the NIHR Economics Group will remain a living, evolving network. Sub-groups will define their own priorities and create detailed plans based on the outcomes of this first meeting. An annual meeting will provide a continued space for communication, co-ordination and collaboration.

Ultimately, this is a group about NIHR and for NIHR - one that will strengthen connections, amplify economists' voices, and ensure that economic thinking remains central to improving health and care outcomes across the UK and beyond.

Professor Martin Knapp brought the social care perspective, reminding attendees that:

"Most social care in England is provided outside the state sector, with around a third of users self-funding. We must challenge the perception that economists only focus on cost-per-patient calculations, and emphasise their critical role in helping NIHR make the case for better resourcing of frontline services and demonstrating broader societal value."

Subgroups

The NIHR Economics Group Launch showcased the breadth of health and care economics across research and policy - from shaping prevention agendas and evaluating public health interventions to strengthening global, social care, and mental health networks. Sessions highlighted collaboration, capacity building, and innovation as essential to maximising health, equity, and economic impact.

Public Health

Evaluating Public Health Intervention: opportunities for, and challenges to, economic evaluation methods.

The subgroup explores the methodological complexities of assessing the value of public health interventions.

Drawing on examples from NIHR Public Health Research programme–funded projects, the speakers highlighted several recurring challenges. Prominent among these were the frequent absence of clear comparator groups, which complicates attribution of outcomes; the difficulty of selecting appropriate outcome measures that capture broader social, community, and wellbeing effects; and the limited availability of data outside the NHS, such as from local authorities, education, or housing sectors, where many public health benefits manifest.

The session prompted reflection on how existing economic tools - such as cost-utility and cost-benefit analyses - can be adapted or expanded to better suit the multifaceted nature of public health evaluation.

The subgroup underscores both the opportunities and the pressing methodological challenges in evaluating public health policies.

"Evaluating health and wellbeing impacts in the voluntary, community, and social enterprise sector is complex. Long causal chains, diverse needs, and evolving interventions mean traditional measures like QALYs often miss the real story. Some initiatives sustain wellbeing over time, so comparative studies may show no change—even when participants and experts report transformative benefits. To meet these challenges, we need cross-disciplinary collaboration, flexible economic evaluation, and innovative approaches such as realist evaluation. Bringing teams together is essential to ensure our methods reflect the realities of people's lives."

Rachel Baker, Yunus Chair and Director Yunus Centre for Social Business & Health, Glasgow Caledonian University

Policy Research Programme

Health and care economics in the NIHR Policy Research Programme

Policy Research Units (PRUs) – of which there are over 20 – are typically funded for five years to do research that is driven by policy and the Department of Health and Social Care and its arm's-length bodies. The research feeds straight into policymaker decisions and further work.

Various PRU leaders showcased their work, including:

- Professor Karen Bloor, who chairs the University of York's Policy Research Programme, detailed how the Programme delivers timely, policy-relevant evidence through close collaboration with policymakers. Recent projects address work and health, energy drink policies, disability support, and health inequalities.
- Professor Ramon Luengo-Fernandez of the National Perinatal Epidemiology Unit designs projects within a PRU focussing on reducing neonatal and maternal healthcare inequalities. Current work includes a maternal trauma review and feasibility study using routine data to inform policy.

"PRUs are asked to provide capacity development in the broader community of health and care economics. Some of the areas we can help with there include disseminating information on new methods that colleagues can potentially use in their own research as well providing case studies of policy impact – be it good or bad examples."

Professor Mark Sculpher, Professor of Health Economics at the University of York

Patients and public

Patient and public involvement and engagement (PPIE) in health and care economics research

The subgroup aims to bring together those interested in patient and public involvement in economics to share ideas, experiences, and develop collaborations in order to develop a strategy for PPIE research in health and care economics.

The session at the launch introduced two patient/public contributors who outlined their experience in a range of trials, including on suicide and self-harm and childhood eczema. The session made clear the diversity of roles and experiences under the term PPIE and emphasised how patients have a key role to play, bringing value to all research.

