

Strategic plan 2017/8 – 2019/20

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1. Introduction and Executive Summary:

This new 3-year strategy is written as our society celebrates its 70th anniversary. Since 1947, our pioneering founders and those who have followed in their footsteps have been at the forefront of transforming the quality of care available to older people with frailty and other complex needs. Our membership continues to grow and now stands just short of 3,600. It consists of specialist doctors - both trainees and consultants - in acute and community settings, GPs, nurses, medical educationalists, old age psychiatrists, medical students, researchers and allied health professionals involved in the treatment and care of older people.

One of the most important findings of the strategic review of BGS's services and communications undertaken by Forster Communications in 2015 was that it is the society's unique focus on improving the healthcare of older people across the UK that provides the main attraction for healthcare professionals to join as members. Ninety-three percent of members stated that they had joined because they wanted to work with others to improve the quality of care for older people. The same percentage of members wanted to work closely with specialist nurses, GPs and allied health professionals (AHPs), and there was resounding approval of our strategy of welcoming these disciplines into membership. The Forster Review also gave ample support to our wish to undertake a comprehensive overhaul of our website, the hub of much of our service output, and to create a more modern and fresher look and feel to the society's brand and published outputs, as well as outlining a host of other detailed recommendations, many of which are already being implemented with others featuring in this new strategy.

Building on the Forster Review, at a strategic planning workshop in July 2016, the society's trustees, other office holders and staff agreed to prioritise the following broad areas for development:

1. Being a strong and sustainable organisation with an engaged membership;
2. Developing a relevant and high quality range of education, professional development and guidance services;
3. Retaining and extending BGS's membership, and
4. Strengthening BGS's role as the relevant policy voice of the specialty.

This new strategic plan puts flesh on these bones, converting the four prioritised broad areas into seven strategic objectives, setting intended outcomes for each, and where appropriate success measures.

Executive Summary:

The British Geriatrics Society is the multidisciplinary membership organisation bringing together healthcare professionals from all disciplines engaged in the specialist treatment and care of older people across the UK. Founded in 1947, the society's membership has grown considerably in recent years and we now have over 3,600 members – consultant geriatricians and trainees, specialist nurses and therapists, GPs, scientists and researchers. The society is a registered charity and a company limited by guarantee.

We work to improve the healthcare of older people, and our charitable mission is to promote better health in old age. Our 7 organisational aims are to:

- Inspire students and trainees to specialise in the care of older people, and to support their education, training, clinical effectiveness, and career development
- Promote high standards of clinical quality through conferences, meetings, information, good practice guidance, and educational and training opportunities
- Encourage the sharing of learning and best practice, both within and across relevant disciplines

- Promote research into the healthcare of older people, facilitating access to research and opportunities to generate research
- Act as the informed policy voice regarding educational curricula; clinical standards; research; effective commissioning practice and health policy regarding the treatment and care of older people across the UK
- Raise awareness among healthcare professionals of the role of 'living well' in preventing disease in old age.

During the 2014/15 - 2016/17 strategy period, we achieved success on a number of fronts, including growth and diversification of our membership so that it became even more multidisciplinary; dramatic increases in engagement through our online and social media channels; significantly increased impact of our research journal, *Age and Ageing*; consistently excellent feedback from the growing numbers of people attending our national conferences and events; new Special Interest Groups to facilitate knowledge-sharing and networking around key health issues impacting older people; a much enhanced policy and communications profile, effectively increasing our influence with policymakers and policy influencers including print and broadcast media, and a brand refresh and new graphical look and feel for the society and its publications. Over the coming three years, we aim to build on this success by continuing to develop the organisation in response to the needs of our members in achieving excellent healthcare for the growing numbers of older people with frailty and other complex health needs. Our strategic objectives for 2017/18 – 2019/20 are to:

