



European Healthcare Design

9-11
JUNE

CALL FOR PAPERS

Beyond the hospital:

Form, function and the future health ecosystem

> RESEARCH
> POLICY
> PRACTICE

LONDON

ROYAL COLLEGE OF PHYSICIANS



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Beyond the hospital:

Form, function and the future health ecosystem

As ever greater demands are placed on health systems around the world, healthcare consumes ever larger resources as a share of national incomes. Adopting an ecosystem paradigm is an opportunity to frame the transformation of health.

Despite extraordinary advances in medicine, today's challenges paint a picture of health systems in crisis: aging populations, the rise of non-communicable disease, long-term conditions, and increasing prevalence of mental illness; all set against global workforce shortages, inadequate physical infrastructure, and a planetary health emergency.

Adopting a health ecosystem approach to unlocking value from the complex interconnections between patients, providers, payers and community resources offers hope. If health systems can shift focus from sickness to wellness, from siloed to integrated, from volume-based to value-based, from reactive to predictive, and from standardised to personalised, a more resilient, equitable and sustainable healthcare future awaits.

Beyond building

The potential of an ecosystem approach to reduce demand through preventive measures and reduce costs by shifting services from acute to primary and community care has long been highlighted¹. But now, the possibilities created by the digital revolution and AI, advances in personalised medicine and life sciences, combined with social and cultural shifts as people take more responsibility for their own health are enabling the emergence of a new ecosystem of health and wellbeing.

Politically and culturally, new hospital buildings are the 'go to solutions' for accommodating clinical and care needs.

But our scope to construct new buildings and infrastructure, which are major contributors to carbon emissions, is increasingly limited.

More than almost any other, hospital infrastructure has embraced the doctrine 'form follows function'. As clinical practices evolved; as technology advanced to create new medical procedures; as stretched budgets drove efficiency in human resources; and as socio-cultural practices changed, so did the functional briefs, rendering obsolete otherwise sound existing buildings and spaces.

Health providers and designers took pride in devising new spatial and tectonic solutions that fitted the brief precisely, like a well-tailored suit. Even when the inevitability of change was acknowledged², it still took time for adaptability to become a core design principle.

In most European cities with substantially intact layers of historic urban fabric, a majority of buildings are not used for the functions for which they were built. Indeed, recently, function has adaptively sought out form, with wonderful results: restaurants in high-ceiling banking halls, studios in dockside warehouse, colleges in mansions lining city squares, and apartments in 19th-century pavilion-plan hospitals.

However, we seem to have only one way to create the hugely complex organism that is the modern acute medical

centre, with its spatially diverse but inextricably interlinked parts. We build hospitals either on greenfield sites or by destroying the disparate set of buildings typical of a long-occupied hospital site. If we can no longer do that, how do we ensure we have the physical and spatial infrastructure to accommodate the healthcare needs of modern society? If we are to rely far less on new hospital building, we need to begin with conceiving of space and form, old and new, as part of this ecosystem.

New thinking

We will always need well-designed, functionally high-performing hospitals. But in what form and in which settings? How do we make more use of the vast underutilised estate? Newbuild or retrofit, how do we minimise embodied carbon emissions and resource use?

The crisis in our health systems and a planetary health emergency are creating both the need and opportunity for new thinking about making the best use of what we have and treading more lightly. This is an invitation to share new knowledge and ideas, from research, practice and policy in the field.

1. Nuffield Trust 'Building a 2020 Vision: The future of healthcare environments' (2001)
2. John Weeks, Indeterminate Architecture, 1965



Sunand Prasad

Chair, UK Green Building Council;
Principal, Perkins&Will, UK



Marc Sansom MBA

Co-founder, Healthy City Design;
Managing director, SALUS Global
Knowledge Exchange, UK

Submission process

The European Healthcare Design 2025 Congress is dedicated to the global exchange of knowledge on the relationship between research, practice and policy in the design and planning of health systems, services, technology, workforce 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 planning health services, technology and infrastructure; project management; evidence based research; sustainable development and quality improvement. We are delighted to invite you to submit abstracts on the below core themes.

- > **Population health:** From sickness to wellness focused ecosystems; partnering to integrate care and foster healthy communities
- > **Health planning and investment:** New service, funding and asset models that promote equity, quality improvement and strengthen health system resilience
- > **The intersection of design and clinical medicine:** Adaptive and humanistic environments and spaces to support clinical service planning strategies
- > **Science, technology & digital transformation:** Whole system-level adoption of digital health, AI, personalised medicine and smart hospital innovations
- > **Climate-smart healthcare:** Applying circular economy principles and net-zero carbon strategies to services, infrastructure and workforce
- > **Art & architecture:** Design at the human scale to promote wellbeing, identity and dignity, support recovery, and empower patients and staff
- > **Tertiary care:** Integrating specialist services and infrastructure, including mental health services, cancer care, women and children, and rehabilitation

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.

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 2025 Programme Committee. A carefully selected number will be chosen for oral presentation with a wider number presented in poster format accompanied by a pre-recorded video talk.

Proposals must be submitted using the abstract proposal form, available at 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 seven 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 online. Videos of the talks and written papers, and digital versions of the posters with an accompanying pre-recorded video talk will be published online at www.salus.global. 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. Speakers will be expected to present 'in person'. Remote presentations will be possible if speakers are unable to attend in person due to medical or personal circumstances. The official language of EHD 2025 is English.

Provisional timetable

October 2024

Announcement of Call for Papers

November 2024

Launch of EHD 2025 Awards Call for Entries

3 December 2024

Deadline for EHD 2025 Congress abstracts

February 2025

Launch of the Preliminary Programme
EHD 2025 Awards submission deadline

April 2025

Deadline for speaker and Early Bird registration

May 2025

Deadline for full paper manuscripts

Monday 9 June 2025

EHD 2025 Congress & Exhibition
Welcome drinks reception

Tuesday 10 June 2025

EHD 2025 Congress, Exhibition and Awards
Garden Party

Wednesday 11 June 2025

09.00–19.00: Study visits to UK health facilities

Who should submit a paper?

The Congress attracts the world's leading interdisciplinary researchers, practitioners and policy thinkers in the field including:

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

The Programme Committee



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