

About the speakers

Dr Asangaedem Akpan

Asangaedem Akpan (MBBS MRCPI MPHIL MPH PGCert FRCPI FRCP (UK) FHEA FAcadMed) is a Honorary Clinical Associate Professor in the Faculty of Health & Life Sciences, University of Liverpool, the Ageing Specialty Research Group Lead at the Northwest Coast NIHR CRN and a Consultant Geriatrician at Aintree University Hospital NHS FT. He is a member of the British Geriatrics Society Research & Academic Committee, a peer reviewer of articles & research grant applications and has some publications. He has completed a research fellowship in geriatric medicine that led to an MPHIL from the University of Liverpool. He was awarded a prestigious international fellowship in 2011 by the Health Foundation at the Institute for Healthcare Improvement including some time at the Harvard TH Chan School of Public Health which culminated in the award of a Masters in Public Health. He contributes to interdisciplinary learning in the health & wellbeing of older people, is an active member of a hub of researchers in ageing from diverse professional groups including older people as integral members of these research groups.

Speaker's abstract:

A narrative synthesis of the literature on health outcomes that matter to older people. My copresenters will present views of older people as well as a policy perspective

Dr Jervoise Andreyev

Dr Jervoise Andreyev's first degree was in Arabic Studies at Magdalene College, Cambridge. He qualified in medicine from the London Hospital Medical College in 1987. He completed a PhD in molecular biology, as a British Digestive Foundation Research Fellow at the Institute of Cancer Research in 1997.

In 2000, he was appointed Senior Lecturer and Honorary Consultant Gastroenterologist at Imperial College. In 2006, he moved to the Royal Marsden Hospital, London. He was the first gastroenterologist appointed worldwide specifically to treat GI side effects of cancer treatments.

In that post, he was also able to build a substantial research profile in addition to running an extremely busy clinical practice. He has enjoyed a worldwide reputation as a clinical innovator, pioneering new treatments and management approaches to gastrointestinal diseases previously believed to be untreatable.

Dr Amit Arora

Dr Amit Arora has been a consultant geriatrician in the North Midlands since 2004. His clinical interests include all falls, dementia, frailty, multiple medical conditions, comprehensive assessment, and other conditions related to ageing.

He has served as Chairman of the England Council of the British Geriatrics Society, Deputy Chairman of the Medical Specialties Committee of the British Medical Association, Regional President of the BMA, and has been an advisor member for the Disability Living Allowance Advisory Board in England. He is a member of some national committees, advisory bodies and working groups in the NHS England and Department of Health and Social Care. He chaired the West Midlands Quality Review Service for people living with dementia advising commissioners and provider organizations and is the current chair for the Frailty Standards. He is also the clinical lead for NIHR CRN: Ageing for West

Midlands. He has a keen interest in National and International Health quality and policy for the ageing population and has contributed internationally.

He has over 100 publications including invited book chapters, editorials, reviews and college reports. He is also the founding director of the Midlands Frailty Academy which is providing frailty training to all grades of health and social care workers. In 2016, he developed the National Deconditioning Awareness and Prevention Campaign: Sit Up Get Dressed Keep Moving the concept of which is now being adopted by many hospitals in UK and abroad. He is often credited with rejuvenating the term deconditioning globally and in this context highlighting the importance of activity in hospitalized older people.

Speaker's abstract

The session will be delivered by Amit Arora, Pete Gordon and Ann Marie Riley. They will discuss the origins of the Sit Up Get Dressed Keep Moving- National Deconditioning Awareness and Prevention campaign, the evidence base, the spread, lessons learnt and future implications for geriatricians and health care for older people.

Dr David Attwood

David is a GP Partner with a specialist interest in Older People, who works at Pathfields Medical Group in Plymouth. He is also the Deputy Honorary Secretary of the BGS.

He is particularly interested in the role of a shared IT solution in effecting at scale, evidence-based change across providers. Notable achievements include employing shared IT to create the following new care models in Devon:

- proactive, carehome visiting service with shared care plan records between primary care, out of hours providers and care homes
- shared IT solution with primary care and intermediate care
- An ambulatory care pathway for frailty, commencing from the moment a patient contacts their doctors surgery with symptoms. It followed the patient in to hospital and back to the community

Speaker's abstract

Comprehensive Geriatric Assessments (CGA) are key interventions for older people living with frailty, requiring the input of multiple skilled professionals. All professionals evaluations are inextricably intertwined and the output - the care plan - reflects this interdependent relationship. The most sensible way to articulate, coordinate, and disseminate the product of this healthcare orchestra is through a shared IT solution. This journey begins with GDPR and data sharing.

Dr Victor Aziz

I am a consultant Old Age psychiatrist and I have been involved in medical education and various College roles for many years. I have designed the Old Age Faculty-BGS Joint Training Pilot to enhance patient's care and joint working with colleagues.

Speaker's abstract

Joint working leads to better Patients' outcome and job satisfaction

About the speakers

Ms Emma Backhouse

I have been at NHS Elect since September 2015, having previously worked as programme manager at NHS England. During my time at NHS Elect I have managed a number of externally commissioned programmes including the Emergency Care Improvement Programme (ECIP) for NHS Improvement, Cancer Collaborative programmes for both South and Midlands & East regions, the NHS South Urgent Care Collaborative and the Midlands & East Red2Green initiative. I am currently the programme manager for the Acute Frailty Network (AFN).

Dr Ayesha Bangash

Dr Ayesha Bangash is a consultant in psychiatry for older people based on an acute inpatient unit at The Dales, Halifax, West Yorkshire. She has an interest in the inpatient management of functional and organic older people's mental illnesses.