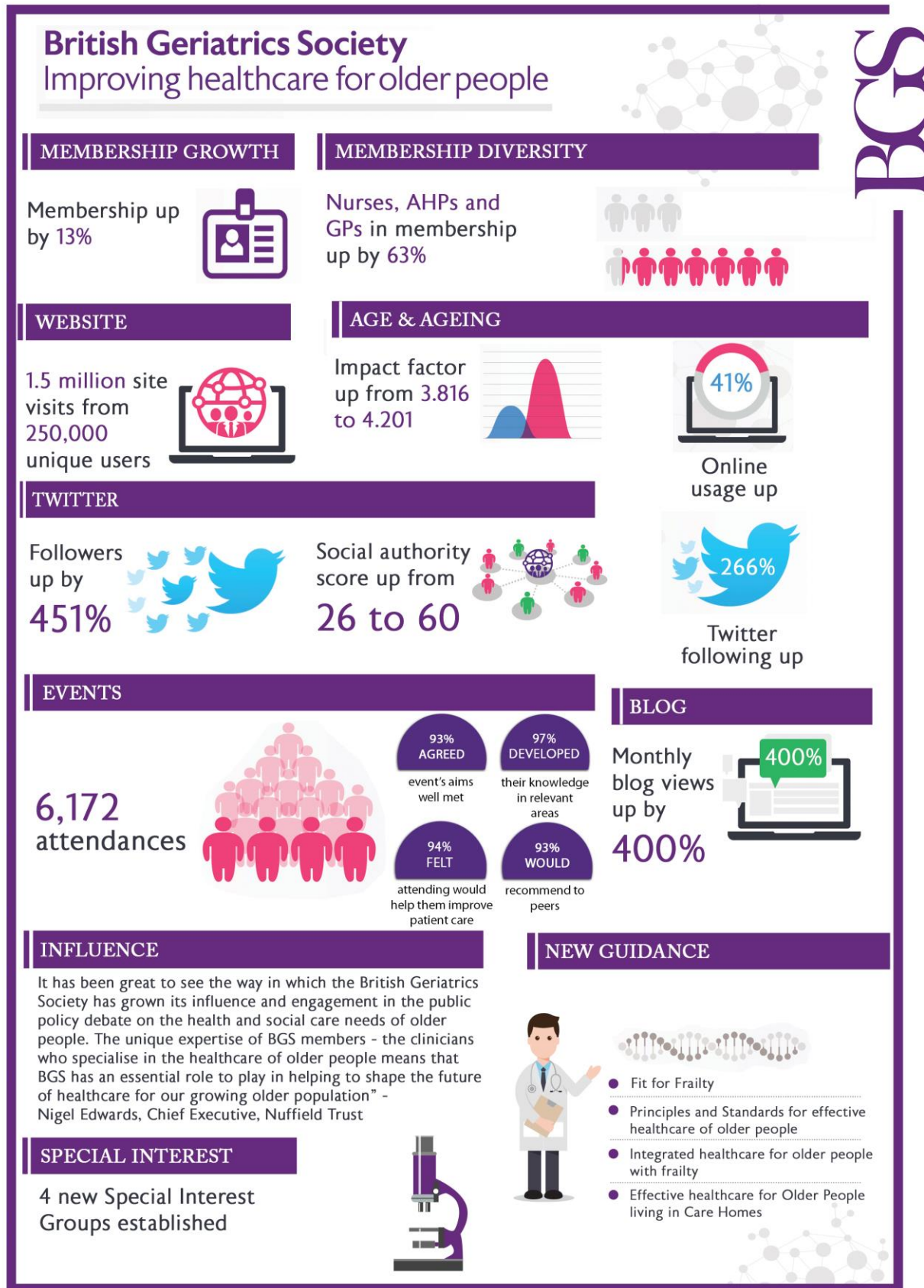
- i. Continue to develop our organisation's profile, effectiveness and sustainability
- ii. Influence the development of education and training across relevant disciplines
- iii. Support our members' professional development
- iv. Promote high standards in preventing and treating disease in old age
- v. Facilitate access to research and opportunities to generate research
- vi. Continue to improve the effectiveness of our internal and external communications
- vii. Continue to increase our influence with policymakers and policy influencers with respect to health and social care policy for older people across the UK.

2. BGS's strategic and operational planning cycle:

BGS has adopted a fixed, three-year planning cycle. For each year of each strategic plan, strategic objectives are flowed through into annual operational plans, and from there to individual staff members' workplans so that everyone in the staff team is aware of their specific contribution to achieving the organisation's vision for its future. The annual operational plan and accompanying annual budget will be presented to the Trustees Board for approval before the start of each year, and reported against at quarterly Trustee Board meetings.

3. Analysis:

(a) Achievements against previous strategy (2014/15 – 2016/17)



(b) PESTLE analysis

Political	Economic	Social
<ul style="list-style-type: none"> • Brexit • Devolution (Scotland) • Volatility and uncertainty, and some agendas on hold • Local authorities holding referenda on social care • Restructuring of the NHS with fewer hospitals • Continuing concerns re junior doctors contract • Elections in devolved nations and possibility of General Election before May 2020. 	<ul style="list-style-type: none"> • Slowdown in economic growth • UK budget in deficit by 2021 • Budget cuts to intermediate and social care • No limit or cap on amount that an individual pays for care home • Requirement to pay minimum wage means some care close down • Brain drain – health professionals moving to other countries. 	<ul style="list-style-type: none"> • Ageing population • Decline in public health, eg obesity, diabetes, mental health • Pressure on public health • Public become de-sensitized to the NHS and social care crises • Value of investments and pensions drops • Rental population lack of funds to pay for care • Isolation of black minority and ethnic groups • Fake news on medicine • Data sharing and invasion of privacy • More requests for access to personal NHS record.
Technological	Legal	Environmental
<ul style="list-style-type: none"> • Better connectivity with technology • Technology used more to deliver learning • Greater use of online consultations • Use of technology to support self-care • Ageing population but more older people become digitally competent. 	<ul style="list-style-type: none"> • Work permits and travel visas are harder to obtain for non-UK citizens • Legal uncertainty, especially in human rights • Difficulty in getting parliamentary time for new legislation • Government lawyers and civil servants' time taken up by Brexit • Tougher regulation and increase in inspections of hospitals and care homes • Rise in clinical negligence claims, and fear of legal action against hospitals and GPs • Copying of US legislation and policy approaches. 	<ul style="list-style-type: none"> • More extreme weather events • Overcrowded/slow transport network • Increased air pollution • Inappropriate hospital buildings • Increasing rural isolation • More waste reduction targets • Improvements in accessible environments • Increase in environments which encourage exercise, eg. cycle lanes and green gyms.