The UK is at the forefront of this area, but PPIE has not explicitly been embedded in health and social care economics research. PPIE is loosely defined as research carried out with and by members of the public as co-leads rather than research being done to, about, or for them. The session emphasised that public involvement in economics is crucial, both for holding research to account and for making it more meaningful.

The session examined the barriers to and facilitators for PPIE and discussed a range of priorities for establishing a community of practice, noting: the importance of a range of experiences and perspectives; the need to prioritise collaboration, both within the community of economists and externally; PPIE as part of stakeholder engagement; tailoring discussions to different types of economic evaluation; including policy making as a focus; discussing and establishing the ethics involved in PPIE; and promoting work through events and social media.

"One of the main ways we can increase patient and public participation in economics research is do what we've started to do today – which is forming a community of practice or a special interest group of health and care economists who are really interested in public and patient involvement."

Dr Annie Hawton, Associate Professor in Health Economics Research, NIHR ARC South West Peninsula

Practice and policy

Strengthening evidence-practice links in health and care economics

Professor Angela Bate, Health Economist and Health Services Researcher at Northumbria University, and Professor Hareth Al-Janabi, Professor of Health Economics and Head of the Health Economics Unit at the University of Birmingham, introduced two projects as part of this subgroup that showcased evidence in practice.

Professor Al-Janabi outlined the WISE project, a four-year study funded by the Wellcome Trust into how and why schools and employers invest in mental health and wellbeing. These organisations are important in the mission to prevent mental health issues, and use a range of methods to achieve this and promote mental wellbeing including: staff training, teaching mindfulness techniques, and offering wellbeing spaces. Economic evaluations can help with resource allocation, analysing cost and outcomes of these alternative strategies. The project set out to better understand how and why these organisations were investing in mental health and wellbeing, and identified a set of eight features of decision-making in real life situations that challenged the traditional model of organisational decision-making.

Economic interventions in the real world don't always work in the same way as in an experimental design. Complex system modelling tries to capture context, but evaluations often don't focus enough on how context impacts the relationship between inputs and outputs, or how interventions overlap. It is crucial for successful studies to acknowledge context rather than control it through the evaluation design.

These questions around adapting evaluation design through integrated approaches led to the Realist Economic Evaluation Methods (REEM) study, an entirely methodological study led by health and care economists. This is not to replace all traditional evaluation approaches, but to add new tools so questions can help meet the needs of decision makers. The project created a set of guidance and summary to support realistic economic evaluations, with input from a range of stakeholders, evaluators, policy makers, and funders.

"It's important that we think about how economics impacts on decision making and how we can pragmatically influence the right people at local levels. We have been great as a community when responding to national-level decision making and being able to contribute to the dialogue of not only what is clinically effective, but what is cost effective."

Dr Angela Bate, Health Economist at Northumbria University

Patient Safety

Economics of Safety: updates from the Patient Safety Research Collaborations

The subgroup focusses on advancing patient safety research in the UK. Discussions highlighted the economic and ethical dimensions of safety, exploring how society values avoidable harm differently from general harm.

The leaders showcased the six Patient Safety Research Collaborations (PSRCs) at the Launch - based in Newcastle, Bradford, Leeds, Birmingham, Manchester, and London. Each PSRC has strategic objectives focused on key areas such as safe midwifery ratios, avoiding "never events," and reviewing unnecessary safety practices like double-checking medications. Examples included research linking midwifery staffing levels to neonatal outcomes and Manchester's work on improving medication safety, safer care systems, and suicide prevention.

The new SafetyNet Health Economics Working Group - a cross-centre collaboration endorsed by all six PSRCs and launched in January 2024 – has also been introduced. The group promotes shared learning, policymaker engagement, and visibility for safety research. Since launch, it has hosted eight thematic seminars on topics ranging from home medicine reviews to incident reporting. The session concluded with a focus on developing the future agenda for community-based safety practice and expanding participation across the network.