Speaker's abstract

During 2017-18 pilot study of collaborative postgraduate training between trainees in geriatric medicine and old age psychiatry within the West Midlands training region was undertaken. Trainees in each speciality were paired with each other and advised to arrange appropriate training opportunities for their counterpart; these included shadowing each other in their workplace and arranging opportunities to attend training opportunities with their consultants. Pre- and post-pilot surveys were completed by all trainees and reflections from trainees were collated. For both specialities, trainees' confidence in topics relating to their counterparts speciality increased between the pre- and post-pilot surveys. Recurrent themes included within reflections included the benefits of collaborative training. The pilot demonstrated that it is feasible to implement a programme of joint training into postgraduate medical training, and that this can have a positive impact upon the confidence of both specialities. An extended pilot is planned for the training year 2018- 2019.

Dr Charlie Besley

Dr Charlie Besley is a GP, Associate Specialist in Palliative Medicine and Clinical Director & Board GP with West Hants Clinical Commissioning Group.

Speaker's abstract

The New Forest has a high concentration of frail elderly residents with the associated complex needs. Providing a comprehensive, dedicated team approach to their needs in the community has required a multidisciplinary approach spanning health & social care. After almost 3 years we are starting to make a significant difference - we will share some of the successes & challenges of our journey so far...!

Dr Peter Brock

Dr Peter Brock is currently a ST7 in geriatrics working in the North East. He recently completed a two year stint as the first Editorial Fellow for Age and Ageing. He also is the current chairman of the Association for Elderly Medicine Education (AEME) who are the team of geriatrics train-ees behind Geriatrics for Juniors, Mini-GEMs and the CotEcast podcasts.

Speaker abstract

The role of Editorial Fellow for Age and Ageing challenged my preconceptions about journal production and editorial work while

giving me a unique opportunity to learn from some of the finest academic geriatricians in the UK. I will describe the highlights of my experience over two years and how the Age and Ageing Twitter Journal club was created during this time.

Prof Bianca Buurman-van Es

Buurman began her career as a nurse at the Amsterdam UMC in 2000. She obtained her doctorate degree at the UvA in 2011 with her PhD thesis 'Screening, Geriatric Assessment and Intervention Strategies to Prevent Functional Decline in Hospitalized Older Patients'. In 2013-2014 she worked a year at the Yale School of Medicine, department of Geriatrics. In 2016, was named AMC Principal Investigator and in 2017 professor of Acute Geriatric Care at the University of Amsterdam. Her interest is in the acute geriatric care system, ranging from primary care to hospital care. The goal of the research line is to develop and test new interventions in clinical practice that aim to prevent the onset of acute disease, provide acute care closer to home or optimize hospital care.

Speaker's abstract

All European countries are faced with an ageing population, increased number of persons with multiple chronic conditions and more acute events. This gives a high pressure on the Emergency Department and the geriatric care system as a whole. In my presentation I will highlight the reasons for acute presentations at the ED and how we can better address the needs of older persons.

Dr Cindy Chu

Dr Cindy Chu is a consultant geriatrician at Wirral University Teaching Hospital NHS Foundation Trust with a special interest in community geriatrics, ambulatory care and end of life care. She and her community geriatrician colleagues have worked closely with partner organisations including the CCG to improve services for frail older people from within the acute trust and in the community.

Speaker's abstract

- Acute frailty within secondary care setting
- Ambulatory care for frail older people with the aim of admission avoidance and community support
- Role of a community geriatrician
- Wirral's Teletriage Service and care home support"

Mrs Esther Clift

Esther is a Consultant Practitioner in Frailty with Southern Health NHS Foundation Trust and Doctoral student at the University of Southampton. Her thesis review exercise uptake by older people. She is the current Vice Chair of the Nurse and AHP Council of the British Geriatrics Society and the Chair of the Wessex region.

Speaker's abstract

The New Forest Frailty team is a novel admission avoidance strategy by West Hampshire CCG. The team bridge primary, secondary and community care teams, with positive outcomes for patients, and developing teamworking across the geography. Its not all plain sailing though!

Ms Jessie Colquhoun

Jessie is a GPST3 in Lewisham, London. Before this she worked as a geriatric clinical fellow in St Georges Hospital, London. She has also worked in Spain. She is interested in interdisciplinary

About the speakers

education and improving links between primary and secondary care.

Speaker's abstract

- Sexual health needs of older adults are often unmet.
- How should we incorporate this into the comprehensive geriatric assessment and what can be done to improve sexual wellbeing in ageing?

Mrs Alison Cowley

Alison is a Clinical Academic Physiotherapist based at Nottingham University Hospitals NHS Trust and in the Division of Rehabilitation & Ageing at the University of Nottingham. She was awarded an HEE/NIHR Clinical Doctoral Research Fellowship (Integrated Clinical Academic Pathway) in which she is exploring the assessment of rehabilitation potential in frail older people in the acute healthcare setting. Alison developed an interest in working with older people living with frailty and models of rehabilitation both within the acute, elective surgical and community setting. She has worked in a number of clinical, operational, transformational and research roles within the NHS and Academic Health Sciences Network. She qualified from Coventry University in 1997 and completed an NIHR funded Masters in Research Methods at the University of Nottingham in 2014. She is currently in her third year of doctoral studies.

Speaker's abstract

Rehabilitation is often defined as restorative following injury or illness. However, in the context of frailty, restoration may be an inappropriate goal. This session will present the concepts of improvement, maintenance and managed decline in relation to rehabilitation and rehabilitation potential. The impact that these concepts have on service users, their carers, service commissioners and clinicians practice will then be discussed.

Dr Alison Cracknell

Dr Ali Cracknell is a Consultant in Medicine for Older People and Associate Medical Director for Quality Improvement at Leeds Teaching Hospitals NHS Trust, and Clinical Lead for the Yorkshire and Humber Patient Safety Collaborative. She has a passion for patient safety, using data for improvement, and implementing innovations into frontline clinical practice.