(c) SWOT analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • Members and officers’ commitment, loyalty, and expertise • Multi-disciplinary membership • Size of membership • Dedication and organisational skills of the small staff team • We are the lead organization in field of older people’s health care – world class leader • Holistic nature of geriatrics makes us unique • Influential allies • International allies • We support our members well • Interaction between staff and members works well • Independence and impartiality • Our voice is evidence-based and credible • High impact-factor journal • High quality research • High quality communications – good reach to members via social media • Flexibility of Secretariat • Financial stability • Own Marjory Warren House. 	<ul style="list-style-type: none"> • Duplication across regions due to fragmented structure of NHS • Officers are time poor • Fast turnover of key officers due to short (eg. 2 or 3 year) terms of office • English regions not as active as they could be • Staff are stretched – at or beyond capacity, and there are financial constraints on further expansion • Don’t have the same visibility as some other medical societies • Constant policy change: lots of new initiatives and short term projects • Limited resource and capacity to take the lead on campaigns • Limited funding for research • Producing and verifying guidelines is resource intensive • We have to increase our funding to finance projects, but we don’t employ a fundraiser.
Opportunities	Threats
<ul style="list-style-type: none"> • Could expand our reach by increasing collaborations, eg joint conferences and publications • To develop strong e-learning resources available through our new website • To live stream events on pay-by-view basis • Use members’ expertise to raise our public profile • Members’ expertise is multi-disciplinary • Greater sharing of member expertise with other members, and peer mentoring • Political interest in the issues that BGS has expertise in. We can widen membership to include new categories eg paramedics and physician associates • Increased marketing of membership to generate more income • Develop interactive, searchable member database/register • Ability to apply expertise in an international context, eg helping other countries to develop geriatric care • Elections in devolved nations and possible General Election. 	<ul style="list-style-type: none"> • Open access journals – loss of journal subscriptions if it is free to read • Increasing access to on-line events leading to loss of income • Less CPD days available to our members • Salary freezes result in reluctance to pay for membership • Members are even more time poor • Not generating a healthy surplus year on year • Unable to cover operating costs – especially in relation to staff costs • Devolution: failure to recognize 4 nation perspective - risk of separate national BGS’s (unlikely?) • Uncertainty of key officers’ agendas in future – potential to drive us off course • Brexit leads to loss of non-UK members which impacts on membership income.

(d) Analysis - Conclusions

Our analysis indicates that while the external environment BGS operates in will continue to be challenging and uncertain, particularly in relation to political and economic developments, there are significant opportunities that we have the capacity to benefit from.

Nationally and internationally, promoting better health in old age and ensuring high quality patient-centered care for older people is high on the public and political agenda.

In the UK as a whole and in each of the devolved administrations, the changing age structure of our populations means that by 2050 we will have at least as many people alive at older ages as at younger ages. The predictions are that by 2030 the number of centenarians will double.

It is clear that in the near future important public and policy decisions will need to be addressed, decisions which will affect the nature of health and care services for older people.

As the lead UK organisation in the field of older people's healthcare we are well placed to use our expertise to further increase our voice and influence, and to engage in public debate on older people's healthcare. We are fortunate in that we already have some influential allies, which will be helpful in increasing our influence and profile.

The expertise and commitment of our officers and members is our key strength. There is clear potential to expand our membership, and to support our members in new ways, for example through live streaming of events, the provision of e-learning modules, and facilitating greater sharing of member expertise across our membership. However, we are alert to the potential risk that many members may often lack sufficient time to contribute to the development of BGS's work due to increasing workload pressures. We will be encouraging more members to become more closely involved and engaged with BGS's work in order to help mitigate this risk. Our high quality communications, and use of social media, are a strength that will help us to support and engage members in new ways.

The higher Impact Factor of *Age and Ageing* is testament to its growing influence worldwide. The journal is an important asset as well as an attractive member benefit that we must continue to promote and protect. The risks and opportunities presented by the possibility of an increased trend towards open-access publishing will need to be kept under review.

The need to increase our funding to ensure that we can be in a position to comfortably cover our operating costs is reflected in our plans to explore new sources of funding. The wider economic uncertainties facing the UK all add to the need for financial prudence throughout the three years in which we will be delivering this strategic plan.

While maintaining our core focus on improving the healthcare of older people, particularly those at risk of developing, or already living with frailty, there is an opportunity for the society to further extend our field of view in order to support our members in encouraging adults of all ages to 'live well' in order to prevent avoidable disease in old age, and to play our part within the growing coalition of agencies including NHS England and the health departments in devolved nations, Public Health bodies, Age UK and others in enabling people to live healthier for longer.

