



Economeg Iechyd a Gofal Cymru

Health and Care Economics Cymru



Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales



Ariennir gan
Lywodraeth Cymru
Funded by
Welsh Government

2025 - 2026 Annual report



Contents

Impact in Focus: Reflections from WHEG 2026	1
Introduction to HCEC	2
Our People and Structure	3
Our Award Period at a Glance	4
Reflecting on the Diversity and Impact of Our Achievements	5
Optimising Collaboration with Health and Social Care Researchers	6
Patient and Public Involvement and Engagement	9
Delivery of Health Economics Advice and Support	10
Contributing Health Economics Expertise to Decision making and Policy	12
Building Methodological Capability in Health Economics	15
Our Key Publications	20
Our Key Collaborators	22
The Future of Health Economics	23
Find Out More	24

IMPACT IN FOCUS: REFLECTIONS FROM THE WELSH HEALTH ECONOMISTS' GROUP (WHEG) 2026

In March 2026, we were delighted to host our annual Welsh Health Economist's Group (WHEG) meeting, bringing together colleagues from across the Welsh health economics community and beyond. Established over 20 years ago, WHEG has evolved into an important forum for collaboration, reflection and shared learning across research, policy and practice.

This year's meeting focused on impact — how health economics contributes to real-world change, and how we can better capture, evidence and strengthen that contribution across the lifecycle of our work. With over 45 attendees from across Health and Care Research Wales infrastructure groups, Public Health Wales, Health Technology Wales, health boards and academia, the discussions reflected the breadth, diversity and growing influence of the health economics community in Wales.

Throughout the meeting, speakers highlighted the importance of embedding impact from the outset of research activity, rather than viewing it as something considered only at the end. Discussions explored how health economics can support policy development, implementation and service transformation across a wide range of areas, including pharmacogenomics, women's health, radiotherapy care, public health and quality of life research.

The meeting also showcased the strength of our interdisciplinary collaborations and the continued growth of the Welsh health economics community. It was particularly encouraging to see early career researchers flourishing into research leaders, which demonstrated the value of supporting and mentoring the next generation of researchers.

A recurring theme throughout the day was the importance of ensuring that health economics contributes not only to methodological excellence, but also to improving outcomes for people and communities. Speakers reflected on the need to broaden conversations around value, prevention, inequalities and the wider determinants of health, while continuing to strengthen Wales' contribution to UK and international debates in health economics.

The discussions reinforced the importance of partnership, collaboration and sustained investment in impact-focused research infrastructure. As HCEC continues through its sustainability award cycle towards 2030, we remain committed to supporting high-quality, policy-relevant health economics research that delivers meaningful impact for health and care systems in Wales and beyond.

This annual report reflects that shared commitment and highlights the breadth of work, collaboration and impact achieved across our network over the past year.

Professor Deb Fitzsimmons

INTRODUCTION TO HCEC

Health and Care Economics Cymru (HCEC) is an all-Wales collaborative research infrastructure group funded by Welsh Government via Health and Care Research Wales. Our aim is to deliver world-class excellence in health economics research, its methodology and application.

We strive to sustain and grow a community of health economics experts in Wales, with strong collaborations across the health and care sector, making a positive difference to health and care research and people who benefit from it. In this way, we contribute to the generation of high-quality evidence that is crucial to make the best possible decisions to improve health and care outcomes for the people in Wales and beyond.

OUR MISSION

'To provide world-class health economics expertise (collectively harnessing an agile, integrated all-Wales approach) to enable excellent health and social care research and development in Wales to the benefit of patients, the public and the economy'.

Methodology and application



OUR PEOPLE AND STRUCTURE

OUR CO-DIRECTORS



*Professor Deb Fitzsimmons
Swansea Centre for Health
Economics (SCHE),
Swansea University*



*Professor Rhiannon Tudor
Edwards Centre for Health
Economics and Medicines
Evaluation (CHEME), Bangor
University*

HCEC continues to thrive through its inclusive, collaborative ethos and the strength of its all-Wales community of health economics expertise. Our co-directorship model remains a cornerstone of our success, fostering shared leadership, joint accountability, and a clear strategic vision. This year, we have further strengthened connections across our two centres, building a cohesive team culture that promotes innovation, mutual support, and collective impact. By working together as one community, we ensure that HCEC continues to deliver excellence in health economics across Wales.

OUR GOVERNANCE STRUCTURE



Advisory Board

Independent Chair: Prof. Steve Morris (University of Cambridge)
Karen Harrington (Public contributor), Nathan Davies (Public contributor), Dr Brendan Collins (University of Liverpool), Dr Emma Taylor-Collins (Social Care Wales), Prof. Ceri Phillips (Swansea University), Prof. Rod Taylor (University of Glasgow), Prof. Jim McManus (Public Health Wales), Prof. Dyfrig Hughes (Bangor University)



Dr Mari Jones, Dr Shaun Harris,
Megan Davies, Ffion Davies,
Josh Parsons

HCEC Researchers

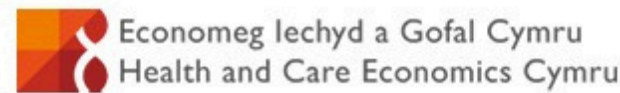
(All staff are supported by multiple funders)

Dr Victory Ezeofor, Dr Bethany Anthony,
Dr Huw Lloyd Williams, Pim Dounsongs,
Greg Flynn, Anusha Singh

OUR AWARD PERIOD AT A GLANCE

Core Metrics

Reporting period: **2025/2026**



**Health and Care
Research Wales
infrastructure award
to the group**



Direct
funding
awarded

£373,163

Jobs created
through direct
funding



Grants won during reporting period

Grants won	Led by group	Group collaborating
Number	8	10
Value	£625,311	£7,787,161
Funding to Wales	£513,635	£6,354,117
Funding to group	£474,635	£460,514
Additional jobs created for Wales	4	18
Additional jobs created for group	4	7



Number of publications



Number of public
engagement events



Number of public
involvement opportunities

SUSTAINING IMPACT AND BUILDING FOR THE FUTURE

HCEC continues to strengthen its role as a leader in health economics research in Wales through successful grant capture, high-quality publications, talent development and expanding interdisciplinary collaborations.