Ali led the Health Foundation Scaling up Improvement Grant: 'Huddle Up for Safer Healthcare'-now working with over 300 frontline teams, across NHS Trusts to combine the notion of a team huddle with improving patient safety and team working, demonstrating significant reductions in patient harm. She has also worked over recent years on successful frontline QI projects including reducing harm from misplaced nasogastric feeding tubes, reducing falls, improving Parkinson's medications on time and reducing cardiac arrests.

Ali and her team have received HSJ Patient Safety awards in 2018 and 2019 for leading innovative improvements in care. In 2014 she was named as one of the HSJ Top Innovators in Healthcare. Ali is also an active researcher within patient safety for The Yorkshire Quality and Safety Research Group, is a founding member of the Q community and a member of the RCP QI Faculty.

Speaker's abstract

Presentation will cover:

- using the science/methodology of QI in practice

- understanding the art of learning QI in practice
- bringing real examples of QI in practice
- moving from small scale to large scale QI projects
- and top tips for developing QI projects

Dr Jayati Das-Munshi

Dr Das-Munshi is a consultant psychiatrist and a Clinician Scientist Fellow funded by the Health Foundation, working with the Academy of Medical Sciences. The programme of research focuses on physical health inequalities in people living with serious mental illnesses and the way in which this intersects with migration and ethnicity in patterning health disadvantage. This programme of work utilises information from routine electronic health records, using novel techniques such as natural language processing, with colleagues in the Department of Computer Science at Sheffield alongside qualitative methods in order to better understand barriers to accessing equitable care from the perspectives of service users. Dr Das-Munshi is an honorary consultant psychiatrist, with South London & Maudsley Trust and runs an outpatient consultation liaison service for older adults with clinical gerontology at King's College Hospital.

Dr Simon Fraser

As a public health doctor building on my past experience as a GP, my research focuses on chronic disease and its impact at population level. I undertake research that aims to help to improve health care, reduce inequalities and improve outcomes for the growing numbers of people living with long term conditions. My work focuses on kidney disease and its comorbidities, burden of treatment and frailty.

Speaker's abstract

Health literacy has been shown to be an important aspect of living with CKD. The presentation will start by considering issues around the identification and awareness of CKD, including the way in which people deal with being given the diagnosis and approach its subsequent management. It will consider some specific management challenges such as testing and monitoring, self-management, blood pressure control, vascular health and mitigation of acute kidney injury risk. It will conclude with consideration of the role of comorbidities and the overall burden of treatment faced by people with CKD, with considerations of medicines optimisation, patient capacity, quality of life and functional ability.

Mr Tom Gentry

Tom Gentry is the senior manager for health and care policy at Age UK and has been with the charity since 2009. Tom leads Age UK's policy work on health, wellbeing, the NHS, and social care, developing and promoting service approaches that reflect the needs and aspirations of older people. These include ongoing programmes of work on health inequalities; the impact of living with frailty and multimorbidity in later life; integrating health and social care services; and mental health. Before joining Age UK, Tom was the policy and campaigns manager for a national health charity focused on people with arthritis. Prior to this, Tom was a civil servant; has worked in the Houses of Parliament supporting senior MPs; and has further experience in local government and the NHS in research and analysis.

Dr Sumanjit Gill

I am a stroke physician and acute geriatrician who manages patients from acute admission through the stroke pathway which

About the speakers

includes rehabilitation and the out patient setting. Over the years I have developed my teaching skills with undergraduate, postgraduate and interdisciplinary groups. I work in a university setting where I have developed an MSc programme which I co direct in addition to numerous short courses, I also have tutoring, mentoring and supervisory responsibilities. I am a member of the Sikh faith and have participated in numerous public engagement activities designed to address issues such as organ donation, inter faith relations. I also co authored the British Sikh Report (2019)

Speaker's abstract

I will be exploring issues about how Sikh faith influence the expectations and health beliefs regarding end of life care. The aim is to enable clinicians to explore these issues more confidently to provide end of life care which respects the individuals culture and beliefs.

Prof Ismail Gögenur

Professor Gögenur started as professor at Department of Surgery, Zealand University Hospital in May 2014. His interests include the development and implementation of new surgical treatments and his primary research focus is on surgical pathophysiology. He is the founder and leader of Center for Surgical Science. He has published more than 300 peer reviewed papers in national and international medical journals and written several book chapters. He is main supervisor for 13 PhD students and 9 scholarly students. The ongoing PhD studies within his group is focusing on the exploration of perioperative interventions that may improve the patient's immune function prior to surgery resulting in improved long term oncological outcomes. The research group uses both clinical study methodology and translational research in order to investigate the surgical stress response and to demonstrate the effects of interventions. Professor Ismail Gögenur is the chairman of the Scientific Committee in Danish Colorectal Cancer Group and member of several national and international research groups performing studies within surgical oncology

Speaker's abstract

The focus for this talk will be to present the association between the phenotype of patients undergoing colorectal cancer surgery and short and long term outcomes. A special focus will be on presenting initial results in a clinical trial focusing on prehabilitation in patient with WHO performance status >1 scheduled for elective colon cancer surgery.

Mr Pete Gordon

Pete has a background in nursing including working as a specialist nurse and senior nurse in critical care before moving into health service management. He has held a number of operational and improvement roles in the NHS before joining the Emergency Care Intensive Support Team.

He believes great staff engagement is crucial if front line staff are to be truly involved with improving urgent and emergency care. He is also a great believer in using simple rules and approaches such as #Red2Green days and #endPjparalysis. He is the creator of the SAFER patient flow bundle, a good (and well known) example of using simple rules to improve urgent and emergency care. Above all else, Pete is passionate about patients and empowering teams that deliver direct care to be freed up from unnecessary tasks i.e. those that add no value to our patients. Whilst not at work Pete enjoys running, socialising and spending time with his wife and 4 sons.

