

ROYAL COLLEGE OF PHYSICIANS LONDON | 14 -16 JUNE 2021

# EUROPEAN HEALTHCARE DESIGN

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## CALL FOR PAPERS

### CREATIVE DESTRUCTION

DESIGN INNOVATION IN THE FACE OF EXISTENTIAL THREATS

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# CREATIVE DESTRUCTION: DESIGN INNOVATION IN THE FACE OF EXISTENTIAL THREATS

In a tumultuous year when the resilience of healthcare globally has been tested to the limit by the pandemic, the pressure to adopt a climate-smart development path for designing, building, operating and investing in health systems and infrastructure has also increased exponentially.

The history books will pronounce 2020 a watershed year – a year when health systems, already strained in dealing with chronic and lifestyle illnesses among increasingly ageing populations, were thrown into a prolonged and arduous battle against a new highly infectious disease.

While we are not, as yet, able to determine what a post-pandemic world will look like, we have had time to reflect and look beyond the design of field hospitals and the adaptation of existing facilities. Our response to Covid-19 is one of three major directions of travel over the past decade in the way we design the physical and social architecture of healthcare, alongside climate change mitigation and realising the disruptive value of digital technology and medicine.

The pandemic has exposed, in a brutal fashion, the fault lines in our health and care systems, and tested the relationship between the state and the citizen. The restrictive measures that many governments have adopted have asked us to re-evaluate the balance between personal liberty and social responsibility. In combination with the rapid advancement of digital and medical technology, how can our health and care systems and infrastructure be reshaped and reconstructed in a way that promotes, creates and protects health for all?

Indeed, Covid-19 is one of two interconnected existential threats to human health, of which the climate and planetary health crisis presents a more fundamental challenge. The changing climate is leading to more frequent heatwaves and extreme weather events such as flooding, including the potential spread of infectious diseases.

But it's not enough for health systems to limit themselves to treating health problems caused by air pollution and climate change; they must rise to the challenge of tackling them at source. There are positive signs of progress, with the NHS committing to a multi-year blueprint to become the world's first carbon net-zero national health system, and new guidance from the World Health Organization aimed at supporting healthcare facilities to anticipate, respond to, recover from, and adapt to climate-related shocks and stresses, while minimising negative impacts on the environment.

## Reconstruction offers real opportunities

Covid-19 has been a cruel stress test of our social and healthcare systems and facilities. There is now a real chance to re-evaluate these systems – public, acute and social – and repair, strengthen or restructure them wherever necessary.

Over the past few months, there has been a sudden acceleration in the opportunities that digital medicine offers for remote diagnosis, consultation, chronic disease management, and home working. The basic structure of ambulatory medicine, in which system tolerances are managed via the waiting room, has confirmed the need for flexible, multi-acuity single rooms in hospitals, as well as an increase in skilled staff and critical and high-dependency beds.

Will a renewed focus on infectious disease lead to a separation of emergency and elective care or herald the return of the 'fever' hospital? Undoubtedly, the importance of movement systems in the design of the 'chassis' of our health facilities has been reinforced. Most importantly, it has demonstrated that much of the global healthcare estate is made up of 'unhealthy' buildings.

## Sustainable buildings equal healthy buildings

Over the next decade, there will be inevitable increases in capital investment in healthcare facilities. Against this delivery there must be a recognition that sustainable buildings are first and foremost healthy buildings, providing environments that support the wellbeing of patients, health workers and the wider community.

The past year has clearly demonstrated the need for better care structures and greater protection – and we all have personal responsibilities in engaging in and strengthening our communities. The crisis has reminded us what we have known for centuries – that poor housing, impoverishment and social disconnection damage health and widen health inequalities. It has also highlighted the critical importance of joining up our health and care system with public health so we can focus on the wider determinants of health that define how a progressive and equitable society functions for all.

This year's congress is an opportunity to craft a blueprint for reconstruction, a creative assertion of the power of design – whether it be in population health, clinical systems, or architecture and design. We should embrace the three directions of travel – responding to Covid-19, the growth of digital technology, and climate change mitigation – recognising their potential to catalyse change, creativity and innovation, and proposing ways in which we can use them to radically transform our health systems and architecture.

We're delighted to invite you to participate and contribute to the exchange of knowledge needed to construct a new design narrative for global health systems & infrastructure by submitting abstracts by 28 January 2021.



**JOHN COOPER**  
Past Chair  
Architects for Health



**MARC SANSOM**  
Director  
SALUS Global Knowledge  
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GLOBAL KNOWLEDGE EXCHANGE

# CALL FOR PAPERS

The 7th European Healthcare Design 2021 Congress (EHD 2021), which is scheduled to be held 'in person' if it is safe to do so, with live streaming globally online, is dedicated to the global exchange of knowledge on the relationship between research, practice and policy in the design of health systems, services, technology and infrastructure.

