



European Healthcare Design

15-17
JUNE

CALL FOR PAPERS

Agile not fragile:

Designing for resilience, renewal and regeneration

> RESEARCH
> POLICY
> PRACTICE

LONDON
QEII CENTRE, WESTMINSTER



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Agile not fragile:

Designing for resilience, renewal and regeneration

We live in a state of instability not seen since the mid-20th century and multiple challenges threaten to throw whole health systems off balance. But out of risk comes opportunity, with the chance to build a more agile and resilient health ecosystem.

The only constant is change, Heraclitus reflected some two millennia ago. As much as any area of modern life, healthcare today exhibits this maxim – only supercharged. Now it also seems that *the only certainty is uncertainty*.

As well as increasing political, economic and climatic turbulence, the rapidity of technological change itself is making the future harder to foresee and the present trickier to navigate. How can we plan for the future when so much appears in flux?

The Covid pandemic seemed to catalyse a long-term shift towards telemedicine, saving time for both patient and health system. However, this trend has not been sustained and, indeed, it has partially reversed. To sustain policies relaxed in emergencies requires adjustments in legal and financial infrastructure, while there are concerns, too, about data protection and integration with health records.

AI, medical technology, and life sciences are revolutionising healthcare by enhancing diagnostics, personalising treatments, boosting efficiency, and empowering patients. These innovations promise to shift healthcare from a reactive model to a more proactive, predictive, and patient-centred system. However, digital technologies also give rise to novel risks like cyber-attack, accidental data loss or corruption, and software obsolescence. To add to which are unintended consequences, such as the compromise of privacy and mental health impacts of social media.

Workforce shortages afflict every global healthcare system, albeit in different ways. Digital advancements may help alleviate their impact. A McKinsey report suggests 30% of nurses' time could be saved by automating routine and bureaucratic tasks. But it is also important to create supportive environments that promote staff wellbeing, improve work performance, enhance retention, and attract more people to healthcare.

Time waits for no one

That leads to a key issue for physical design: the huge division between the time it takes to build a hospital and the rapid changes in practice and technology. Strategies to compress this time gap include modular or prefabricated construction; standardised designs; and applying AI, virtual and augmented reality for better planning and error reduction – but ensuring resilience to change through maximising adaptability is vital.

Adaptability and resilience gain even more importance through the lens of neighbourhood health. Delivering health and wellbeing services through greater collaboration of multiple interconnected partners – such as the NHS, local government, voluntary and community bodies, schools, housing providers, and residents themselves – can help reduce over-reliance on the health service, while also addressing the wider determinants of health.

Overarching all of the above is climate change, which poses direct risks, such as heatwaves, drought, flooding and novel infections. Strengthening the climate resilience of healthcare

infrastructure requires trying to anticipate future scenarios, and includes flexible space to provide surge capacity. The need to reduce carbon emissions also has indirect consequences, such as a presumption towards repurposing existing buildings and infrastructure and away from building anew; sourcing low-emission products; and retrofitting to improve energy efficiency – all of which present opportunities for innovation.

Change brings opportunity

The inevitability of change and the fog of uncertainty impact on all disciplines brought together by the Congress. They challenge us to develop systems, practices, technologies and buildings that are resilient and agile. Fortunately, some of the agents of rapid change, like AI and medical technology, also provide the opportunities for increasing resilience and agility.

A useful thought experiment is to ask what will not change in a defined foresight horizon. It follows that all else might change and allows us to conceive scenarios that make the issues more tractable. Papers are invited on a wide interpretation of the theme: from resilience through climate adaptation, to digital response to mitigate disruption, to adapting to limited workforce resources. Above all, how do we design in a way that enables health ecosystems to be agile, not fragile, in an uncertain future?



Sunand Prasad
Chair, Healthy City Design;
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Marc Sansom MBA
Co-founder, Healthy City Design;
Managing director, SALUS Global
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Submission process

The European Healthcare Design 2026 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.

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 2026

Programme Committee. A carefully selected number will be chosen for oral presentation with a wider number presented in poster format accompanied by a 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 eight streams); d) title; e) author(s); f) organisational affiliation; and g) learning objectives.

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 2026 is English.

Provisional timetable

October 2025

Announcement of Call for Papers

November 2025

Launch of EHD 2025 Awards Call for Entries

4 December 2026

Deadline for EHD 2026 Congress abstracts

February 2026

Launch of the Preliminary Programme
EHD 2026 Awards submission deadline

April 2026

Deadline for speaker and Early Bird registration

May 2026

Deadline for full paper manuscripts

Monday 15 June 2026

EHD 2026 Congress & Exhibition
Welcome drinks reception

Tuesday 16 June 2026

EHD 2026 Congress, Exhibition and Awards
Garden Party

Wednesday 17 June 2026

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

> **Population health:** From hospital to community, and treatment to prevention; ecosystem approaches to integrating care and fostering 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 and infrastructure

> **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

> **Workforce design:** Strategies to create supportive work environments that promote staff well-being, improve work performance, and enhance retention

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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