British Geriatrics Society
Improving healthcare
for older people

BGS Strategic Plan: 2020-2023

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1. Introduction

The British Geriatrics Society (BGS) is the multi-disciplinary membership association for professionals specialising in the healthcare of older people across the UK. Founded in 1947, it now has over 4,000 members – consultant geriatricians and trainees, specialist nurses, therapists, GPs and other health professionals. It aims to improve the healthcare of older people, promoting better health in old age. The Society is a registered charity and a company limited by guarantee.

This document is our three-year Strategic Plan for the period from April 2020 to March 2023. It sets out our vision, mission and long-term aims as a medical Society. It takes stock of where we are now, in relation to the external context and to our achievements as a Society. Looking to the three-year period ahead, it sets out the strategic direction for the BGS, identifying the strategic goals we aim to meet in pursuit of our mission, and the activities which will underpin them. This document is the full Strategic Plan. There is also a one-page summary version.

2. Vision, mission and aims

Our **vision** is of a society where all older people receive high-quality, patient-centred care when and where they need it.

Our **mission** is to improve healthcare for older people. Older people are the main users of health and social care services. They can have different patterns of disease presentation with higher mortality and morbidity following hospital admission, and a requirement for co-ordinated specialist medical and multidisciplinary care.

Geriatricians, nurses, GPs, old age psychiatrists and allied healthcare professionals (AHPs) provide care for older people as part of a multidisciplinary team during acute illness, chronic illness, rehabilitation and at the end of life, in settings that range from hospital to community to home. The BGS is the membership association bringing together those health professionals committed to ensuring high-quality healthcare for older people.

The Society works to achieve its mission through six long-term organisational aims:

- To **inspire** students and trainees to specialise in the care of older people, and to support their education, training, clinical effectiveness, and career development.

- To **promote** high standards of clinical quality through conferences, meetings, information, good practice guidance, and educational and training opportunities.

- To **encourage** the sharing of learning and best practice, both within and across relevant disciplines and specialties.

- To **promote** research into the healthcare of older people, facilitating access to research and opportunities to generate research.

- To **act** as the informed policy voice regarding educational curricula; clinical standards; research; effective commissioning practice; and current and future health policy regarding the treatment and care of older people across the UK.

- To **raise awareness** among healthcare professionals of the role of 'living well' in preventing disease in old age.

3. Where we are now

The previous Strategy period, 2017-20, was a time of growth and increased impact for the Society. Membership grew from 3,142 to 4,000+, with nurses, therapists and GPs accounting for much of the growth. Regional, specialist and national meetings attracted bigger audiences than ever before with highly positive feedback about the calibre of speakers and the content. The BGS journal, *Age and Ageing*, continued to publish high-quality research, and achieved an increase in its impact factor from 4.013 in 2017 to 4.5111 in 2019, placing it 9th in its class of 53 research journals.

In the world of policy, we were pleased to see inclusion in NHS England's *Long Term Plan* of key points the BGS had made about older people's healthcare. We reacted to the announcement of a 'snap' general election in 2017 with our own general election manifesto outlining seven calls for an incoming Government. The subsequent manifestos of both the major political parties included significant commitments regarding the health and care of the UK's ageing population. We engaged with Government consultations on a wide range of issues including loneliness, general practice, social care and workforce. Our media profile grew with TV appearances by the BGS President, and we gained and sustained a lively social media following. Our Patron, His Royal Highness the Prince of Wales, joined us in March 2017 to celebrate 70 years since the BGS was founded by Marjory Warren, Trevor Howell, Lord Amulree and others.

During this period, various BGS publications, initiatives and toolkits were launched, including a Joint BGS/Dunhill Medical Trust Doctoral Training Fellowship, a report on *Depression among older people living in care homes*, a *Comprehensive geriatric assessment toolkit for primary care practitioners*, and a position statement on primary care for older people. A huge joint effort to develop a bid to host the European Geriatric Medicine Society (EuGMS) congress was successful. The Congress will come to London in September 2021 with the BGS as the local host.