Dr Sarah Gowing

Dr Sarah Gowing is a Geriatric Medicine Registrar in the Wessex Deanery with special interests in Community Geriatrics and Care Home Medicine. She is also interested in Medical Education and is a Wessex Medical Education Fellow. Earlier in the year the BGS Community Geriatrics Special Interest Group conducted a survey of trainees nationally to establish their experience of Community Geriatrics during training and the opportunities available in each deanery. This session will discuss the results of the survey.

Mr Jonathan Green

I am an early career paramedic researcher with an interest in improving the assessment and care of older patients - in particular those with urgent care needs associated with frailty. I am keen to make new contacts and develop future collaboration in this area.

Speaker's abstract

Ambulance personnel assessment and management of older patients who have frailty/ have fallen:

- The current situation - research and practice
- PreFRAIL study - paramedic focus groups and community care routine data analysis
- Future direction/developments

Dr Jane Halpin

A GP partner in Sunderland.
GP Care Home lead for Sunderland CCG
Half my working week is made up of delivering enhanced care to Care Home Patients.

Speaker's abstract

- Managing the increasingly complex needs and numbers of the care home patient within primary care.
- Acknowledgement of the end of life.
- Providing excellent advance care planning.
- Avoidance of unnecessary hospital admissions.

Dr Jo Hardwick

Jo is a consultant perioperative physician at the John Radcliffe Hospital. She trained in geriatric and general medicine and undertook sub-specialty training in perioperative medicine. Her interests include post-operative cognitive dysfunction and delirium, cardiorespiratory complications of surgery including arrhythmia, ischaemia and heart failure, and improving patient safety in surgery using QI methodology. She also covers perioperative liaison for TAVI patients.

Dr Sarah Hare

Dr Sarah Hare is the National Clinical Lead of the National Emergency Laparotomy Audit (NELA). She works with the Healthcare Quality Improvement Partnership (HQIP) and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). Sarah is a full-time consultant anaesthetist at Medway Maritime Hospital in Kent.

Speaker's abstract

The syndrome of frailty is now well recognised, as are the poorer outcomes and high morbidity associated with major emergency abdominal surgery in the older patient. However, findings from the National Emergency Laparotomy Audit still demonstrate that there is wide variation in the care older patients receive and that

About the speakers

there is a real need for closer multidisciplinary working with the Geriatrician a core member of the perioperative team looking after patients having emergency laparotomy surgery.

Dr Amy Heskett

Dr Amy Heskett is a Community Trust Associate Specialist working in a Community Geriatrics team within West Kent called the Home Treatment Service. This team works alongside paramedics, GPs and district nurses to prevent unnecessary hospital admissions for people with frailty, multiple comorbidities, caring responsibilities or as part of end of life care. The home visits use bedside testing and a multi-disciplinary approach to provide management of many acute medical presentations in a home-setting. The development of these holistic plans requires a creative approach and the experiences often generate tweets (@mrsapea) and blogs (communitydoctoramy.wordpress.com).

Ms Enid Hoole

Has been diagnosed with Parkinson's since 2012
Age of 59 took early retirement from her role as Assistant Head Teacher of a primary school.
Patient Research Ambassador for the North West Coast Clinical Research Community

Dr Karen Kirkham

Karen has been a GP for 25 years, now senior partner in a large practice, and combines this with a senior leadership role with Dorset CCG as Assistant Clinical Chair and Locality clinical chair for Weymouth and Portland. She is part of the Senior Leader Team in Dorset for the STP and is the Clinical Lead for the Dorset Integrated Care System (ICS).

A strong and credible clinical leader with significant executive level experience, detailed knowledge of both commissioning and delivery of healthcare at scale, Karen is a change leader for the Dorset health system, helping shape and deliver health and care services within the ICS.

She has been a leader of the Clinical Services Review team, worked on acute and community reconfiguration and is currently focussing on redesign, transformation and delivery of the Integrated Community Services and Primary Care component of Dorset's STP, which underpins the transformation agenda.

As the ICS Primary Care Clinical Lead she has a strong interest in implementing new care models, has a strong interest in driving innovation through the use of digital technology, integrating services across the system, ensuring high quality and sustainable General Practice as a fundamental building block within the ICS and developing population health analytics and management systems. She is the clinical sponsor for Population Health Management within the Dorset system.

Since 2018 she has been a National Clinical Advisor for Primary care with the NHSE System Transformation team, working to support both ICS and STPs to spread innovation and new ways of working and with a special interest in leadership and workforce. She has worked to support the development of Primary Care Networks as a strong foundation for the NHS, and is passionate about strengthening both General Practice and the wider community offer. She now sits on the National Workforce board and the Cardiovascular and Respiratory Disease board for England.

Prof Daniel Lasserson

Professor Dan Lasserson is Professor of Ambulatory Care at the Institute of Applied Health Research, University of Birmingham. His research group addresses how we can meet the demand for acute medical care within increasingly constrained resources. He works in acute ambulatory care with a focus on older people at the Queen Elizabeth Hospital, Birmingham and City Hospital, Birmingham and has previously worked in General Practice as well as hospital medicine. He is the Theme Lead for Acute Care Interfaces in the West Midlands NIHR Applied Research Collaboration (ARC) and the Theme Lead for Ambulatory Care and The Future Hospital in the NIHR Community Healthcare MedTech and In Vitro Diagnostic Cooperative (MIC). He is the chief investigator of an NIHR Policy Research Programme grant examining the optimal care delivery model for older people during winter months.

He is the national lead for the Society for Acute Medicine Benchmarking Audit (SAMBA), which had the largest ever data collection in 2019 and sits on the Society for Acute Medicine's Research Committee. He is the national academic advisor to the Acute Internal Medicine Specialist Advisory Committee.