Investment in early career researchers has remained a key priority throughout this award period, supporting the development of future research leaders and strengthening health economics capacity across Wales.

In April 2025, we began our current sustainability funding award period from Welsh Government through Health and Care Research Wales. Combined with continued support from our partner universities and collaborators, this provides strong foundations for the next phase of HCEC's growth and impact.

REFLECTING ON THE DIVERSITY AND IMPACT OF OUR ACHIEVEMENTS

Over the past year, HCEC has continued to strengthen its contribution to health and care research across Wales and beyond. Our work has addressed a wide range of health and social care challenges, including dementia, emergency care, mental health, women's health, veterans' wellbeing, vision services, respiratory care and health inequalities. Through collaboration with NHS organisations, universities, policymakers, charities and community partners, HCEC researchers have contributed to projects designed to improve health outcomes, strengthen services and support evidence-based decision making.

Securing high-quality research awards and income for Wales

HCEC has led health economic evaluations in new NIHR clinical trials and real-world studies during our award period, reinforcing our role as a trusted partner in delivering high-quality research.

Supporting research excellence

HCEC continues its commitment to achieving success with major national and international funders such as the NIHR, alongside our work with local health boards and other organisations where the focus is on delivering impact through generating the evidence for policy and/or practice change.

Public Involvement and Engagement

Public involvement and co-production have remained central to our work throughout the year, helping ensure research is informed by lived experience and focused on issues that matter most to people and communities.

Securing high-quality research awards and income for Wales

HCEC researchers have collectively delivered 31 peer-reviewed publications, with 16 of these first-authored by HCEC members. In this report, we highlight our most notable papers. These publications span a wide range of topics, demonstrating the breadth of our methodological expertise.

Developing Early Career Researchers

The year has highlighted the growing contribution of HCEC's early and mid-career researchers, with several colleagues leading funded projects, presenting at national and international events, and developing new collaborations across Wales, the UK and Europe.

HCEC's strength lies in its people. We have invested significantly in developing the next generation of health economics researchers in Wales. Within this report, we provide examples of how HCEC has supported the professional growth of our team members.

The following sections highlight some of the key projects, partnerships and achievements that have shaped HCEC's work this past year.

Our research has explored how health and care services can become more effective, equitable and sustainable. This has included work to:

- Improve emergency and urgent care pathways.
- Support people living with long-term conditions.
- Reduce health inequalities.
- Strengthen prevention and early intervention.
- Improve patient-reported outcome measurement.
- Understand the wider social and economic value of health and wellbeing interventions.

OPTIMISING COLLABORATION WITH HEALTH AND SOCIAL CARE RESEARCHERS

Collaboration remains central to the work of HCEC. During the year, HCEC researchers worked closely with NHS organisations, universities, charities, policymakers and international partners to address a wide range of health and social challenges. These collaborations have strengthened opportunities for applied health economics research, supported evidence-based decision making, and enabled the development of innovative approaches to improving health and wellbeing across Wales and beyond.

REFINE PILOT STUDY

IMPROVING EMERGENCY CARE FOR BABIES THROUGH COLLABORATIVE RESEARCH

HCEC researchers are working alongside consultants at Cardiff and Vale University Health Board and Belfast Health and Social Care Trust on the REFINE pilot study, which is investigating whether rapid viral testing could reduce unnecessary procedures, antibiotic use and hospital admissions for babies presenting to emergency departments with fever.

The project is exploring whether rapid viral testing, using a simple nasal swab, could help clinicians identify viral infections more quickly and safely, potentially reducing unnecessary invasive procedures and improving patient experience for babies and families.

The study reflects HCEC's growing involvement in antimicrobial stewardship research and paediatric emergency care evaluation.

Research impact

- Supporting safer and less invasive care for babies in emergency departments.
- Exploring ways to reduce unnecessary antibiotic use and hospital admissions.
- Informing future UK-wide research and clinical guideline development.

SUPPORTING MORE PROACTIVE CARE FOR MILITARY VETERANS

Research impact

- Supporting more preventative and joined-up models of care for veterans.
- Informing future research into sustainable support services for veterans.

HCEC researchers are collaborating with Northumbria University, Cardiff University and the Royal Air Forces Association to develop a feasibility study focused on improving health and wellbeing support for military veterans.

The project is exploring a more proactive and preventative model of care by investigating how health and social wellbeing assessments could be integrated into primary care services and linked more closely with veterans' support organisations and social prescribing services.

PROACTIVE CARE



Spotlight on...

ARTS FOR HEALTH

ASSESSING THE ECONOMIC IMPACT OF THE ARTS ON HEALTH AND WELLBEING IN WALES

One of HCEC's most significant collaborative projects this year involved working with the Arts Council of Wales and Edge Hill University to assess the wider health, wellbeing and social impacts of arts and cultural activity across Wales.