"Patient safety poses unique economic challenges because harms are rare, uncertain, and context-specific, yet data and methods focus on averages. Through the NIHR SafetyNet Health Economics Working Group, we're building a national community to embed rigorous economics into safety research, close evidence gaps, and help spread effective, fair improvements."

Dr Alireza Mahboub-Ahari, Research Fellow in Health Economics, Manchester Centre for Health Economics

Capacity Building

How can we build capacity across all aspects of health economics relevant to NIHR?

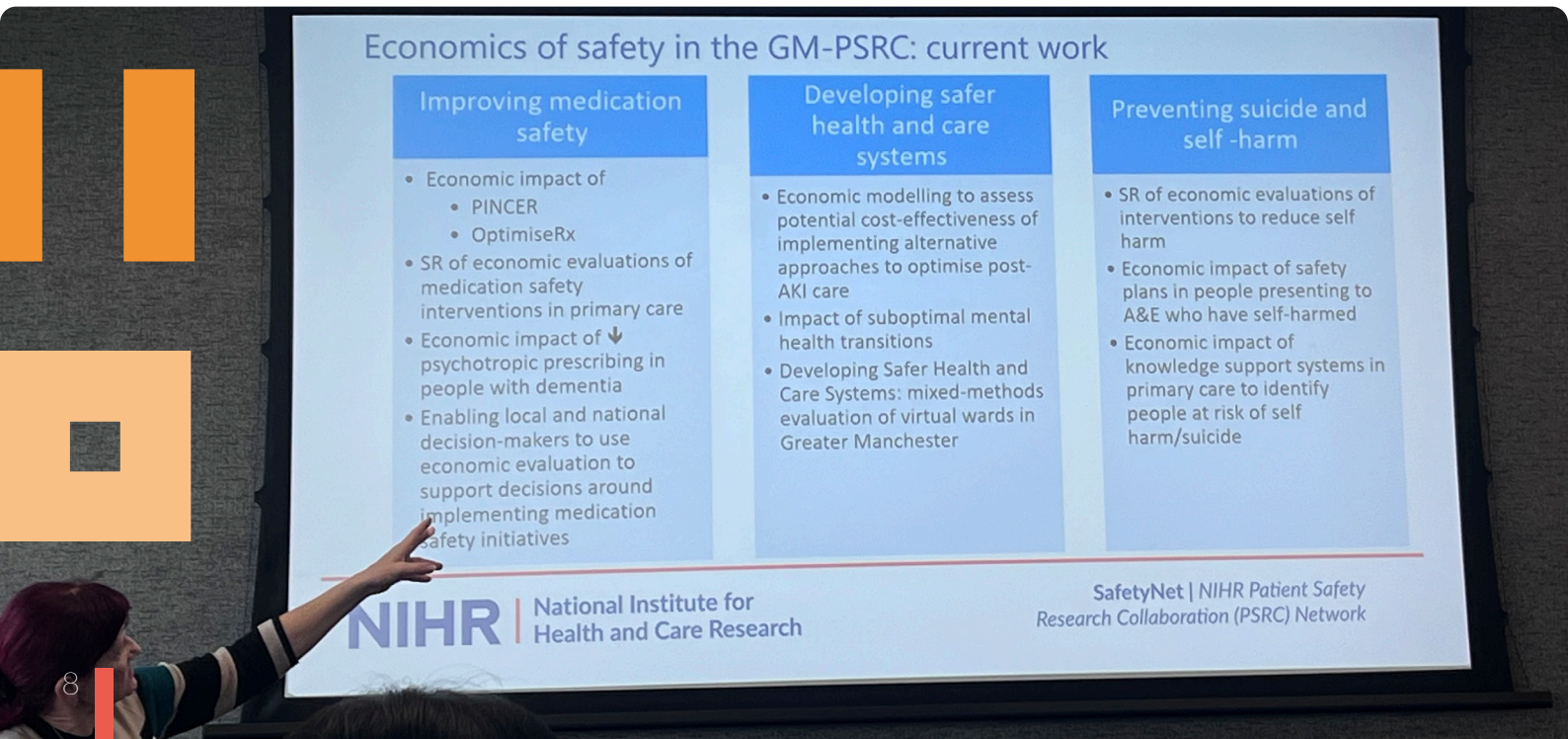
The subgroup, led by Professor Richard Grieve, Professor of Health Economics Methodology at the London School of Hygiene & Tropical Medicine, brainstormed practical capacity building initiatives for economists.