4. Our geographical remit over the next three years:

Geographically, BGS's principal focus is the UK, and maintaining genuine UK-wide reach remains one of our core concerns. We will however continue to make information resources available globally and in most cases free of charge through our website. We will continue to play an active role within the International Association of Gerontology and Geriatrics (IAGG), the European Union of Medical Specialists (UEMS), and the European Union Geriatric Medicine Society (EUGMS). We will give serious consideration to bidding to host an EUGMS Congress during the life of this plan or very shortly afterwards.

Opportunistically, we will consider other international partnerships and attendance at key and relevant events overseas provided they generate valuable learning or other resources of clear benefit to the Society and its members.

5. Cross-cutting clinical themes we wish to prioritise in the new plan:

While identifying and managing frailty in community, primary and acute settings will remain a principle concern which we will continue to address through all of our service outputs (events, policy influencing, publications and communications), the time seems to be right to extend our coverage of other clinical themes including:

- *End of life care for older people:* Much of the prevailing mainstream coverage of palliative and end of life care focuses on those with cancer and in hospice settings, which may not be as relevant as it might be for the far larger numbers of older people approaching end of life. We wish to explore a guidance document and an event, and will aim to collaborate more closely with the National Council for Palliative Care.
- *Stroke:* There is an opportunity to collaborate more closely with the British Association of Stroke Physicians (BASP) on a joint meeting, and to begin to address what for some members is a gap area in BGS's service and influencing work.
- *Integration of health and social care across sectors:* Effective models of joining up fractured care provision remains a critical concern, and we will look for opportunities to share good practice as well as playing our part in the formal and informal coalitions of organisations making the case for the rebuilding of social care provision and the extension of intermediate care and other 'step down' options.
- *Healthcare within care homes:* We aim to build upon our revised guidance and to support the Vanguard care homes programme to improve the consistency of high quality care across UK care homes.
- *Mental health:* We aim to continue building our collaborative relationship with the Faculty of Old Age Psychiatry of the Royal College of Psychiatrists, to work with them on a report on depression in older residents of care homes, and to undertake raise awareness of the health impacts of loneliness in older people.

6. Position statement, bringing together vision, mission, specific aims and beliefs:

The position statement below presents revised formulations of our mission statement and specific aims, with new statements of our vision, intended membership and our beliefs.

Name	British Geriatrics Society
Strapline	Improving healthcare for older people
Our vision	A society where all older people receive high quality, patient-centred care when and where they need it
Our members	Health professionals from all disciplines engaged in the specialist healthcare of older people across the UK
Our mission	Promoting better health in old age
Our six specific aims	<ul style="list-style-type: none"> • Inspire students and trainees to specialise in the care of older people, and to support their education, training, clinical effectiveness, and career development • Promote high standards of clinical quality through conferences, meetings, information, good practice guidance, and educational and training opportunities • Encourage the sharing of learning and best practice, both within and across relevant disciplines • Promote research into the healthcare of older people, facilitating access to research and opportunities to generate research • Act as the informed policy voice regarding educational curricula; clinical standards; research; effective commissioning practice and health policy regarding the treatment and care of older people across the UK • Raise awareness among healthcare professionals of the role of 'living well' in preventing disease in old age.
Our beliefs	<ul style="list-style-type: none"> • We believe in patient-centred care and the importance of listening to the voices of patients, their carers, and their advocacy organisations • We believe that people deserve high quality, timely and dignified healthcare whatever their age • We believe properly resourced and co-ordinated multidisciplinary teams are critical for the provision of excellent healthcare • We believe that healthcare will only improve by open sharing of best practice and ongoing investment in research into tailored solutions that meet the needs of older people • We believe in being evidence driven • We believe in being open, transparent and collaborative • We believe in remaining independent.

7. Strategic objectives 2017/18 – 2019/2020

Whereas our organisation's specific aims are intended to endure beyond the life of this plan, our strategic objectives relate to the three years covered by the plan. They state how we plan to pursue our mission and specific aims over the next three years. We have converted the broad areas of focus agreed at the strategic planning workshop into seven strategic objectives for 2017/18 – 2019/20 as follows:

- i. Continue to develop our organisation's profile, effectiveness and sustainability
- ii. Influence the development of education and training across relevant disciplines
- iii. Support our members' professional development
- iv. Promote high standards in preventing and treating disease in old age
- v. Facilitate access to research and opportunities to generate research
- vi. Continue to improve the effectiveness of our internal and external communications
- vii. Continue to increase our influence with policymakers and policy influencers with respect to health and social care policy for older people across the UK.

To a degree, these objectives may be mutually reinforcing; success in one area may predict success in others.

The next, more detailed section looks at each of the strategic objectives in turn, exploring where we are now, where we wish to be in three years' time, and how we plan to get there.