The project brought together expertise in health economics, public health and arts and wellbeing research to explore how participation in arts and cultural programmes can contribute to improved wellbeing, social connection and wider societal outcomes.

Led by HCEC early career researcher Jacob Davies, the work combined evidence reviews with economic analysis to better understand the broader value of arts and health initiatives. The project included mapping arts and health activity across Wales, reviewing evidence on health and social care impacts, and estimating the wider economic contribution of arts-based programmes.



The findings highlighted the potential for arts and cultural engagement to contribute to improved wellbeing, community resilience and prevention-focused approaches to health and care. Findings from the project have already been presented to the Senedd Cross-Party Group on Arts and Health and shared with national and international partners.

The collaboration also reflects HCEC's commitment to supporting early career researchers, interdisciplinary partnerships and research that addresses the wider determinants of health.

RESEARCH IMPACT

- Supporting national discussions around arts, wellbeing and prevention.
- Informing policy conversations across health, social care and culture.
- Demonstrating the wider social and economic value of arts participation.
- Supporting early career researcher leadership and interdisciplinary collaboration.



SUPPORTING INNOVATION IN EYE HEALTH AND VISION SERVICES

BANGOR OPHTHALMOLOGY AND VISION SCIENCE REPOSITORY (BOPPP)

HCEC researchers Jacob Davies and Pim Doungsong led the development of the Bangor Ophthalmology and Vision Science Repository (BOPPP), a free online resource bringing together information on patient-reported outcome and experience measures used in vision science research.

Developed in collaboration with clinicians, health economists and academics across vision science, the repository is designed to support researchers and healthcare professionals in selecting appropriate measures for clinical trials and health economic evaluations on vision health.

The project was underpinned by a series of systematic reviews examining the use, quality and suitability of patient-reported measures across ophthalmology and vision science research. This included reviews of patient-reported outcome measures (PROMs), patient-reported experience measures (PREMs), and preference-based measures used in eye conditions. Together, this work has helped create a robust evidence base to support more consistent and evidence-informed outcome measurement in future eye health research and clinical trials.

The BOPPP repository provides a free, open-access resource that will support future research, clinical decision making and the development of evidence-based eyecare services.

ASSESSING THE VIABILITY OF NON-MEDICAL PRACTITIONERS CONDUCTING PHOTOCOAGULATION FOR PROLIFERATIVE DIABETIC RETINOPATHY (AVENUE-PDR)

HCEC researchers continued to strengthen collaborations in eye health and vision services research through work with Swansea Bay University Health Board, Cardiff University and wider partners across Wales.

One key project this year is the AVENUE-PDR feasibility study, which is exploring whether specially trained eyecare practitioners could safely deliver laser treatment for diabetic eye disease. Currently, these treatments are only delivered by ophthalmologists, despite increasing pressures on eyecare services and growing waiting lists across Wales and the UK.

The study is investigating whether expanding the role of non-medical eyecare practitioners could help improve access to timely treatment, reduce waiting times and support more sustainable delivery of ophthalmology services. HCEC researchers collaborated on the development of the proposal and research plan, helping ensure that workforce impacts, service capacity and economic considerations were included from the outset.

Research impact



- Supporting research aimed at improving access to timely eyecare and reducing waiting times.
- Exploring innovative workforce approaches within ophthalmology services.
- Developing a free online repository to support future vision research and clinical trials.
- Strengthening evidence-based outcome measurement in ophthalmology and vision science research.

PATIENT AND PUBLIC INVOLVEMENT AND ENGAGEMENT

Public and Patient Involvement and Engagement (PPIE) remains central to the work of HCEC. We continue to strengthen our commitment to involving people and communities in shaping health and care economics research across Wales.

Meaningful public involvement helps ensure that research questions, outcome measures and value judgements reflect what matters to patients, carers and communities. This strengthens the relevance, quality and impact of economic evaluation and supports evidence-informed policy and practice.

During this year, HCEC continued to develop its PPIE activities, with a focus on embedding equality, diversity and inclusion (EDI) throughout the research lifecycle. In November 2025, Health and Care Research Wales delivered a workshop with HCEC on developing health and social care research and embedding PPIE. The HCEC PPIE statement was developed collaboratively during this session, setting out shared principles for meaningful public involvement across our work.

We are continuing to build a network of public representatives from across Wales to contribute to a range of research activities, including study development, grant applications, dissemination materials and wider engagement work. Flexible and inclusive approaches to involvement remain a priority, helping to reduce barriers to participation and support engagement from communities and voices that are often under-represented in research.

We view PPIE as collaborative research that actively involves the public in shaping and informing research activities.

PPIE strengthens research by:

- Shaping research questions that reflect the priorities of people and communities.
- Improving the accessibility, relevance and acceptability of research design.
- Supporting meaningful interpretation and dissemination of findings.
- Increasing the potential for research to influence policy and practice.

By embedding public voices, we aim to deliver research that is inclusive, relevant and impactful for the communities we serve.

WOULD YOU LIKE TO GET INVOLVED?

Public contributors have supported HCEC research through workshops, meetings, document review and community engagement activities, helping researchers strengthen the accessibility, acceptability and real-world relevance of their work.

To express interest please contact Public Involvement and Engagement Strategic Lead: Dr Ceryl Teleri Davies: ceryl.davies@bangor.ac.uk

As HCEC moves into its sustainability phase, public involvement and engagement will remain a core part of our vision for delivering impactful, inclusive and policy-relevant health economics research in Wales.