The subgroup centres on a range of themes including: skills training by and for health and care economists, capacity building for non-economists, fellowship, informal placement/networking at other economics centres, economists as PIs, health and care economist centre leads, economists on NIHR panels, and major capacity building needs.

In order to build major capacity, group members identified the need to gain a better understanding of how policy is made and therefore tailor conversations to where and how real impact can be made. PhD students face challenges in the sector as well as the pressures of economists spreading their attention across a range of topics. But as a part of capacity building, the need to appreciate the demand was noted in conversation: there are not enough economists as project leads, and there is overwhelming demands upon them.

"At the NIHR Economics Group launch event, the capacity building session generated some really creative ideas for how we can better support early career economists. These included developing courses in cutting-edge methodologies, as well as training in grant writing, leadership, communication, and becoming a principal investigator. The next step is to turn these ideas into action and build the future strength and sustainability of the health and care economics workforce."

Professor Stavros Petrou, Nuffield Department of Primary Care Health Sciences, University of Oxford



Social Care

The Social Care Economics NEtwork (SCENE): A network for economists undertaking research in social care

The subgroup - convened by Professor Helen Weatherly, Professor of Health and Care Economics at the Centre for Health Economics, University of York and Dr Magda Walbaum, Research Fellow at the London School of Economics - introduced and reflected on the development of SCENE: an initiative established in 2023 to strengthen the role of economics in supporting and shaping social care policy and practice.

The social care landscape highlights the growing complexity and the critical role economics plays in addressing challenges such as funding pressures, workforce sustainability, and equitable access to care.

SCENE's core aims are: to connect economists working in or interested in social care; to promote methodological innovation; and to foster collaboration between researchers, practitioners, and policymakers.

The session shared commitment to ensuring that SCENE continues to evolve as an open, responsive, and collaborative space - one that aligns with both the strategic priorities of social care reform and the interests of economists seeking to deliver impactful research in this vital field.

"The SCENE brings together economists dedicated to advancing research in social care. Established two years ago, the network now includes over 80 members and continues to grow. Through discussions on the challenges and evolving priorities in social care, SCENE promotes the use of economic frameworks to inform practice and policy. By fostering dialogue and shared learning, SCENE ensures its work remains relevant, responsive, and impactful for both social care and the economics community."

Helen Weatherly, Professor of Health and Care Economics, University of York

Global Health Research

Health Economics in NIHR Global Health Research programmes

The subgroup explores the pivotal role of economics within the broader landscape of global health research. The discussion highlighted the urgent global priority of strengthening the health workforce, emphasising that governments worldwide are recognising the need for robust economic evidence to inform sustainable health system investments.

The subgroup introduced the idea of re-establishing a collaborative network or group in global economics, calling for exploration of the community's appetite for collective engagement. Key challenges and opportunities were identified within existing NIHR infrastructures and programmes.

The group addresses issues of capacity building - including how far efforts should extend, who should be involved, and how funding constraints might be navigated.

A key emerging theme of the subgroup is sustainability - how to maintain interest and momentum within a global economics community.

"There are tremendous opportunities for research that spans low- and middle-income countries and high-income countries, like the UK, as we have a lot of shared health problems – inequalities, marginalised populations, and delivering services with strained resources. If we can be creative about pooling funding to look at common problem, and solutions, we could learn a lot more and essentially decolonise health research."