Speaker's abstract

Whilst there have been many trials of delivering acute care out of hospital, few have recruited older patients living with frailty or used a contemporary acute ambulatory care platform. The extension of the current evidence base is therefore uncertain. Observational studies have shown that older people and their carers have positive experiences as well as distinct challenges when receiving acute care on an ambulatory basis and these experiences should be included in the design of clinical care models. The latest Society for Acute Medicine benchmarking audit (SAMBA) shows the large national variation in design of alternatives to acute admission for older people.

Ms Helen Lyndon

Helen has worked as a district nurse, nurse leader, community matron, nurse practitioner and nurse consultant in primary/ community care settings. She set up services for older people in the Cornwall including Hospital-at-Home, Community Matrons and Telehealth. In 2016 she completed a 2 year secondment to NHS England as Clinical Lead for Frailty. In April 2017, Helen was awarded a NIHR/HEE Clinical Academic Doctoral Research Fellowship. Helen's PhD study with Plymouth University aims to develop and test an assessment and care planning intervention for frail older in primary care.

Speaker's abstract

The primary aim of the HAPPI study is to conduct a cluster randomised, controlled feasibility study of a nurse-led Holistic Assessment and care Planning in Partnership Intervention (HAPPI) and to determine feasibility of delivering the intervention in primary care to older people with frailty including testing potential trial methods to inform the design of a definitive randomised controlled trial (RCT). The trial will start recruiting in November 2018. 60 participants aged 65 or over who are moderately or severely frail will be recruited from six sites (general practices) in Cornwall. The intervention group will receive the HAPPI delivered by trained community matrons. The intervention is an individualised assessment and care planning process including development of person-centred goals supported by planning and relevant referrals. It will be carried out at the participant's home.

About the speakers

The control group will receive care as usual. The total length of study is 36 months; set up phase 5 months; recruitment 12 months; intervention and follow-up 14 months; data cleaning, analysis and reporting 5 months.

Prof Alisoun Milne

Professor Alisoun Milne has worked at the University of Kent for 25 years as a researcher, lecturer and leader. Before becoming an academic, Alisoun worked as a social worker and team manager in London; she is a registered social worker. Alisoun teaches on both the BA and MA social work qualifying programmes specialising in social work with adults, ageing and caring related issues. She is a member of the Chief Social Worker for Adults Advisory Group, the British Society of Gerontology and the Standing Commission on Carers (2006–2015); since 2010 she has also co-led a national academic special interest group focused on developing and promoting social work with older people. Alisoun was one of the founding Editors of the International Journal of Care and Caring and is a member of the Editorial Board of Ageing and Society.

Alisoun's research interests are in four intersecting areas: social work with older people and their families; mental health in later life; family caring; and long term care. She has been PI and/or CI on a range of projects and has received funding from a number of sources including the Department of Health and Social Care, the NIHR School for Social Care Research and the National Health Service. Alisoun is widely published in academic and practice related journals. Her single authored book *Mental Health in Later Life: taking a lifecourse approach* is published by Policy Press in Feb 2020. She is a member of the Research Excellence Framework 2021 sub-panel for Social Work & Social Policy <https://www.kent.ac.uk/social-policy-sociology-social-research/people/1950/milne-alisoun-j>

Speaker's abstract

In this paper I will aim to bring a 'social lens' to bear on the care and support for older people through the conduit of four issues. Social care is uniquely a UK phenomenon whose profile has shifted significantly since its inception in the late 1940s. It is of growing political, policy and public concern, is the cause of considerable confusion and cost for older people and their families and remains the poor cousin of health care despite its predominance in the care packages of older people with complex needs. Social care deserves robust attention not only as the partner of health care but in its own right. It is situated at the nexus of grand policy claims - for example about choice, control and independence, increasingly restricted access to local authority (ie publicly) funded care and political, financial and market forces that undermine its coherence, sustainability and quality. The wellbeing - and lives - of frail older people is threatened by recent cuts to public services and what is important to them is profoundly at odds with the issues that shape the development and delivery of social care services. The wellbeing and health of family carers is also affected. They are not only expected to care for their relative for more hours per week, but to perform care tasks that are more complex and quasi-medical in nature. There is also a risk that the effects of poorly resourced care become framed as a moral failure on the part of family carers who may be accused of being abusive or neglectful of the person they care for.

It is in this context that social work is situated. Social work with older people has a long, if uneven, history. Whilst there is evidence of its value to enhance the effectiveness of health care, transitions

and integrated care it is its capacity to advocate for the older person and their carer, manage needs that straddle the 'health' and 'social' domains and work with uncertainty and complexity where social work is most valued. It has a poor record of self-promotion, of clarity of role outwith that of the local authority's duties and is under perpetual threat from cheaper 'substitutes'. The role of conceptual models developed from the social work and sociological spheres relating to ageing, quality of life and mental health have the capacity to strengthen, and complement, biomedical models of health/ill health and help extend understanding of the multidimensional nature of need, cause and care.

Dr Paul Morgan

Consultant in Intensive Care for 23 years. Sepsis Lead for the Cardiff and Vale UHB for 4 years. Sepsis forms a major part of my clinical work in Intensive Care, but with 70% of sepsis cases initially presenting to either Primary Care or acute hospital "front door" locations, I now work with colleagues from all specialities in trying to improve early recognition, screening, diagnosis and treatment of sepsis while balancing the potential hazards of antimicrobial resistance and diagnostic biases.

Speaker's abstract

Sepsis kills more people in the UK each year than breast, bowel and prostate cancers combined. Sepsis survivors are frequently left suffering from significant levels of morbidity. Despite this, recognition, diagnosis and treatment can be difficult with delays resulting in poorer outcomes. In this presentation I will discuss how the diagnostic process has changed and the implications this has on clinical practice. I will also address the issues of the impact of frailty and comorbidity on the diagnosis, treatment and outcomes from sepsis.