DELIVERY OF HEALTH ECONOMICS ADVICE AND SUPPORT

HCEC has continued to provide applied health economics expertise across a diverse range of health and social care research projects throughout the year. Working alongside researchers, clinicians, policymakers and third sector partners, HCEC supported the development of economic evidence to inform healthcare decision making, service improvement and future research.

Our work this year included economic evaluation, evidence synthesis, outcome measurement, modelling and the assessment of wider social and economic impacts across health and care services in Wales and beyond.



SUPPORTING EVIDENCE DEVELOPMENT FOR SELF-HARM AND VIOLENCE REGISTRIES

The Self-harm and Violence presenting to Emergency care Registry (SaVER) project is a collaboration between Bangor University and Betsi Cadwaladr University Health Board focused on improving understanding of self-harm and violence-related presentations to emergency care in North Wales.

The project is exploring how existing health data systems could support the future development of a dedicated self-harm and violence registry for Wales. This includes examining patient pathways through emergency care, analysing routinely collected data, and working with stakeholders and third sector organisations to better understand service needs and opportunities for improvement.

As part of the project, HCEC early career researcher Kalpa Pisavadia led a systematic scoping review examining the costs, cost-effectiveness and wider value of clinical registries. The review explored international evidence on how registries can support service improvement, long-term planning and healthcare decision making.

The findings highlighted the potential value of registries in improving care quality, service planning and long-term decision making, while also strengthening the evidence base for future registry development in Wales. Kalpa Pisavadia presented findings from the economic review at the project stakeholder meeting held in Portmeirion. The meeting was attended by representatives from Welsh Government, NHS Health Boards across Wales, Public Health Wales, and academic institutions across the UK.

Research impact

- Supporting future development of a self-harm and violence registry in Wales.
- Strengthening the evidence base for registry evaluation and long-term service planning.
- Supporting evidence-informed approaches to self-harm and violence prevention.
- Building collaboration opportunities across government, NHS organisations and academia.



BOLD PROGRAMME

SUPPORTING BETTER OUTCOMES THROUGH LINKED DATA

HCEC researchers played a key role in the BOLD programme, a UK-wide initiative exploring how linked data can support better outcomes for people with alcohol and drug-related problems involved in the criminal justice system.

Working alongside partners including the Ministry of Justice, Department of Health and Social Care, Public Health Wales and the SAIL Databank, HCEC researchers explored the feasibility of using linked criminal justice and health data to support health economic analysis and decision making.

The work included the development of a cost-consequence model examining outcomes associated with Alcohol Treatment Requirements (ATRs) and Drug Rehabilitation Requirements (DRRs), including impacts on emergency healthcare use, court appearances, custodial sentencing and mortality.

The project demonstrated the important role health economics can play in supporting evidence-based policy and improving understanding of the wider impacts of interventions across both health and justice systems. HCEC early career researcher Megan Davies presented findings from the work at the Public Health Wales Research and Evaluation Conference in December 2025, highlighting both the findings of the evaluation and the future potential of linked-data health economic modelling.



RESEARCH IMPACT

- Demonstrating the value of linked data for health and justice research.
- Supporting evidence-based decision making across public services.
- Exploring the wider impacts of treatment interventions on health and criminal justice outcomes.
- Supporting early career researcher development and dissemination opportunities.

CONTRIBUTING HEALTH ECONOMICS EXPERTISE TO DECISION MAKING AND POLICY FORMULATION

HCEC continues to contribute health economics expertise to policy discussions, service planning and decision making across Wales and the wider UK throughout the year.

Working alongside policymakers, NHS organisations, public health teams, charities and academic partners, HCEC researchers supported the development and use of economic evidence to inform healthcare priorities, improve services and strengthen prevention-focused approaches to health and wellbeing.

HCEC researchers contributed expertise across public health, emergency care, respiratory health, mental health, vision services, arts and wellbeing, and the use of linked data to support service evaluation and policy development.

The following examples highlight how HCEC researchers have helped shape policy discussions, inform future service planning and strengthen the role of health economics in evidence-based decision making.

Notable examples of how we supported decision making and policy formulation in Wales in 2025/26 include:

- Contributing Welsh health economics expertise to national discussions on proposed changes to NICE cost-effectiveness thresholds and their implications for NHS decision making, public spending and equitable access to care.
- Supporting discussion within the Welsh Health Economists' Group on how changes to health valuation methods may affect economic evaluation, policy and practice.
- Providing health economics input to research focused on improving access to care and support and reducing inequalities.
- Supporting the development of more patient-centred methods for collecting resource use data in clinical trials, helping ensure economic evaluations reflect costs and support needs that matter to patients, carers and families.
- Contributing to methodological developments in outcome measurement, including work linked to the new UK EQ-5D-5L value set and its implications for future economic evaluations.
- Strengthening the use of public involvement and lived experience in health economics research, ensuring evaluation methods are shaped by the people most affected by health and care interventions.
- Adapting UK-wide models to demonstrate the economic impacts to individuals and society of arts programmes in Wales

CONTRIBUTING TO NATIONAL DISCUSSIONS ON NHS DECISION MAKING AND MEDICINE FUNDING

HCEC researchers contributed to national discussions surrounding proposed changes to NICE cost-effectiveness thresholds and the potential implications for NHS decision making, public spending and equitable access to care.