Professor Kara Hanson, Professor of Health System Economics, London School of Economics

Mental Health

Mental health economics: challenges and opportunities

The subgroup gives insight into the work being done in mental health economics by a range of researchers across the country. 1 in 4 people have a mental health problem, including 1 in 10 children. Mental health has a high impact on people of working age, and therefore has significant economic costs, as well as social costs. Despite this significant impact, mental health is underfunded.

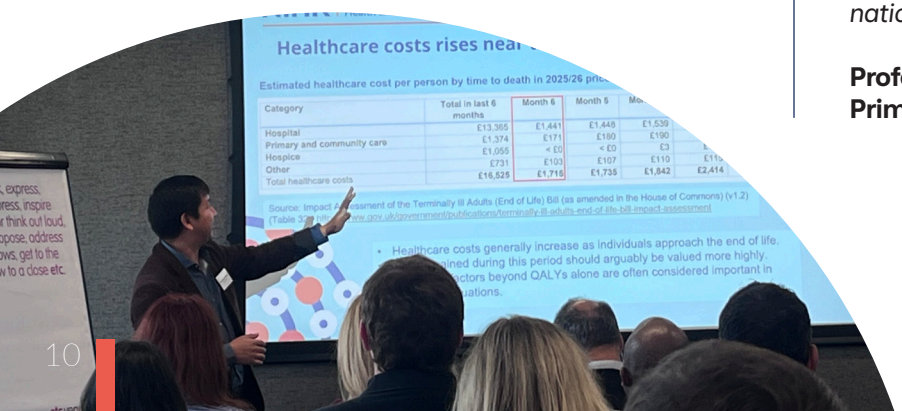
There's a range of questions to explore when it comes to mental health, from establishing and assessing causes to analysing interventions and how to scale these up. There is much scope for economists to do more in this evolving field that expands beyond just a health perspective.

Attendees at the Launch heard from three current projects on mental health and economics:

- Dr Huajie Jin (Lily), Senior Lecturer in Health Economics and Deputy Head of Health Economics at King's College London (KCL), presented her research on whole-disease modelling for schizophrenia.
- Dr Matthew Franklin, Health Economist from the University of Sheffield, outlined work on anxiety and depression.
- Fanyi Su, Research Associate in Health Economics at The University of Manchester, presented her project on economic evaluations of self harm and suicide prevention interventions, discussing how economic evaluations can support allocation and guide future research.

"It was fantastic to have a room full of people with a shared passion for the economics of mental health. Our session aimed to bring together researchers interested in all aspects of the field to exchange ideas, experiences, and opportunities for collaboration. The discussions highlighted both the breadth of work already underway and the appetite for building a stronger community of practice to advance methods and skills in this important area."

Professor Rowena Jacobs, Deputy Director, Centre for Health Economics, University of York



Applied Research Collaborations

Economics in NIHR Applied Research Collaborations (ARCs)

The subgroup highlights and showcases key economic research studies funded during the first NIHR Applied Research Collaboration (ARC) cycle, covering 2019–2026. It featured projects that demonstrate strong engagement with stakeholders and clear routes to achieving real-world impact:

- Dr Igor Francetic, from ARC Greater Manchester, who spoke at the Launch about the potential for NHS Talking Therapy treatments to play an intervening role in helping people with mental health problems find and retain work.
- Dr Misael Anaya Montes and Dr Valerio Benedetto, from ARC North West Coast, who explored alternative ways to measure cost effectiveness, particularly for care in the last six months of a person's life.
- Dacheng Huo of ARC Yorkshire & Humber, presented a cost-effectiveness model for asthma interventions. Using public data, the study examined symptom frequency, treatment adherence, and effectiveness to develop population characteristics, health utilities, and cost estimates.
- Ni Gao from ARC North Yorkshire explored how housing quality affects cold-weather emergency hospital admissions. Working with North Yorkshire County Council, the study compares individuals able to keep their homes warm with those who cannot, examining links to long-term health conditions.
- Michela Tinelli of ARC North Thames showcased a project that addresses how the complex relationship between homelessness, health, housing, and the criminal justice system assist the Department of Health and Social Care (DHSC) in designing, implementing, and auditing a framework to better support people experiencing homelessness.

