

Research and Development Forum Community
UKRD Community

21st February 2024

Dear Colleagues,

[NIHR Capital Investment Call 2023/24](#)

In January 2024, the Research and Development Forum and UKRD wrote a joint letter to NIHR to share observations and seek clarification around the NIHR Capital Investment Call 2023/24 that was launched earlier that month.

The observations we shared on behalf of the R&D community were that whilst capital investment in research from NIHR is extremely welcome (as one of the challenges in our capacity and capability to deliver research as a system is space and equipment), the need for such investment is much wider than NHS Trusts based in England. Further, the system as a whole wants to move towards more innovative approaches to research delivery and by focusing eligibility on NHS Trusts, and on equipment rather than refurbishment, limits the systems' ability to move towards these innovative approaches, and this could be an opportunity missed.

The Research and Development Forum and UKRD had a call with Natalie Owen following our letter, and we would like to share with our communities the outcome of that discussion to ensure transparency, openness and your continued support as we work together nationally to deliver the UK's Life Sciences Vision.

Natalie very much welcomed our joint letter and shared lessons had been learnt for the first capital call, which had been set up at pace. However, not all lessons could be implemented in time for this call. The hope was that Integrated Care Boards might lead some bids for capital funding, but consultation by the DHSC team identified that this was not a viable option for most ICBs due to their different levels of maturity at the present time.

Since the launch of the call, there has been further clarity in what is in scope and what is not, informed by the Webinar that was held on 2nd February 2024.

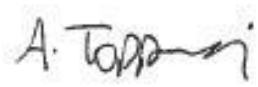
It is clear from the discussion that there are ongoing challenges from an accounting perspective in relation to capital investment and depreciation. Whilst it is clear in the guidance that these funds are in addition to the core CDEL allocations, the accounting treatment for depreciation as a recurrent cost to research is a challenge, particularly in those organisations which do not have a large, balanced portfolio of research.

We are therefore keen to explore this further with finance colleagues across the system and NHS England as this technicality has the unintended consequence of not investing in the areas which are underserved.

Natalie is also keen to continue the conversation and continually learn from the community to ensure NIHR investment is having a real impact on the health and wealth of the UK.

If you have any comments or experiences from the current scheme you would like to share, please do not hesitate to contact us.

Yours sincerely,



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