Professor Rhiannon Tudor Edwards, Katherine Cullen and Jacob Davies attended a national symposium hosted by the London School of Hygiene & Tropical Medicine exploring the question, "How should health be valued in UK policy evaluation?". The symposium brought together health economists and policy experts from across the UK to discuss the wider implications of proposed threshold changes for healthcare decision making, public spending and health inequalities.

These discussions informed wider engagement activities led by HCEC researchers on the implications of increasing NHS spending on new medicines and the potential impact on existing healthcare services, prevention and public health investment. As part of this work, Professor Rhiannon Tudor Edwards authored a widely read article for The Conversation discussing the potential consequences of increasing NHS spending on new medicines and the importance of maintaining evidence-based approaches to healthcare decision making.

The implications of proposed threshold changes for Welsh health and social care policy and economic evaluation methods also formed a core discussion point at the Welsh Health Economists' Group (WHEG) meeting in March 2026, helping support ongoing discussion and collaboration across the Welsh health economics community.

Impact of our contribution

- Contributing Welsh health economics expertise to national policy debates.
- Supporting evidence-based discussion around value for money and equitable access to care.
- Helping inform discussion on the future of health economic evaluation in Wales and the UK.
- Raising the profile of HCEC research through public engagement and national collaboration.





The WE CARE project is a five-year international research collaboration led by Dr Ceryl Davies and funded by Health and Care Research Wales and the National Institute for Health and Care Research (NIHR). The project explores how cervical screening services can be improved for women who have experienced sexual violence and abuse.

The project brings together international academic partners, including Monash University in Australia and Uppsala University in Sweden, with clinical experts, specialist support organisations, and public contributors. This collaborative approach is helping ensure the research is informed by academic expertise, service knowledge and lived experience.

WE CARE aims to support more accessible, compassionate and sensitive cervical screening care. HCEC researchers contributed care and health economics to the project alongside wider support for public engagement, dissemination and knowledge exchange activities.

The project has reached several important milestones, including the launch of the [WE CARE website](#) and the development of [podcasts](#) and [blogs](#) designed to increase awareness, share research findings and support wider public and professional engagement.

The project now progresses into fieldwork stage to explore women's experiences of cervical screening following sexual violence and abuse. Recruitment activities were supported through collaboration with specialist organisations, such as My Body Back Clinic, social media engagement and public-facing communications materials.

Alongside research activity, the project has continued to prioritise meaningful public involvement and engagement, ensuring that lived experience perspectives remain central to the development and delivery of the research.

RESEARCH IMPACT

- Supporting research to improve cervical screening care for women affected by sexual violence and abuse.
- Promoting compassionate and sensitive cervical screening care.
- Strengthening public engagement through podcasts, blogs and digital communications.
- Supporting inclusive recruitment and lived experience involvement within research development.

BUILDING METHODOLOGICAL CAPABILITY IN HEALTH ECONOMICS

ENGAGING PATIENT VOICES IN THE DEVELOPMENT OF RESOURCE USE MEASURES FOR CLINICAL TRIALS

Generic resource use measures can leave gaps when patients, carers and others affected by an intervention have not been involved in their design. As these measures are often among the longest instruments in trial questionnaires, patient input is important for improving relevance and engagement.

HCEC researchers have worked with PPIE groups across studies on rare dementia (RD-Talk), diabetic foot ulcers (REDUCE), menopausal symptoms (ESTEEM) and assistive technology users (AdaptQoL) to develop condition-specific resource use measures for ongoing trials. This input is particularly valuable in complex interventions, often identifying resources that may not have been considered by the research team.

Across these studies, HCEC researchers worked with PPIE groups, healthcare professionals and other stakeholders using modified Delphi methods. Initial item lists were informed by professional expertise, PPI co-investigators and literature reviews, then tested with healthcare professionals and people with lived experience before being piloted in the early stages of trials.

This approach helps ensure that economic evaluations capture resources that matter to patients, families and carers, improving the relevance, quality and acceptability of resource use data collected in clinical trials.

BRINGING EQUITY INTO HEALTH ECONOMIC EVALUATION

HCEC researchers contributed health economics expertise to the IMP2ART-E, an NIHR-funded study examining whether asthma self-management support reaches different communities equally.

Methodologically, the project is important because it moves beyond asking whether an intervention is effective or cost-effective on average. Instead, it explores how costs, outcomes and access may differ between population groups, including communities who may experience barriers linked to deprivation, ethnicity, language, digital access, or wider social circumstances.

HCEC input supported the development of an economic evaluation approach that considers both value for money and equity. This includes thinking about who benefits from asthma self-management support, whether benefits are distributed fairly, and how economic evidence can better inform decisions about reducing health inequalities. The project demonstrates how health economics can support more inclusive evaluation.

Research impact

Together, these projects show how HCEC researchers are helping to:

- Make economic evaluations more relevant to patients, carers and communities.
- Ensure trial data collection reflects real-world experiences and support needs.
- Improve the quality and acceptability of resource use measures in clinical trials.
- Move beyond average results by considering who benefits from interventions.
- Support fairer, more inclusive approaches to health economic evaluation.
- Strengthen evidence to inform services that better reflect diverse population needs

SUPPORTING MAJOR DEVELOPMENTS IN OUTCOME MEASUREMENT

EQ-5D-5L VALUE SET

Dr Nathan Bray was a co-applicant and Welsh site lead on the [EuroQol-funded UK EQ-5D-5L value set](#) development project. This landmark study developed a new scoring system for the EQ-5D-5L, one of the most widely used tools for measuring health-related quality of life in health technology assessment and economic evaluation.