"The ARCs have really transformed the way economists engage with the health and care system. They've catalysed a much more responsive approach—one that focuses on the priority research needs of both the system and the population, while generating learning that's applicable regionally and nationally."

Professor Stavros Petrou, Nuffield Department of Primary Care Health Sciences, University of Oxford

Biomedical Research Centres and HealthTech Research Centres

The role of health economics in NIHR Biomedical Research Centres (BRCs) and HealthTech Research Centres (HRCs)

The subgroup explores how economic evaluation contributes to the design, delivery, and impact of translational research within these flagship NIHR infrastructures. The discussion aimed to take stock of the current integration of economics within BRCs and HRCs and to identify opportunities for strengthening its role in future programmes of work.

Led by Tracey Sach, NIHR Senior Investigator and Professor in Health Economics at the University of Southampton, and Professor Katherine Payne, Professor of Health Economics at the University of Manchester, the session outlined the overarching goals of BRCs and HRCs: to accelerate the translation of scientific discoveries into patient and population benefit, and to stimulate innovation that supports health system sustainability and economic growth. Against this backdrop, the group shared findings from a recent survey of BRC and HRC Directors, which sought to understand perceptions of the role of health and care economics, the extent to which it is embedded in current research programmes, and the value it adds in guiding resource allocation, technology adoption, and implementation.

The group has reaffirmed that economics is central to the mission of NIHR's translational research infrastructure. It provides the tools to assess value, guide investment, and maximise the health and wealth returns from research – ensuring that the innovations developed through BRCs and HRCs deliver real, measurable benefit to patients, the health system, and the wider economy.

Testimonials

"To address challenges and complexities of health and care economics, we need to work across disciplines and ensure that economic evaluation methods are flexible enough to reflect these realities. Collaboration between economists, theory-driven evaluators, and other stakeholders - such as through realist evaluation - offers a way forward."

Professor Rachel Baker, Yunus Chair and Director, Glasgow Caledonian University

"Public health policies and interventions are inherently complex to evaluate because they operate within dynamic social, political, and economic contexts. Factors such as external confounders, multiple and interacting components within policies, variations in implementation, and time lags in observable effects - all contribute to the challenge of establishing effectiveness."

Professor Heather Brown, Professor of Health Inequalities, Lancaster University

"In terms of NIHR commissioning, it is always great to see a recognition of the role innovative economic approaches can have in tackling research priorities."

Chris Mullin, Chief Economist and Director of Analysis, Department of Health and Social Care

Next steps for NIHR Economics Group

The launch of the NIHR Economics Group represents a pivotal moment for embedding economics more deeply across health, care, and public health research.