7. Where are we now, where do we wish to be in three years' time, and how will we get there?

Where are we now?	Where do we wish to be in 3 years' time?	How will we get there?
<p>i. Continuing to develop BGS's profile, effectiveness and sustainability</p>		
<p><i>(i.i) Celebrate BGS's 70th anniversary:</i></p> <p>An important anniversary and an opportunity to reflect on past achievements, build member loyalty, raise the society's profile.</p>	<p>Contemplating our next milestone anniversary, with:</p> <ul style="list-style-type: none"> • Members' pride in the society's legacy and achievements reinforced • Improved standing and confidence • Further relationships with influential contacts built • Reinvigorated relationship with our Patron. 	<ol style="list-style-type: none"> 1. A celebratory event 2. Devolved national Councils mark the anniversary at 2017 meetings 3. Celebratory blogs 4. Commemorative edition of BGS Newsletter 5. Referencing the anniversary through social media outputs.
<p><i>(i.ii) Recruiting and retaining members:</i></p> <p>Membership has increased by 13% over the last three years, and is close to 3,500.</p> <p>We should do more to welcome new and returning members and explain how to get the most from their membership.</p> <p>We should do more to retain members experiencing financial pressure due to changes of circumstances.</p> <p>We should do more to retain members who are retiring from their clinical careers.</p>	<p>A further 10% increase in total membership, with more GPs, nurses and AHPs, and physician Associates</p> <p>Members feel welcomed, know how to access the range of member services, and how to become more engaged in society affairs.</p> <p>We will have a new unwaged membership category, and will have explored the viability of payment by instalments.</p> <p>We will have a relaunched and revitalised Retired Members' Group.</p>	<ul style="list-style-type: none"> • Refreshed recruitment brochures and targeted recruitment campaigns and membership offers; a more planned approach to careers fairs. • A new welcoming pack in 2017. • Implemented for 2018 if assessed as viable. • Retired Members' group to be launched in 2018.

Where are we now?	Where do we wish to be in 3 years' time?	How will we get there?
<p><i>(i.iii) New sources of funding:</i></p> <p>BGS's annual operating costs, chiefly salaries, have grown and will continue to climb, but income from membership, events, and Age and Ageing is unlikely to grow commensurately. This means it will be harder to achieve balanced budgets each year unless we can pull in more income, and do so without competing with our Events Team's sponsorship fundraising.</p>	<p>We will have developed and begun implementing a core costs sponsorship plan, and long-running legacy fundraising drive. Received wisdom is that these may take a number of years to deliver results, and there is no guarantee of success.</p>	<ol style="list-style-type: none"> 1. We will recruit a freelance sponsorship adviser to work with us for a short period to develop and begin implementing the sponsorship plan 2. The Chief Executive and the Membership Officer will receive training and set up the legacy drive in 2017.
<p><i>(i.iv) New trustees:</i></p> <p>As we start this strategic planning period, most of the Trustee Board is new. It will be important to help the new trustees to get off to the best possible start, and for the Board as a whole to work well as a team to provide collective leadership and strong, deliberative governance.</p>	<p>An effective board, providing strong governance and leadership through:</p> <ul style="list-style-type: none"> • understanding its role and legal responsibilities; • ensuring delivery of organisational mission; • working effectively as individuals and a team; • exercising effective control; • behaving with integrity, openness and accountability. <p><i>(Voluntary Sector Code of Good Governance)</i></p>	<p>Induction programme for new trustees; availability of training for all trustees, VPs, and Deputies; periodic assessment of the Trustee Board's collective effectiveness.</p>
<p><i>(i.v) Effective work programming in key areas:</i></p> <p>Short tenures for Chairs and members of our key committees means that supporting them to be effective and productive is akin to painting the Forth Bridge; and the move to a new website means that we will be relying on the committees to produce and regularly review high quality content.</p>	<p>Our key committees are focusing on the areas of most benefit to our members and their patients; they are effective and productive, and populating our website with both new and revised and updated materials.</p>	<ul style="list-style-type: none"> • Work with the incoming Chair of the England Council to review its remit and develop a strong workplan • Support each committee to produce timely and relevant annual workplans before April each year • If judged affordable, introduce video conferencing to facilitate participation where a journey to London is not feasible.

Where are we now?	Where do we wish to be in 3 years' time?	How will we get there?
<p><i>(i.vi) Continuing to strengthen SIGs and Sections and clarifying their relationship with the society:</i></p> <p>Many SIGs and Sections hold well-evaluated annual meetings, as well as playing a vital role in enabling BGS to respond to clinical consultations. We have extended secretariat support for SIGs and Sections, and are in process of rolling out standard term of reference.</p> <p>We should do more to share the expertise of SIGs and Sections across the BGS membership as a whole.</p>	<p>Any legal and governance risks in respect of the SIGs and Sections have been mitigated.</p> <p>SIGs and Sections feel they have the relative autonomy they need, as well as high quality secretariat support for recruitment, maintaining memberships, and promoting and organising excellent events.</p> <p>We will expand coverage of SIGs and Sections within the BGS Newsletter and the website.</p>	<p>Roll out the new terms of reference in 2017; regular liaison between SIG Chairs and BGS designated staff throughout the life of this plan</p> <p>Communications Manager to organise a discussion workshop with SIGs and Sections to plan how to use all of our communications to share their expertise with the membership as a whole.</p>
<p>ii. Influencing the development of education and training across relevant disciplines</p>		
<p><i>(ii.i) Trainee recruitment - evidence base:</i></p> <p>We need more geriatricians to be trained, but this is unlikely in the current financial climate. We should use influencing opportunities wisely, and ensure what we say is backed by evidence. We should continue to collect as much good data as possible on the state of recruitment (of registrars, consultants, and ideally AHPs and Physician Associates if possible).</p> <p>Working with the RCP workforce department remains the most time and cost effective way of doing this.</p>	<p>Strong relationship with RCP on workforce data maintained. Clarity on workforce data maintained, and regular discussions taking place with RCP regarding any cause for concern.</p>	<p>Continue as now.</p>

