ROYAL COLLEGE OF PHYSICIANS LONDON | 12 - 14 JUNE 2023

EUROPEAN HEALTHCARE DESIGN

RESEARCH • POLICY • PRACTICE

CALL FOR PAPERS

FAULT LINES AND FRONT LINES

STRENGTHENING HEALTH SYSTEM RESILIENCE

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FAULT LINES AND FRONT LINES
STRENGTHENING HEALTH SYSTEM RESILIENCE

The impacts of climate change, a pandemic, active conflicts, economic volatility and inflation have laid bare global health inequalities, creating hunger, poverty, displacement and disease that are testing the resilience of our health systems and infrastructure.

The convergence of these forces is making the world a less predictable and more volatile place. Our political, social and economic systems and institutions, including our health systems need to be strengthened to create a buffer against this turbulence and sustain the services and infrastructures on which we depend.

A resilient and high-performing health and care system can be the tie that binds society and communities together. It can play a critical role to play at the intersection of politics, economics and culture to meet these global challenges and help to build the foundations for a healthier, more productive and socially cohesive society.

The existential challenges of climate change, war, economic crisis, pestilence, and food, water and energy security will require governments and healthcare systems to invest in a much greater reserve of already stressed human, physical and capital resources than have previously been planned for.

Have we applied a definition of health system performance and sustainability that is too narrow? Should we be measuring success through the prism of resilience – system, service and infrastructure planning and design that can sustain and develop our social, economic and cultural as well as physical structures.

The global workforce crisis in healthcare is centre stage. By 2030, the world will be short of 15 million health workers, with 43 million needed to achieve universal health coverage. But attracting and recruiting more health workers to join exhausted professions burdened mentally and physically from the pandemic, is only part – albeit a critical part – of the solution.

New models of care and advances in technology and the life sciences, from AI to personalised medicine, have the potential to transform the quality, access and equity of care for more people in new settings closer to the patient, at the same time as improving the sustainability of supply chains and infrastructure.

A recent report by the All-Party Parliamentary Group on Global Health on the future roles of healthcare workers, 'Probable futures and radical possibilities' called for a transformation of health systems to support "most care [to be] delivered at home and in communities" with the role of health professionals changing and extending as "agents of change and curators of knowledge".

How can we design healthcare facilities to improve the quality of the workplace for clinical and non-clinical staff and accommodate these changing roles at every level of the healthcare estate – from the teaching hospital to the GP centre? Are the ways in which we design healthcare buildings, with a reliance on inward-facing stakeholder engagement and ageing databases, in need of review?

Rapid progress is now being made to embed low-carbon design and construction in some areas of the world, but global standards are required to address a global problem. Questions, too, remain over the definition of net zero, whether we should be measuring embodied or operational carbon and the standards required for how resources and materials are used efficiently over their design life.

As huge global consumers of energy, health systems are being hit hard by the threat to energy security and rapidly rising costs, bringing into sharp focus how the sector's carbon footprint can be reduced across the whole system. In the UK, a quarter of the NHS' carbon emissions is generated by the manufacture and distribution of pharmaceuticals. It may also seem simple to repurpose the pavilion hospitals of the 19th and early 20th centuries, but many of the hospitals we're now replacing are only 30-40 years old and are far more difficult to re-use.

Building the desperately needed capacity required across health and care systems will require visionary and strategic-level thinking to plan our health systems in a way that aligns and accelerates evolving professional roles to new, more radical service models of care across new settings and sustainable infrastructure connected at the heart of our cities and communities. Too often, siloed thinking and funding trump system-level strategies that join up workforce, service and infrastructure planning and design.

Each year, the Congress programme is developed within the context of the most pressing issues of the day, weaved into a framework through which the best examples of healthcare design and planning, including services, buildings, technology, products, landscape and art, are presented.

By joining up the latest application of global research, practice and policy in the configuration of health systems, services and processes, with the advance of science and technology, and the creation of the physical architecture, the Congress supports the healthcare design community to stimulate innovation and transformation through a culture of open knowledge sharing and transfer.

In 2023, we encourage research and practice-based abstracts on the role of design and planning in any pertinent themes that define excellence through the prism of resilience, and demonstrate innovation and the application of new ideas on the future of health systems and hospitals that are better connected to our cities and communities.

JOHN COOPER
Past Chair
Architects for Health

MARC SANSOM
Director
SALUS Global Knowledge Exchange

CALL FOR PAPERS

The 9th European Healthcare Design 2023 Congress (EHD 2023) 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. The Congress is scheduled to be held 'in person' at the Royal College of Physicians on 12-14 June, and streamed online on SALUS TV to enable virtual participation.

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; 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.

Congress streams

• **Population health:** Redesigning health systems and partnering to integrate care and foster healthy communities

• **Health planning and investment:** New service and asset models that promote quality improvement and strengthen health system resilience

• **The intersection of clinical medicine and design:** Optimising environments and spaces to support clinical service planning strategies

• **Science, technology & digital transformation:** 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 supply chains

• **Art & architecture:** Humanistic environments that promote wellbeing, identity and dignity, support recovery, and empower patients

• **Tertiary care:** Planning 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 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 2023 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 the 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 encouraged to present 'in person', depending on international travel restrictions. The official language of EHD 2023 is English.

More information on the conference venue, hotel accommodation and registration fee will be available at www.europeanhealthcaredesign.eu in December 2022.

All abstracts should be submitted at: www.europeanhealthcaredesign.eu. All enquiries should be sent by e-mail to the EHD 2023 Secretariat at: E: 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 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

PROVISIONAL TIMETABLE

3 October 2022
Announcement of Call for Papers

December 2022
Announcement of Call for Entries for EHD Awards 2023

15 December 2022
Extended deadline for EHD 2023 Congress abstracts

February 2023
Launch of the Preliminary Programme
Deadline for EHD 2023 Awards submissions

April 2023
Deadline for speaker and Early Bird registration

May 2023
EHD 2023 Live Virtual Awards Judging
Deadline for full paper manuscripts

Monday 12 June 2023
09.00–18.00: EHD 2023 Congress & Exhibition
18.00–20.00 Welcome drinks reception

Tuesday 13 June 2023
09.00–18.00: EHD 2023 Congress, Exhibition and Awards
18.00–22.00: Garden Party

Wednesday 14 June 2023
09.00–19.00: Study visits to UK health facilities (to be advised)

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Jim Chapman, Emeritus professor, Manchester School of Architecture

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