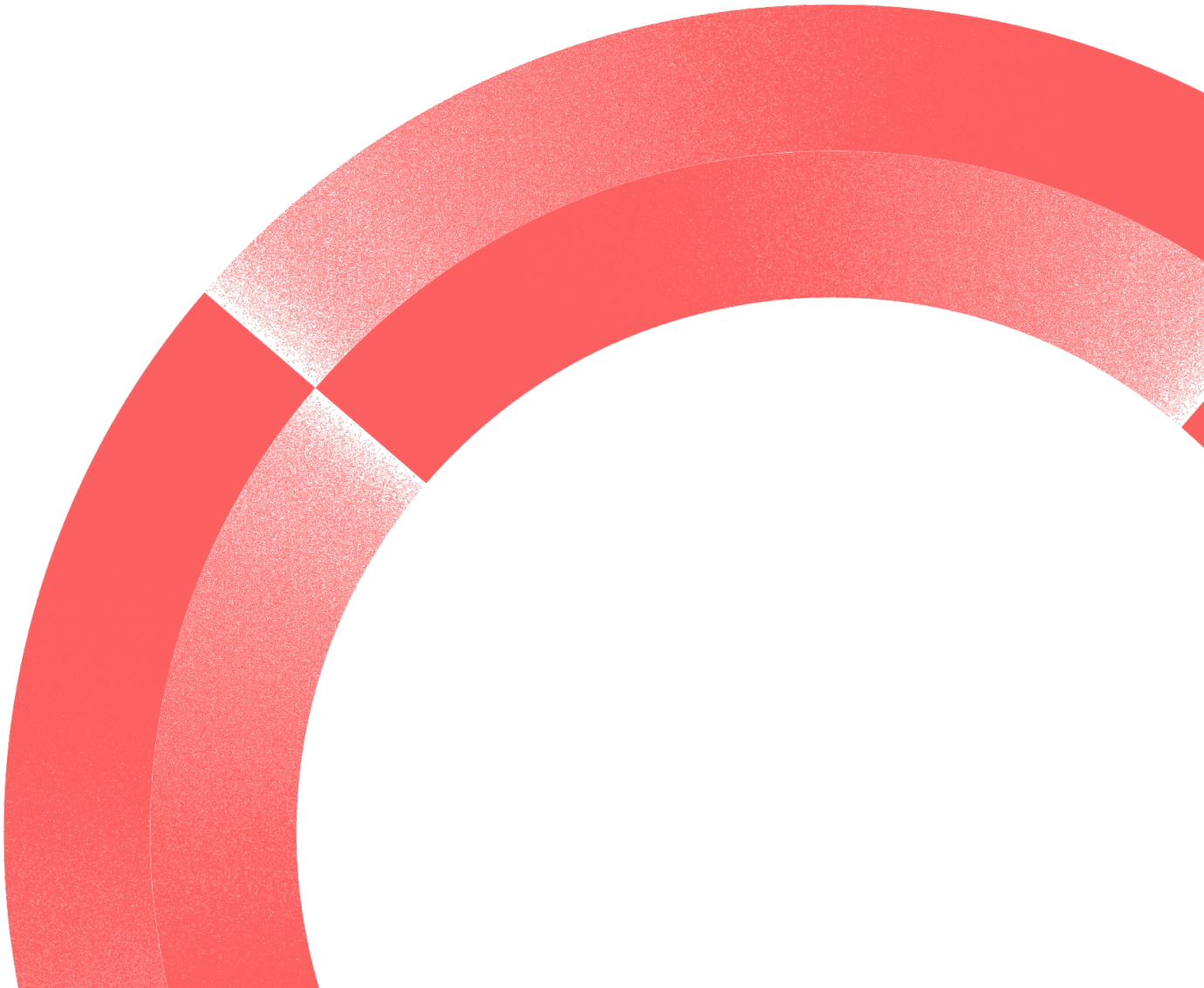
The NIHR Economics Group is committed to creating and supporting peer-to-peer networks and specialist interest groups that bring economists together to share expertise and develop common approaches. By identifying opportunities for advice, training, and methodological innovation, the Group will promote greater consistency across studies while maintaining high standards and advancing new methods. A central ambition is to act as a professional voice for economists within NIHR - shaping consultations, signposting areas of excellence, and highlighting the positive role of economics in applied health and care research. The Group's launch in Manchester set out key priorities and ensured economists had the opportunity to begin building key relationships to keep these ambitions closely aligned.

Group leaders have emphasised the need to understand the distributed impacts of public health investments - how benefits extend beyond healthcare budgets to labour markets, education, and the environment. They have called for a more connected and inclusive economics community, bridging work across global health, prevention, and social care, while addressing gaps in funding and data linkage.

It is imperative that economists demonstrate their contribution beyond cost-per-outcome calculations, showing how health and care investment supports employment, productivity, and broader economic resilience. The Group can lead the way in defining research priorities and supporting funders to recognise the importance of methodological development.

Following the successful launch the ambition is to meet annually at in-person events to celebrate success, share learning and discuss how to take the group into the future.

In its next phase, the NIHR Economics Group will serve as a unifying force - promoting good practice, fostering collaboration, and ensuring that economics plays a central role in tackling the grand challenges of health, care, and societal wellbeing.

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