Dr Rachael Morris-Smith

Dr Rachael Morris-Smith is an Associate Specialist in Acute Frailty. She has designed and established an ED based frailty team known as the Geriatric Emergency Medicine Service, GEMS, for which she is Clinical Lead. GEMS are the South West Regional winners of the 2019 NHS Parliamentary Award for Excellence in Urgent and Emergency Care.

Rachael's interests include acute and community interface medicine, silver trauma, maintaining independence and quality of life for those her team cares for.

Speaker's abstract

The GEMS is an exciting new front door team at Weston General Hospital. A specialist MDT providing care and comprehensive geriatric assessment to older patients living with frailty requiring acute care. Working with community teams and the voluntary sector. The work of GEMS has demonstrated prevention of hospital admission. The main learning objectives of this talk are:

- The value of identifying frailty in the Emergency Department (ED.)
- The benefit of initiating a Comprehensive Geriatric Assessment (CGA) in the ED.
- The benefit of a specialist frailty multidisciplinary team in the ED.

About the speakers

Ms Lisa Patrick

Lisa obtained her first degree, an Occupational Therapy BSc, in 2012 from the University of Derby. She then worked clinically as an Occupational therapist. Next, she undertook her MA in Research Methods (Health pathway) at the University of Nottingham in 2016, which was a study looking for interventions to maintain or improve independence for people with dementia during hospital admissions. In 2017 she started her PhD at the University of Nottingham which is funded by the Alzheimer's Society and the Collaboration for Leadership in Applied Health Research and Care (CLAHRC). Lisa is currently developing a rehabilitation programme for hospitalised people with dementia to help them maintain and regain their independence.

Dr Shvaita Ralhan

Shvaita Ralhan trained as an undergraduate at Guy's King's and St Thomas' School of Medicine, London. She completed her specialist registrar training in Geriatrics and General Internal Medicine in London and developed a specialist interest in perioperative care of older adults. She now works as a Geratology and Perioperative Care Consultant at the John Radcliffe. Her clinical work involves perioperative care of vascular, major trauma and TAVI patients. She is passionate about clinical education and has published a book on medical teaching skills for doctors, completed a masters in clinical education and is author for the older persons module for the UCL Perioperative Care Masters Program.

Speaker's abstract

- Description of our clinical perioperative services (timeline)
- Details about our recent expansion into Vascular surgery, TAVI and appointment of perioperative care fellows
- Collaboration with other networks and specialties to achieve our goals
- Challenges faced and how we addressed these
- Future direction of our service

Ms Ann- Marie Riley

Ann-Marie Riley is a registered general nurse who has a background in intensive care nursing, both general and speciality including major injuries, cardiac and burns. She has held a range of leadership roles including matron for trauma and orthopaedics, Head Nurse across a wide range of specialities and senior project nurse for safe staffing. She is currently the Deputy Chief Nurse at Nottingham University Hospitals and is one of the four people behind the hugely successful international #EndPJPparalysis campaign.

She is currently the Deputy Chief Nurse (strategy) at Nottingham University Hospital.

Dr Frazer Rosenberg

I have been a GP Principal for 15 years in a surgery in North London which serves a large Ultra-Orthodox Jewish population. The community has unique cultural needs and their religious outlook governs all aspects of their daily lives. In particular we look after a large nursing home which caters for specific end of life care of the Orthodox patient, in line with traditional beliefs. Our surgery is also an address for the wider UK Jewish Community, for religious teachers and lay person alike, who contact to ask guidance for particular situations that present. During my medical training I spent several years in Rabbinical College studying Jewish & Medical Ethics.

Speaker's abstract

I will be outlining the Jewish Ethical outlook with regard to Terminal Care. This will include presenting the major principles and the philosophy behind them. Topics covered will range from discussion of the primary obligation to save life and how far this directive extends, consideration of what is considered "Terminal Illness", Quality of life & the influence of Age and the Orthodox position with regard to withholding and withdrawing treatment. We will also discuss active and passive Euthanasia.

Dr Shahbaz Roshanzamir

Dr Shahbaz Roshan-Zamir qualified from Guy's, King's & St Thomas' Medical School in 2006 and was appointed as a Consultant Physician and Geriatrician in the Department of Ageing & Health at Guy's and St Thomas' Hospital in 2017.

Dr Roshan-Zamir has broad experience and training in geriatric and general medicine. He has a special interest in cardiovascular diseases, and in particular heart failure and valve disease in the elderly. He has training in cardiology, and has publications related to this field.

He is fully trained as an Echocardiographer, and is accredited to the British Society of Echocardiography (BSE), having performed echocardiograms since 1998.

As a Consultant Physician at Guy's & St Thomas' Hospital, Dr Roshan-Zamir has helped develop the Cardiology for Older Persons Service (COPS). He also manages the Frailty Service, provides care for inpatients and undertakes weekly outpatient clinic work (Heart Failure and Comprehensive Geriatric Assessments). His aim is to further cardiovascular medicine for geriatric trainees and expand the realm of cardiovascular medicine in the BGS.

He is an active senior committee member and Treasurer of Cardiovascular Section of the British Geriatrics Society.

Prof Stephen Ryder

Since June 1994 Professor Ryder has been a consultant Physician in Hepatology and Gastroenterology at the Nottingham Digestive Diseases Centre and NIHR Biomedical Research Centre. He became Director of Research and Innovation at Nottingham University Hospitals in April 2016.

His major clinical and research interest is hepatitis C infection and large clinical trials in hepatology. He was recognised as one of the leading recruiters to commercial clinical trials in the NIHR at 10 awards. Professor Ryder was the national lead for the Hepatology Clinical Research Network until 2015 and is now the Co-Director of the East Midlands CRN. He was Hepatology Vice President of the British Society of Gastroenterology from 2012-2015. He graduated from Nottingham University Medical School and trained in hepatology at St Mary's Hospital and Kings College Hospital London.