Where are we now?	Where do we wish to be in 3 years' time?	How will we get there?
<p><i>(ii.ii) Influencing trainee recruitment:</i></p> <p>To ensure no vacancies, we need to over-recruit by 50% at the interview stage. This then allows for OOPes, maternity leaves, and flexible working without any gaps in rotas, and therefore improves the training within the specialty. We should encourage 'over-recruitment' into our training rotations to aim for 100% whole time equivalents. RCP is supportive of this, but individual deaneries and hospital trusts will need to be convinced.</p>	<p>Progress seen in winning support for trainee recruitment policies which match current working and leave patterns.</p> <p>BGS has influenced the higher specialist training curriculum.</p>	<p>The VP for Training and Education, the Workforce Director and the Policy Manager to develop an influencing strategy in relation to trainee recruitment.</p> <p>ETC to submit guidance to SAC, and SAC has raised with GMC.</p>
<p><i>(ii.iii) Influencing the Shape of Training:</i></p> <p>Maximise the opportunities that will arise through Shape of Training (ShoT). Overall training will remain the same length, but higher training will decrease by a year. What would have been the first year of higher training is now to be spent with all specialties working in acute medicine and geriatrics, which will give us an opportunity to attract people into the specialty.</p>	<p>BGS has influenced the proposed internal medicine curriculum and training structure.</p>	<p>ETC to draft submissions in respect of the ShoT programme as and when opportunities arise.</p>
<p><i>(ii.iv) Attracting all relevant disciplines:</i></p> <p>We need to make working within the specialty as attractive as possible, regardless of discipline. For example, accredited training in a certain area is attractive to people, and gives BGS the advantage as a professional body to be able to influence learning.</p>	<p>Growth in the use of Advance Nurse Practitioners and Advanced Clinical Practitioners has been matched with a commitment to address inconsistency in training standards and accreditation. BGS has had a role in influencing the curriculums, or curriculum guidance, for ANPs and ACPs, illustrating the society's commitment to working to improve the consistency of training and professional standing of these groups.</p>	<p>ETC guidance to the Nursing and Midwifery Council</p>

Where are we now?	Where do we wish to be in 3 years' time?	How will we get there?
<p><i>(ii.v) Improving coverage of geriatrics for undergraduates:</i></p> <p>The quantity and quality of teaching of geriatric medicine for undergraduates needs to be improved.</p>	<p>Medical schools informed by ETC's expert input</p>	<p>ETC guidance to UK medical schools.</p>
<p>iii. Supporting our members' professional development</p>		
<p><i>(iii.i) BGS Learning Strategy:</i></p> <p>According to the Forster Review, our services to support members' CPD, particularly events, are some of the most highly valued by members. As we progress plans to extend our e-learning resources, it makes sense to develop a strategy which brings together and clarifies the relationship between events and e-learning products.</p>	<p>Greater clarity regarding our CPD offer overall, clarifying relationships between different services, and making the rolling CPD programme more overt through all educational products.</p>	<p>Strategy to be drafted in first half of 2017.</p>
<p><i>(iii.ii) E-learning resources</i></p> <p>We have developed an e-learning plan and need to move ahead with implementation.</p>	<p>A suite of e-learning resources (some new, some links to existing resources including those produced by other agencies), including:</p> <ul style="list-style-type: none"> a) Videos from events b) E-tutorials with slides/ text and evaluation c) Podcasts d) Written/ visual information without evaluation/ CPD points other than self-learning. 	<p>BGS members able to access high quality e-learning resources across the main areas of our rolling CPD programme.</p>