The project used preference elicitation and modelling methods to develop the new UK value set, which is expected to have significant impact on research, clinical practice and future NICE guidance. As Welsh site lead, Dr Bray managed data collection across Wales, supported the development of Welsh language data collection tools, and helped ensure representation of the Welsh population within the study.

The project culminated in the publication of the new UK EQ-5D-5L value set in March 2026, alongside an accompanying publication in *Value in Health*. This work reflects HCEC's contribution to major methodological developments in outcome measurement and health economic evaluation.

MOBQOL-7D

The [Mobility and Quality of Life \(MobQoL-7D\)](#) is a validated measure of mobility-related quality of life, developed by Dr Nathan Bray and Professor Rhiannon Tudor Edwards. The measure includes both a survey and a preference-based scoring calculator, and is available in English and Welsh.

During 2025/26, Dr Bray worked with Firevaned, the Dutch industry association for providers of rehabilitation and mobility aids, to validate a Dutch language version of the MobQoL-7D. The study involved adults in the Netherlands living with long-term mobility impairment and tested whether the measure was valid and reliable in this new context.

The findings have now been [published in *Disabilities*](#), supporting wider international use of the MobQoL-7D and strengthening HCEC's contribution to outcome measurement research beyond Wales.

WATCH TOOLS

The [Wheelchair Outcomes Assessment Tools \(WATCH\)](#), developed at CHEME, provide a practical way to measure outcomes for people who use wheelchair services. WATCH has been recognised internationally, including being named as an exemplar outcome measurement tool in World Health Organization guidance on wheelchair provision. The tool is now being used in practice and research internationally, demonstrating the wider reach and impact of CHEME's methodological work in outcome measurement.

Research impact

- Supporting the development and international validation of outcome measures.
- Strengthening methods for measuring mobility-related quality of life.
- Expanding the use of Welsh-developed health economics tools beyond the UK.



AdaptQoL

DEVELOPING NEW QUALITY OF LIFE MEASURES

Dr Nathan Bray is leading the Adaptation and Quality of Life (AdaptQoL) project, which is developing a new quality of life measure for people who use assistive technologies and home adaptations. The project was supported in part through HCEC funding.

Assistive technologies and adaptations, such as mobility aids, communication devices and home modifications, can have a significant impact on independence, confidence and participation in everyday life. However, existing quality of life measures used in health and social care research do not always capture these wider benefits.

The AdaptQoL project aims to address this gap by developing a new patient-centred quality of life measure designed specifically for people using assistive technologies and adaptations. The project brings together researchers, clinicians and public contributors from across the UK to ensure that lived experience is central to the development process.

The project reflects the growing importance of developing outcome measures that better capture the real-world impacts of health and social care interventions and support more person-centred approaches to evaluation and decision making.

Why this matters

Traditional quality of life measures do not always capture the wider benefits of assistive technologies and adaptations, such as independence, confidence and participation in daily life. AdaptQoL aims to address this gap and support more person-centred decision making in health and social care.

RESEARCH IMPACT

- Developing a new quality of life measure for people using assistive technologies and adaptations.
- Supporting more person-centred approaches to health and social care evaluation.
- Strengthening future economic evaluation and decision making in health and social care.
- Embedding lived experience and public involvement within measure development.

SUPPORTING THE NEXT GENERATION OF HEALTH ECONOMICS RESEARCHERS

Supporting the development of early career researchers remained a key priority for Health and Care Economics Cymru (HCEC) throughout 2025/26. HCEC researchers continued to build expertise across applied and methodological health economics through involvement in funded research projects, conference presentations, publications, knowledge exchange activities and national collaborations.

The year saw early career researchers taking leading roles in research dissemination, contributing to grant development, presenting findings to stakeholders and policymakers, and strengthening national and international research partnerships.

Congratulations

EARLY CAREER RESEARCHER REFLECTIONS: MEGAN DAVIES AT THE DIABETES UK PROFESSIONAL CONFERENCE

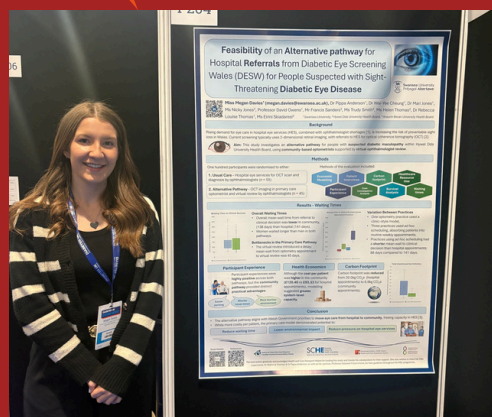
Early career researcher Megan Davies attended the Diabetes UK Professional Conference (DUKPC) in Liverpool, where she explored current developments in diabetes care, health inequalities and patient-centred research.

The conference highlighted the growing recognition of health economics as an essential component of healthcare research and service delivery, alongside the importance of ensuring services are designed to meet the needs of diverse populations and communities.

Sessions explored barriers to accessing diabetes technologies and services, including socioeconomic, cultural and language-related challenges, as well as the importance of preventative approaches to care. Megan also attended sessions focused on diabetes-related foot infections and preventative interventions, providing valuable insight for her work on the REDUCE project.

The conference additionally provided opportunities to build professional networks, develop presentation and communication skills, and engage with researchers, clinicians and people with lived experience from across the diabetes research community.