Speaker's abstract

Abnormal liver tests are common in older people, partly reflecting an increase in liver risk factors in the population (alcohol and non alcoholic fatty liver). Most abnormal transaminase results do not represent significant liver pathology and interpretation of current tests and new technologies are available which can provide key prognostic information.

About the speakers

Ms Heidi Sandoz

Heidi has been a Tissue Viability Nurse for 17 years. She has worked in both acute and primary care. She is currently the Tissue Viability Services Lead for Hertfordshire Community NHS Trust. This service includes a tissue viability team, a specialist leg ulcer team and a lymphoedema specialist service. She is a Past Chair and current Trustee of the Tissue Viability Society and an honorary lecturer at the University of Hertfordshire. Her passions centre around education, improving services for patients and team development. She is published largely under the name of Guy. "Pressure ulcer risk assessment has developed since the 1960s largely focusing on tools that identify factors of risk, usually with a numerical score. It is now the expected norm that all people coming into contact with NHS services who have risk factors are assessed for risk (NICE, 2014)

Whilst we recognise immobility is the single cause of pressure ulcer (in order to develop a PU a person needs to be still for long enough to sustain a high enough level of pressure to diminish blood flow to the tissue), what we understand less well, in our increasingly elderly population is what other factors might contribute to a PU developing more rapidly.

Speaker's abstract

This presentation will explore, using local data and published evidence, how the older population is at an unprecedented higher risk level of PU development than we have seen previously and will ask is extreme of old age a risk factor or an inevitable direct cause along with immobility.

Ms Justine Shenton

Justine is the Older Persons' Forum Co-ordinator for a local Advocacy Charity & Sefton Advocacy and organises monthly meetings with an attendance of around 200 older people to make sure that older people have a voice in service developments in health and social care in their local area. Our Forums are welcomed by our local health providers and CCGs and we have been involved with many coproduction opportunities in terms of service design and delivery.

Dr Anna Steel

Dr Steel is a less than full time Registrar in Geriatrics and General Medicine in North London. She qualified from University College London in 2008 and has gained the last 10 years of medical training in and around London. Her core interests include end of life care and medical ethics with her quality improvement projects and publications focusing mainly around these topics. She also organises and delivers courses focusing on end of life care in Geriatrics. Dr Steel was a member of the London End of Life Care Clinical Leadership Group 2014-2015. She has held the position of BGS NE Thames Secretary and BGS England Council Member since 2017. She has been the NE London Geriatrics Trainee Representative since 2017.

Speaker's abstract

Advance care planning enables patients to state their wishes and priorities for care towards the end of life yet many patients are not offered the opportunity to discuss their needs. I lead a project in Barnet Hospital over 18 months with the aim of improving the quantity and quality of advance care planning for inpatients. I will be describing the strategies used to facilitate a significant and sustainable improvement in practice which can be transferred to other care settings.

Prof Nele Van Den Noortgate

Prof Nele Van Den Noortgate, MD (1990), PhD (2003) is geriatrician and trained palliative care and LEIF physician. She is head of the geriatric and palliative care department at the University Hospital Ghent and senior lecturer (since 2010) in geriatric medicine at the University Ghent.

In 1997 and 2003, she received the price for the best oral communication of the Belgian Society of Geriatrics and Gerontology. In December 2015 the geriatric ward got the Gert Noel Award (King Boudewain Foundation) for the project on how to listen better to older patients in the acute hospital based on ethical rounds and exposure. In 2017, the best poster award from EuGMS was given to one of the supervised master projects namely the SPICT in geriatric wards.

Under her supervision, 6 PhD thesis were defended. For the moment she is still supervising three doctoral students and several master thesis students on end-of-life care and quality of care related subjects. She is (co-)author of 98 A1 peer reviewed articles and 18 book chapters.

She was involved as co-investigator in an EU 7th framework project PACE, Comparing the Effectiveness of Palliative Care for Elderly People in Long Term Care Facilities in Europe (from 2014-2019; budget 380 000 euro). She was leading many scientific projects with external funds from the government (FOD-KCE), Flemish Cancer League- KoTK, King Boudewain foundation) for around 1 500 000 euros.

She is often asked as a speaker on national and international conferences mainly on the topic of or related topics to end of life care in Geriatric Medicine. She is president of the European Academy for Medicine of Ageing, General Secretary of the Belgian Society for Gerontology and Geriatrics and full board member of the European Union of Geriatric Medicine Society (EuGMS). She is also funding member of the Palliative Care Interest Group of EuGMS.

Speaker's abstract

In 2002 the law on euthanasia in Belgium was approved by the parliament. During the past 15 years, the group of older people with a request of euthanasia has substantially increased. In 2017, 39,4% of 2309 people euthanized were 80 years and older compared to 16% of the 215 people in 2003. Although most of the request for euthanasia are patients with cancer in the terminal phase of their disease, a significant increase is seen in the fulfilled requests for non-terminal illnesses especially in the older population (from 8% in 2009 to 16,2% in 2017).

The legal criteria and ethical considerations under which physicians can offer medical assistance in dying will be clarified and personal experiences discussed. The current discussion between doctors and lawyers is the question if the current law on euthanasia is legalizing all the cases of euthanasia especially in non-terminal older person with less or more multiple chronic conditions. The phrase "the patient is in a medically futile condition of constant and unbearable physical or mental suffering that cannot be alleviated, resulting from a serious and incurable disorder caused by illness or accident" causes some differences in interpretation which lead to discussion and unclear situations for physicians, health care workers and public. Another pitfall in the evaluation of a request in a frail old person is the interpretation of "voluntary, well-considered and

About the speakers

repeated and not the result of any external pressure". Often older adults feel useless and of no economic value in our society. They suffering is not situated in their own individual situation but in the fact that they find themselves of no added value anymore.