Where are we now?	Where do we wish to be in 3 years' time?	How will we get there?
<p><i>(iii.iii) Conferences and events:</i></p> <p>One of our core service areas which has gone from strength to strength since we moved to in-house organisation in 2013.</p>	<p>Conferences and events programme has been continuously improved in response to attendees' feedback. 2,000 attendances achieved per annum.</p>	<p>Maintain commitment to capturing and responding to user feedback regarding quality, relevance, and capacity to improve patient care.</p>
<p><i>(iii.iv) Personal CPD from reading Age and Ageing journal:</i></p> <p>Personal CPD points are available from reading Age and Ageing, but this may not be widely known to members.</p>	<p>Members clearer about the role of Age and Ageing in achieving CPD.</p>	<p>Cover within routine marketing.</p>
<p>iv. Promoting high standards in preventing and treating disease in old age</p>		
<p><i>(iv.i) Influencing practice in key areas:</i></p> <p>BGS has produced some impactful resources regarding best practice in the clinical care of older people, and we wish to build on this over the coming years.</p>	<p>We will have produced one or two important resources each year to update guidance or fill gaps.</p> <p>Will have continued our partnership with Gold Standards Framework concerning end of life care within acute settings</p>	<ul style="list-style-type: none"> • Share the learning from the Frailsafe pilot programme in 2017 • CGA online toolkit for primary care practitioners in 2017 • An event, and possibly a written resource, on end of life care for older people in 2018 • A report on a topic related to mental health for older people, in partnership with RC Psych, in 2018 • Continue partnership with Gold Standards Framework.
<p><i>(iv.ii) Workshops on identifying and managing frailty:</i></p> <p>There has been some evidence of demand, for example from GP federations, for brief learning events on frailty. We should explore whether there is a market for such a service from BGS, and whether we could develop capacity to meet it.</p>	<p>BGS workshops running on a demand basis, spreading our expertise and building our profile as a service provider to GPs and other primary care practitioners (a target audience for member recruitment).</p>	<p>Explore viability in 2017, and if this looks promising begin to offer promote the service as soon as possible.</p>

Where are we now?	Where do we wish to be in 3 years' time?	How will we get there?
<p><i>(iv.iii) New Special Interest Group on Frailty in Urgent Care Settings:</i></p> <p>BGS is one of the founding partners of the Acute Frailty Network (AFN), and we will continue our support for this important project. Whereas AFN members receive intensive support in their first year of joining, we have identified a need for a new forum to provide ongoing opportunities to share learning beyond that year, and also to engage others –both BGS members and non-members, interested in the subject who have not gone through the AFN programme. We therefore plan to establish a new SIG on Frailty in Urgent Care Settings which will work closely with the AFN.</p>	<p>A thriving SIG has attracted at least 150 members and is providing high quality annual meetings and other knowledge sharing and networking events.</p>	<p>SIG to be set up in 2017.</p>
<p><i>(iv.iv) New Special Interest Group on 'Living Well':</i></p> <p>Currently, BGS lacks a dedicated forum to cover the role of living well in preventing avoidable disease in old age. We aim to establish a new SIG to lead on this area</p>	<p>A thriving SIG has attracted at least 150 members and is providing high quality annual meetings and other knowledge sharing and networking events.</p>	<p>SIG to be set up in 2018.</p>

v. Facilitating access to research and opportunities to generate research		
<p><i>(v.i) Implementing BGS's Research Strategy:</i></p> <p>Having developed the plan, the focus over the coming years will be on implementation. A range of 'How to..' guides are planned as the first stage.</p>	<p>There has been an increase in quantity of studies instigated by BGS members, attributable to this strategy.</p>	<p>A series of 'how to' papers on practical issues around research. Ideas include:</p> <ul style="list-style-type: none"> • Putting your grant application together • How to recruit older people into research • Capacity and consent issues • How to make a submission to BGS conference • Writing an abstract • How to make best use of patient and public involvement • Links from BGS website to relevant UK Clinical Research Network, PREDICT, NIHR, NICE etc. websites and documents. <p>We will also aim to move forward other areas of the Research Strategy depending on RADC's capacity.</p>
<p><i>(v.ii) Age and Ageing:</i></p> <p>Our flagship journal has seen a steady increase in its impact factor, which may in turn be driving increased submissions and online readership. The journal is now ranked 7th in class worldwide. The aim of the next three years is to support the Age and Ageing Editorial Board in maintaining and ideally further extending the journal's reach, impact and revenue to the society.</p>	<p>The journal has at least maintained its reach, impact, and revenue, and the user experience is being further improved in response to a readers' survey in 2017.</p>	<ul style="list-style-type: none"> • New and improved OUP journals website in 2017 • New cover in 2017 • Readers survey completed and analysed in 2017 and discussed at Editorial Board • 6 excellent editions produced each year • A new publishing agreement with OUP.
<p><i>(v.iii) Abstracts process:</i></p> <p>We need to improve and streamline our online abstracts submission and assessment process.</p>	<p>System changes made and working well</p>	<p>Completion target date: end 2017</p>