"Health economics emerged as a highly sought-after discipline throughout the conference. Many attendees described it as 'gold dust', highlighting both its value and scarcity. The conference reinforced just how important patient-centred and equitable approaches are in shaping meaningful research and service delivery."



Megan Davies, HCEC Early Career Researcher

INTERNATIONAL KNOWLEDGE EXCHANGE THROUGH TAIITH MOBILITY FUNDING

Early career researchers Pim Doungsong and Kalpa Pisavadia were successfully awarded Taith Mobility Funding to support international knowledge exchange and collaboration activities.

Pim Doungsong was awarded the funding to support a one-month exploratory visit to the Danish Centre for Health Economics at the University of Southern Denmark in September 2026. Supported by Professor Line Bjørnskov Pedersen and Professor Dorte Gyrd-Hansen, the visit will contribute to the development of Pim's PhD research.

Kalpa Pisavadia was awarded funding to visit the National Centre for Knowledge on Men's Violence Against Women (NCK) at Uppsala University in Sweden. The visit focuses on knowledge exchange relating to domestic abuse research, helping strengthen the analytical and international dimensions of her PhD research.

Both of these mobility funding awards will support the exchange of research practices and collaboration between universities.



HEALTH ECONOMISTS' STUDY GROUP (HESG) SUMMER 2025



HCEC funding supported early career researcher Megan Davies to attend the summer meeting of the Health Economists' Study Group (HESG), an important event for the UK health economics community that provides opportunities for professional development, intellectual exchange and networking.

As part of the meeting, Megan chaired a paper discussion session, preparing in advance by critically reviewing the paper and identifying key discussion points. The conference also provided opportunities to engage with a wide range of current health economics research through poster presentations, lightning talks and networking sessions.

Key themes discussed throughout the meeting included challenges surrounding access to research data, the long-term impact of COVID-19 on health research and analysis, and developments relating to the new UK EO-5D-5L dataset that may significantly influence future health economic evaluation methods.

Reflecting on the experience, Megan highlighted the value of collaboration, adaptability and continuous learning within academic research, as well as the importance of effectively communicating and disseminating research findings.

OUR KEY PUBLICATIONS

Examples of key publications 2025/26 include:

- Rowen D, Mukuria C, **Bray N**, Carlton J, Longworth L, Meads D, Oluboyede Y, O'Neill C, Yang Y. A UK value set for the EQ-5D-5L. *Value in Health*. 2026 Mar 24.
- **Cullen K**, Brotherhood EV, Hayes O, Mansfield V, Suarez-Gonzalez A, Zimmermann N, Stott J, **Fitzsimmons D**. Development of a resource use measure to capture costs related to unpaid care for people living with non-memory led dementia: a modified Delphi study. *BMJ open*. 2026 Feb;16(2):e110399.
- Rutten-van Mölken M, **Whiteley H**, Babarczy B, **Davies J**, Goossens L, Papartyte L, Maassen A, Nagy B, Wright S, **Edwards RT**, Invest4Health Consortium. Broadening sources of finance for health promotion and disease prevention: Smart capacitating investment. *The European Journal of Health Economics*. 2025 Dec 29:1-20.
- **Harris SR, Sewell B**, Busse-Morris M, Edwards A, Jones F, Leggat F, Pallman P, **Fitzsimmons D**. Cost-effectiveness of a personalised self-management intervention for people living with long Covid: the LISTEN randomised controlled trial. *Health Expectations*. 2025 Aug;28(4):e70357.
- Koleva-Kolarova R, Hulse E, Németh B, Rutten-van Mölken M, **Edwards RT**, Babarczy B, Nagy B, Wordsworth S, Tsiachristas A, Invest4Health consortium. Towards a Multi-sectoral Approach to Population Health: A Scoping Review of Cross-sectoral Evaluations of Health Interventions. *Applied Health Economics and Health Policy*. 2026 Feb 23:1-9.
- Krepper D, Hubel NJ, Vorbach SM, van der Weijst L, Machingura A, Seidl C, Giesinger JM, Sztankay M, Kern S, **Fitzsimmons D**, Pe M. What's missing in patient-reported outcome reporting? A scoping review and aggregated trial-level analysis of completion rates in oncology randomized controlled trials. *Critical Reviews in Oncology/Hematology*. 2026 Feb 1;218:105100.
- **Fitzsimmons D, Cullen K**. Economic evaluation of sensory impairments related to dementia. In *A New Approach to Dementia* (pp. 119-140). Routledge.
- **Pisavadia K, Doungsong K, Ezeofor V, Spencer LH, Tuersley L**, Best C, Meades R, Ayers S, Hutton U, Moran PM, Shakespeare J, **Edwards RT**. Healthcare use and costs of perinatal anxiety: a UK NHS perspective. *BMC Health Services Research*. 2025 Sep 3;25(1):1183.

For more information on HCEC publications, please [visit our HCEC website](#).

Farewell and Best Wishes to Dr Ned Hartfiel



GOOD LUCK

And Thank you!

In 2026, The Centre for Health Economics and Medicines Evaluation (CHEME) said farewell to Dr Ned Hartfiel, whose work over the past two decades has made a significant contribution to applied health economics, wellbeing research and Social Return on Investment (SROI) methodology at Bangor University and beyond.

Following completion of his PhD in Health Economics at Bangor University, focused on the cost-effectiveness of yoga for musculoskeletal conditions, Ned became an integral member of CHEME. Over the years, he contributed extensively to research spanning public health, mental health and wellbeing, dementia care, social value, and non-pharmacological interventions, always with a strong focus on real-world impact and improving quality of life.