It is clear that the current development in the practice of euthanasia in the older patient population evokes attention points and requires a further debate in our society. In the meanwhile, physicians and multidisciplinary teams in the care for older adults are trying to deal with the requests on an ethical and legal ground. Sometimes they feel pressure from patient and families to push their own ethical and also the legal borders. Support from professional organizations as palliative care teams and LEIF can be useful to discuss individual cases and to develop and optimize diligence criteria.

Dr Louella Vaughan

Dr Louella Vaughan is a consultant acute physician at Royal London Hospital and Senior Clinical Research Fellow at the Nuffield Trust. She is also trained as a historian at the universities of Cambridge and Oxford, specialising in the Early Modern period. She has served on several committees of the Royal College of Physicians, including Future Hospital Commission. Her clinical research interests include models of acute care and the risk of stratification of the unwell patient.

Speaker's abstract

Models of Acute and Urgent Care have not previously been systematically mapped in England. In this presentation, an overview of models of care used will be given, with a particular focus on acute frailty services. Suggestions will be made as to how acute general medical care can be better delivered.

Dr Martin Vernon

Martin qualified in 1988 in Manchester. Following training in the North West he moved to East London to train in Geriatric Medicine where he also acquired an MA in Medical Ethics and Law from King's College. He returned to Manchester in 1999 to take up post as Consultant Geriatrician building community geriatrics services in South Manchester.

Martin was Associate Medical Director for Manchester Primary Care Trust in 2010 and subsequently Clinical Champion for frail older people and integrated care in Greater Manchester. He was the British Geriatrics Society Champion for End of Life Care for 5 years and was a standing member of the NICE Indicators Committee.

In 2015 Martin moved to Central Manchester where he is a Consultant Geriatrician. He also holds an Honorary Academic Post at Salford University and was appointed as Visiting Professor at the University of Chester in 2016.

In 2016 Martin was appointed National Clinical Director for Older People and Person Centred Integrated Care at NHS England. In 2017 he became Chair of the NHS England Hospital to Home Programme Board and is currently leading national work on Integrated Personalised Care for Older People.

Dr Robert Wears

Trained in Manchester and graduated in 1986 before moving to the West Midlands. Consultant Geriatrician at Solihull Hospital since 1994. Currently BGS VP (training and education), deputy chair SAC (geriatric medicine), director of quality for WM school of

medicine and TPD geriatric medicine (West Midlands). Clinical interests include dementia, Parkinson's disease and nutrition. Non clinical interests include puppy walking for the Guide Dogs for the Blind Association.

Dr Carly Welch

I am a geriatric medicine trainee in the West Midlands and passionate about all things geriatrics! I was lucky enough to be given an NIHR ACF post when I started my ST3 and am now passionately pursuing my own research into acute sarcopenia (despite a few hurdles)! I am very keen to broaden access to research opportunities for trainees; in 2017, I co-founded the Geriatric Medicine Research Collaborative (GeMRC).

Speaker's abstract

Old age psychiatry and geriatric medicine are fundamentally related specialties, however, training pathways remain distinct. We know that psychiatric and physical health problems rarely exist in isolation and these need to be managed together to provide holistic care for older people. In this session, we describe our experience from the West Midlands on how joint training can be implemented and the potential benefits of this.

Dr Kiri West

I am an ST6 in geriatric and general internal medicine training less than full time (LTFT), with interests in frailty and end of life care. I have been the national LTFT representative on the British Geriatrics Society trainees committee since April 2018. I also have an interest in medical education, and am currently a Health Education North West medical education fellow.

Speaker's abstract

Between October 2018 and March 2019 speciality trainees working less than full time in geriatric medicine were invited to complete an anonymous online questionnaire. In addition to questions on the application process and rota design, it also asked respondents about attitudes to LTFT training. Of the respondents answering this question 53% felt they had experienced negative attitudes related to being LTFT. This talk will cover the results of the survey and ask the question, "where next for LTFT training and working in geriatrics?"

Dr Helen Wilson

Consultant Orthogeriatrician Arthritis is almost universal in older people and yet often not included in problem lists. Management involves multidisciplinary team assessment and a personalized plan. Opiates are increasingly overused with little effect. Tips from an Orthopaedic MDT will be discussed.

Imam Yunus Dudhwala

Imam Yunus Dudhwala graduated as a Muslim scholar from an Islamic seminary in the UK, and he went on to further his studies at Al-Azhar University, Cairo, where he completed a B.A. in the traditional Islamic Sciences, specialising in Hadeeth sciences. He has served as an Imam in various mosques in East London, before concentrating full-time in the field of healthcare chaplaincy. He has been a Chaplain in the NHS for over 20 years and is currently Head of Chaplaincy at Barts Health NHS Trust, one of the largest Trusts in the country. He was voted NHS Healthcare Hero/national NHS employee of the year in 2010. He has spoken at national conferences organised by the European Network for Healthcare Chaplaincy, the College of Healthcare Chaplains, Cruse

About the speakers

Bereavement Care, Child Bereavement UK, Brake Road Safety Charity, National Methodist Chaplains Conference and National Scottish Police Association. He was also a Muslim chaplain at the London 2012 Olympics. He is a Trustee of the Muslim Bereavement Support Service which he helped to set up and is the principal trainer for the volunteers of the organisation. He is the Religious Advisor to Gardens of Peace cemetery, Hainault Essex, and also to the Eternal Gardens cemetery, London. He is also the Religious Advisor to the National Burial Committee in the UK.

He frequently appears on radio and television to provide opinion and expertise on Islamic subjects. He has made contributions on the Victoria Derbyshire show, BBC World News, BBC Radio 4, BBC Radio 5 Live, LBC and local BBC Radio stations. He is a regular lecturer and speaker in various mosques across the UK.