



European
Healthcare
Design



14-16
JUNE



LONDON
QEII CENTRE, WESTMINSTER

CALL FOR PAPERS

Creativity out of conflict: Innovating past barriers

Abstract submission deadline: 3 December

> RESEARCH
> POLICY
> PRACTICE



Organised by



www.europeanhealthcaredesign.eu

Event partners

Alder Hey Children's
Hospitals NHS Foundation Trust



Creativity out of conflict

Innovating past barriers

Design has the power to reconcile the seemingly irreconcilable. As climate change, artificial intelligence and geopolitics reshape our world, how do we harness its power to transform care, strengthen communities and protect the health of generations to come?

In healthcare, reconciling the irreconcilable means meeting urgent needs while creating sustainable improvements, championing innovation while managing risk, and working with limited resources without abandoning ambition.

At European Healthcare Design, we use the word “design” in its widest sense: the design of systems, processes, organisations, regulations, technologies, infrastructure and buildings. Decisions across these areas shape patients’ experiences, staff working lives and community health. Together, they can reveal possibilities that would otherwise remain hidden.

Across the world, healthcare systems face changing and often conflicting demands. Ageing populations, multiple long-term conditions, mental ill health and inequalities are universal challenges that often require a local response. A global workforce crisis, constrained public investment and ageing infrastructure challenge the capacity to respond.

Health systems frequently battle with conflicting drivers:

- > We want long-term structural improvements, but the urgency of immediate demands is compelling.
- > We want to realise whole-life value, but annual or project budgets seem non-negotiable.
- > We want freedom to innovate and experiment, but regulations intended to contain risk can also create barriers to change.
- > We know the great value of local agency, but often depend on central decisions to allocate resources.

How do we harness design to reconcile these demands and deliver benefits across several priorities? How can research

help ground design in objective reality, testing assumptions and demonstrating what works? Not every tension can be resolved, but evidence and collaboration can help us make informed choices.

The shift towards community care and neighbourhood health brings these tensions into focus. Prevention is better than cure, yet the short-term political pressures to fund acute care can crowd out investment in public health and primary care. Annual budget cycles further constrain long-term planning. How can we reconcile urgent treatment needs with sustained investment in keeping people well?

Can we better balance investment in medicines and advanced technology with funding for art, access to nature, nutritious food and social connection? Design has the power to reconcile these priorities, recognising treatment and humane, supportive environments as complementary investments in patient recovery and staff wellbeing.

Designing for a turbulent world

These decisions unfold amid changes that could fundamentally alter the conditions in which healthcare operates.

Climate change threatens health and habitats, demanding both adaptation and emissions reductions. AI promises dramatic advances in treatment and care delivery, while raising profound questions about human agency. Conflict and geopolitical uncertainty bring security into sharper focus: protecting facilities, energy and supply chains, safeguarding digital systems, and sustaining care through disruption. How can healthcare develop more resilience to these changes while preparing for their consequences?

Learning must flow in every direction. Wealthier countries have much to learn from colleagues in lower-income settings about innovating with limited resources, working with communities and responding to climatic extremes.

Locally repairable technologies, passive cooling and resourceful service models deserve attention, with careful consideration of what can be beneficially transferred between contexts. Ingenuity should be rewarded but not as a substitute for adequate investment.

Time to act

If we can muster our collective natural intelligence and wisdom, we have the opportunity to make radical improvements in human health, capability and flourishing. The need to turn that possibility into action is urgent.

We are looking for examples at any scale of how innovation in healthcare design can transcend barriers in practice and theory: through collaboration, curiosity, communication, determination, new tools, technology and rigour.

We welcome lessons from different countries and settings, including where ambitions have proved difficult to realise. Together, we will explore how design can reconcile competing priorities and strengthen our capacity to care in an increasingly uncertain world.

We invite you to submit your projects, research and ideas, and help shape the future of healthcare design.



Sunand Prasad

Programme director, European Healthcare Design, UK



Marc Sansom MBA

Managing director, SALUS Global Knowledge Exchange, UK

Submission process

The European Healthcare Design 2027 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 core themes below.

Authors are invited to submit abstracts of 400 words in English for any of the following: a) themed paper; b) video + 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 policy.

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 2027

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 in the event web site and virtual platform. Videos of the talks and written papers, and digital versions of the posters with an accompanying pre-recorded video talk will also be published online. Presenters are expected to gain consent for video reproduction and digital dissemination of any material they present.

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 are expected to present 'in person'. Remote presentations are only possible if speakers are unable to attend in person due to medical or personal circumstances. The official language of EHD 2027 is English.

Provisional timetable

October 2026

Announcement of Call for Papers

November 2026

Launch of Awards Call for Entries

3 December 2026

Deadline for Congress abstracts

February 2027

Deadline for Super Early Bird Registration

Launch of the Preliminary Programme
Awards submission deadline

April 2027

Deadline for speaker and Early Bird registration

May 2027

Deadline for full paper manuscripts

Monday 14 June 2027

EHD 2027 Congress & Exhibition
Welcome drinks reception

Tuesday 15 June 2027

EHD 2027 Congress, Exhibition and Awards
Garden Party at Westminster Abbey

Wednesday 16 June 2027

Study visits to UK health facilities

Who should submit a paper?

The Congress attracts the world's leading 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

> **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 procurement models that promote quality improvement and strengthen 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 systems, services, supply chains and infrastructure

> **Art & architecture:** Design at the human scale to promote wellbeing, dignity, diversity, equity and inclusion, 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

> **Workplace design:** Strategies to create supportive work environments that promote staff wellbeing, improve work performance, and enhance retention

The Programme Committee



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European Healthcare Design

For further enquiries on the event programme, sponsorship or exhibition opportunities, contact: SALUS Global Knowledge Exchange

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