SOCIAL RETURN ON INVESTMENT (SROI) METHODOLOGY

Ned's work helped strengthen the application of SROI methodology within health and social care research and supported wider understanding of how interventions can generate social, economic and community value beyond traditional healthcare outcomes. His contributions included applied evaluations, systematic reviews and interdisciplinary research bringing together health economics, wellbeing outcomes and programme evaluation.

Alongside his research activity, Ned played an important role in supporting colleagues and early career researchers interested in SROI and social value approaches. His mentorship, generosity and collaborative approach helped build confidence and methodological expertise across a range of projects and research teams.

SOCIAL VALUE HUB

Ned also served as co-director of the Social Value Hub, helping establish and develop the Hub as a space for collaboration, knowledge exchange and methodological development in social value research and practice. Following his departure from CHEME and Bangor University, co-directorship of the Social Value Hub has now been taken over by Kalpa Pisavadia alongside Professor Rhiannon Tudor Edwards.

Throughout his career, Ned has been recognised not only for his academic contributions, but also for his kindness, integrity and commitment to supporting others. His work has helped bring Bangor University's research to wider national and international audiences and has had a lasting impact on colleagues, collaborators and the wider health economics community.

WE THANK NED FOR HIS OUTSTANDING CONTRIBUTION TO CHEME, BANGOR UNIVERSITY AND THE FIELD OF APPLIED HEALTH ECONOMICS!

Our Key Collaborators

ACADEMIC

- Bangor University
- Swansea University
- Cardiff University
- Aberystwyth University
- University of Nottingham
- University of South Wales
- University of Southampton
- University of Edinburgh
- University College London
- University of York
- University of Bristol
- St George's University
- King's College London
- University of Liverpool
- University of Birmingham
- Edge Hill University

HEALTH AND CARE RESEARCH WALES INFRASTRUCTURE

- National Centre for Mental Health
- Wales Cancer Research Centre
- Health and Care Research Wales Evidence Centre
- SAIL Databank
- PRIME Wales
- Wales Cancer Biobank
- CASCADE-Partnership
- DECIPHer
- Advanced NeuroTherapies Centre
- Wales Kidney Research Unit
- Centre for Trials Research
- National Cardiovascular Network for Wales

NHS AND CARE ORGANISATIONS

- Aneurin Bevan UHB
- Betsi Cadwaladr UHB
- Cardiff and Vale UHB
- Cwm Taf Morgannwg UHB
- Swansea Bay UHB
- Hywel Dda UHB
- Public Health Wales
- Velindre NHS Trust
- Cervical Screening Wales
- Barts Health NHS Trust
- My Body Back™ Clinic
- Matia Instituto

INTERNATIONAL

- European Organisation for Research and Treatment of Cancer
- Invest4Health consortium
- Monash University
- Uppsala University

OTHER COLLABORATORS

- Citizens Advice
- Moondance Cancer Initiative
- Cancer Research UK
- The Violence, Health, and Society (VISION) consortium
- Arts Council of Wales
- North Wales Organisation for Randomised Trials in Health and Social Care (NWORTH)

THE FUTURE OF HEALTH ECONOMICS

As health systems continue to face increasing pressures from ageing populations, widening inequalities, climate change, workforce challenges, and rising healthcare costs, the role of health economics is likely to become increasingly important over the coming decades. Emerging approaches in public health economics will need to move beyond traditional models focused primarily on treatment and healthcare utilisation, towards broader concepts of prevention, wellbeing, equity, and long-term societal value.

There is growing recognition internationally that improving population health requires earlier intervention and greater investment in prevention. The Welsh Government's A Healthier Wales strategy and the NHS 10-Year Health Plan for England both place strong emphasis on prevention, digital transformation, co-production, sustainability, and value-based healthcare. These shifts are likely to shape the future direction of health economics research and policy.

Future public health economics is also expected to become increasingly interdisciplinary and data-driven. Advances in artificial intelligence (AI), genomics, precision public health, and digital health technologies may transform how evidence is generated, analysed, and applied within health systems. AI has the potential to accelerate evidence synthesis, economic modelling, and the use of large-scale real-world data, whilst continuing to require careful human oversight to ensure transparency, quality, and equity.

At the same time, health economists will need to respond to complex societal challenges that extend beyond healthcare systems alone. Climate change, migration, mental health inequalities, changing patterns of work, and the social determinants of health are all likely to have profound implications for future population health and economic evaluation. Questions around how we value prevention, wellbeing, environmental sustainability, and equity are expected to become increasingly central to health policy decision making.

Within this evolving landscape, HCEC is well positioned to contribute to the future development of health economics in Wales and internationally. Current work across HCEC already reflects many of these future priorities, including prevention-focused research, wellbeing economics, public involvement and co-production, value-based approaches, and methodological innovation in economic evaluation.

Looking towards 2050, health economics will likely play a critical role not only in evaluating healthcare interventions, but also in helping to design healthier, more equitable, sustainable, and value-focused systems that improve outcomes for individuals, communities, and wider society.

Professor Rhiannon Tudor Edwards

Find Out More

For more information on Health and Care Economics Cymru, our work and how we can support you, please visit our website:

<https://www.bangor.ac.uk/hcec>

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CONTACT US

If you would like health economics advice or to discuss how we can support you in your research, please feel free to **email us**:

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