Where are we now?	Where do we wish to be in 3 years' time?	How will we get there?
vi. Continuing to upgrade the effectiveness of our internal and external communications		
<p><i>(vi.i) Continue implementing the most useful recommendations of the Forster Review:</i></p> <p>As a multi-nation membership body that delivers much of our service output remotely, communications is a critical area, (and is closely connected to the following objective, which is to increase our influence). We have made a good start in enacting the recommendations of Forster with the brand refresh, and now need to move ahead with other recommendations, including the most complex, and most exciting of all, the new website.</p>	<ul style="list-style-type: none"> • BGS is seen as the go-to organisation for easy access to best practice information relating to the healthcare of older people and insightful commentary in key policy areas • The rolling out of the brand refresh has been completed • New and first rate website in place • BGS's member services offer overall, and tailored offers for discrete segments of the membership, are clear and engaging. 	<ul style="list-style-type: none"> • Until the new website is developed, we will continue to update the existing website with news stories and any new BGS resources while looking for other improvements which can be made now and rolled through into the new site. • PR Strategy to support this overall strategic plan to be developed early in 2017. • Roll out completed during 2017 • Website redevelopment completed early in 2018 • Consult with Nurses and AHPs Council and GP members in 2017, and review service offers and associated marketing materials in 2018.
<p><i>(vi.ii) Continue to build our profile within traditional print and broadcast media:</i></p> <p>We have professionalised our media output significantly over the last year or so, and had success in placing news items and op-ed pieces in specialist press, radio and occasionally TV. As we build our profile within print and broadcast media, we should look to achieve greater profile as journalists covering one of the defining public service issues of our time come to realise that there is a wealth of expertise within BGS to draw on, and a highly responsive and fast moving press office.</p>	<p>Greater profile within mainstream media outlets, including the main news providers, as journalist come to see BGS as a reliable provider of expert commentary on healthcare issues relevant to older people.</p>	<p>Steady as she goes, but with greater emphasis on building relationships within broadcast news providers.</p>

Where are we now?	Where do we wish to be in 3 years' time?	How will we get there?
<p><i>(vi.iii) Social media:</i></p> <p>We have achieved dramatic increases in the reach and impact of our Twitter output, and readership of our blog. While we may not achieve the same level of growth over the next three years, the issues we cover will remain as crucial as ever, so we can hope that success will continue to breed success.</p>	<p>We have continued to develop our social media presence to promote awareness of the needs of our members' patients, of the specialty, and the society, and to engage social media users – including policy influencers and policy makers – regarding our views on issues impacting older people's health.</p>	<p>Steady as she goes.</p>
<p><i>(vi.iv) The BGS Newsletter:</i></p> <p>BGS Newsletter is a crucial part of BGS's member service mix, connecting members and helping to both inform and engage them on practice and policy, as well as internal society affairs.</p> <p>We need to give further consideration to the Forster recommendation to reduce the number of editions each year and to change the publication so that it has a weightier, more analytical character.</p>	<p>A lively, well-regarded, well presented member newsletter.</p>	<ul style="list-style-type: none"> • For the time being at least, we will continue with six editions a year. • During 2018, we will consider the case for reforming the publication in line with Forster recommendations.
<p><i>(vi.v) Members Directory</i></p> <p>We do not currently offer this but believe it could be a valuable way for members to connect and plan joint work.</p>	<p>Members online Directory up and running.</p>	<p>Needs to be built into specifications for the new CRM system and new website. Members' data protection wishes to be protected at all times.</p>

vii. Continuing to increase our influence

(vii.i) Policy influencing strategy:

The Society's policy work aims to influence planning, decision-making and action on systemic issues to affect better outcomes for older people by sharing our expertise on key issues with policymakers and policy influencers. Much of the work is reactive, such as responding to consultations on policy or clinical standards, but we also aim to take forward one or two projects proactively each year. Much of the work we do solo, but our Policy Manager is committed to building formal and informal strategic alliances with other organisations where our interests are aligned.

This objective links closely to that of continuing to improve our communications.

Currently, the specific aims of our policy work are to:

- advance older people's access to integrated care across acute, primary and community settings;
- improve older people's access to high quality care in hospitals;
- increase older people's access to high quality healthcare in care homes;
- influence the development of competencies in the care of older patients among all health staff.

Our Policy Manager has dramatically improved the quality of our policy work, and will review the strategy in 2107.

- Increased tendency for decision-makers, policy-makers, policy influencers to seek out and act on BGS views on issues within our priority areas
- Policy voice function continues to be prioritised, planned and coordinated professionally
- For key campaigns (of the scale of our work on care homes), we have built in a communication and an evaluation plan at the outset
- Major exemplar projects with policy implications (such as joint work with RCGP) are enhancing BGS's profile
- BGS is more aware of the distinctive policy challenges of the devolved nations and is offering appropriate support
- We have extended our influence over education and training, including at undergraduate level, among higher specialty trainees in geriatric medicine and also in colleagues in general practice, nursing and allied professions
- We are selectively growing our relationships with strategic partners and other allies within the public and third sectors (including colleges, specialist societies, care home umbrella bodies and charities that also have a stake in improving the health care of older people)
- Policy information scanning resource is being shared effectively with officers and members.

A revised Policy Strategy to support this overall strategic plan to be developed early in 2017. The aim will be to further develop a more proactive and planned approach to policy influencing.

We will also:

- Continue responding to high priority consultations regarding clinical standards, service planning and broader health policy impacting the care of older people
- Aim proactively to take forward one or two projects each year
- Increase the number of members ready to respond to policy consultations
- Aim to increase our understanding of, and profile in national assemblies and executives of devolved nations
- Develop our capacity to monitor and evaluate the impact of policy interventions.