Congress attendees will develop their knowledge of the political, social, economic and environmental context, emerging practice, skills and core competencies in designing and commissioning health services, technology and infrastructure, project management, and the evidence base for healthcare design, sustainable development and quality improvement. We are delighted to invite you to submit abstracts on the following core themes.

## Plenary theme

**Creative destruction:** Design innovation in the face of existential threats

## Congress streams

- **Population-based health systems:** Designing place-based health and care systems that embrace joint working across sector boundaries
- **The intersection of clinical medicine and design:** Reimagining clinical environments through interdisciplinary health service & space planning
- **Science, technology & innovation:** Accelerating adoption to create active infrastructure, empower patients and promote quality improvement
- **Climate smart healthcare:** Applying circular economy principles and net-zero carbon and resilience strategies
- **Art & architecture:** Sustainable environments that promote wellbeing, identity and dignity, support recovery and empower patients and users
- **Pandemic preparedness:** Strengthening health systems, services and infrastructure in response to the threat of communicable disease

Authors are invited to submit abstracts of 400 words in English for any of the following: a) themed paper; b) poster; c) workshop. The abstract should clearly state the background, purpose, methods, results and conclusions/implications. Presentations in all three formats can be focused on any of research, practice or theory. For more detailed abstract guidelines, visit [www.europeanhealthcaredesign.eu](http://www.europeanhealthcaredesign.eu).

Each presentation will be delivered to an interdisciplinary audience, and each stream carefully curated to encourage an informed dialogue. Papers addressing more than one of the congress themes will be given preference. All abstracts will be subject to a rigorous blind peer-review process by the EHD 2021 Programme Committee. A carefully selected number will be chosen for oral presentation with a wider number presented as posters.

Proposals must be submitted using the abstract proposal form, available at [www.europeanhealthcaredesign.eu](http://www.europeanhealthcaredesign.eu) and MUST include the following details: a) presentation type (themed paper, poster or workshop); b) knowledge focus (research, practice or theory); c) congress theme (choice of three out of six streams in order of preference); d) title; e) author(s); f) organisational affiliation; and g) three keywords.

The abstracts of the papers chosen for presentation will be published in the Final Programme. Videos of the talks and written papers, and digital versions of the posters with the accompanying abstract will be published online at [www.salus.global](http://www.salus.global) following the congress. Presenters are expected to gain consent for video reproduction and digital dissemination of any material they present. Please note: the author(s) and/or co-author(s) are required to register and pay the registration fee to participate and present the paper at the congress. The official language of EHD 2021 is English.

More information on the conference venue, hotel accommodation and registration fee will be available at [www.europeanhealthcaredesign.eu](http://www.europeanhealthcaredesign.eu).

All abstracts should be submitted at: [www.europeanhealthcaredesign.eu](http://www.europeanhealthcaredesign.eu). All enquiries should be sent by e-mail to the EHD 2021 Secretariat at **E-mail: [info@europeanhealthcaredesign.eu](mailto:info@europeanhealthcaredesign.eu)**  
**Tel: + 44 (0)1277 634176**

## Who should submit a paper and attend?

The European Healthcare Design Congress, Awards & Exhibition attracts the world's leading interdisciplinary thinkers, researchers and practitioners in the field including:

- Physicians
- Healthcare executive
- Estates/capital development
- Nursing professionals
- Commissioners
- Health scientists
- Service designers
- Clinical managers
- Architects and designers
- Engineers and developers
- Health planners
- Occupational therapists
- Psychologists
- Economists

# PROVISIONAL TIMETABLE

## December 2020

Announcement of Call for Papers

## January 2021

Announcement of Call for Entries for EHD Awards 2021

## 28 January 2021

Deadline for EHD 2021 Congress abstracts

## 4 March 2021

Deadline for EHD 2021 Awards submissions

## 22 March 2021

Launch of the Preliminary Programme

## 22 April 2021

Deadline for speaker and early bird registration

## 19 May 2021

EHD 2021 Live Virtual Awards Judging

Deadline for full written paper manuscripts

## Monday 14 June 2021

09.00–18.00: EHD 2021 Congress & Exhibition

18.00–20.00 Welcome drinks reception

## Tuesday 15 June 2021

09.00–18.00: EHD 2021 Congress, Exhibition and Awards

18.00–22.00: Garden Party

## Wednesday 16 June 2021

09.00–19.00: Study visits to UK health facilities (to be advised)

Cover Credits (clockwise from top left): Zayed Centre for Research into Rare Disease in Children, designed by Stanton Williams; Blacktown Hospital Acute Services Building, designed by Jacobs; The Prince & Princess of Wales Hospice, designed by Ryder Architecture; National Centre for Infectious Diseases & Ng Teng Fong Centre for Healthcare Innovation, designed by CPG Consultants



# THE PROGRAMME COMMITTEE

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For further enquiries on the event programme, sponsorship or  
exhibition opportunities, contact:

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