Internally, we launched a new website in 2018, and made significant improvements to our membership database. This in turn enabled us to ensure compliance with new data regulations and improve administration of our member renewals, services and events bookings. Members continued to contribute actively to the BGS through their engagement with the Society's groups, committees and councils and by acting as trustees.

Development of the Strategy

We undertook a **survey of members** in May 2019 to capture member views about BGS activities and their relative priority. Analysis of the 200+ responses showed that current BGS activities were highly valued, with events and policy work prominent among them. The BGS's support for professional development, notably in terms of multi-disciplinary working, was felt particularly valuable. Members said they thought this was best achieved through a combination of education, training, research, information providing/sharing and influencing public policy. The BGS's policy role in advocating for older people's interests in healthcare delivery, social care, and workforce issues was felt to be critical for the future in a time of political uncertainty and resourcing challenges. Many welcomed the role the BGS played in collaboration with other professions and specialties to promote joined-up healthcare for older people. Some people felt strongly that the BGS should engage further 'upstream' with prevention activities to help the ageing population to stay healthier for longer.

The results from the member survey helped to inform **workshops** in June and August 2019 with staff, trustees and other BGS officers to develop the Society's strategic direction from 2020 onwards. These included a review of BGS strengths, weaknesses, opportunities and threats (SWOT). At a time of considerable political volatility, we also undertook an analysis of the political, economic, social and technological context (PEST).

Strengths	Weaknesses
• Members and officers' commitment, loyalty and expertise • Multi-disciplinary membership • Work across primary, community and acute care • First society for geriatric medicine to be established worldwide (in 1947) • Global leader in field of older people's health care • Holistic nature of geriatric medicine • Influential allies, strong partnerships, international allies • Members well-supported – good customer service • Independence and impartiality • Evidence-based and credible voice • High impact-factor journal • High quality communications – good reach to members via social media • Good range and quality of events • Inclusive governance • Financial stability • Ownership of Marjory Warren House.	• Members and officers are time poor and have little flexibility in rotas and job plans, leading to challenges in engaging with BGS and attracting people to officer roles • Fast turnover of key officers due to short (two year) term of office • Some Special Interest Groups (SIGs) and regions not as active as they could be • Constant policy change: lots of new initiatives and short-term projects • Limited resource and capacity to take lead on campaigns • Staff at capacity; small staff team to service growing and increasingly diverse membership • BGS governance meetings in London – video conferencing not yet available • BGS policy voice at national level under-powered • Mainstream media profile limited • Prizes, grants, etc, inconsistent; high admin cost, sub-optimal impact • GDPR requirements have reduced mailing list considerably.
Opportunities	**Threats**
• Making the most of our multidisciplinary perspectives on improving older people's healthcare • Live-streaming events • Collaborations with other Societies, Royal Colleges, charity partners • Influencing geriatric medicine element of doctors' training under new Shape of Training • Strengthening understanding of older people's healthcare among non-specialists • Contributing to training/practice in new Primary Care Networks • Continuing to be 'go-to' place for frailty and Comprehensive Geriatric Assessment *(continued)*	• Workforce challenges combined with growing number of older people with complex health needs • Study budgets and study leave reduced, leading to decline in meeting attendance • Unmet demand for geriatricians and other professionals specialising in older people's healthcare • Brexit - uncertain political climate likely to affect national policies on health and social care, tax, pensions • Widening inequalities • Social care provision in crisis, leading to older people stranded in hospital, strains on family carers and unmet need *(continued)*

• Showcasing comparative examples, models of care from four countries of UK • Challenging ageism and stereotyping of older people • Advocating for advance care plans and dignified end of life care • Building BGS voice on social care, social prescribing, prevention, social model of end of life care – related to health outcomes and quality of life • Sharing practice in dealing with effect of inequalities on older people's health status and care options • Influencing geriatric medicine in other countries • Online learning opportunities (e.g. e-learning) • Countering Brexit with increased efforts to collaborate with European colleagues.	• Regional variations in provision of primary, community and intermediate care • 'Cold spots' in terms of workforce provision, leading to poorly integrated services • Insufficient recognition by employers of changing workforce patterns to accommodate part-time and flexible working • Workload pressures prevent BGS members from taking on BGS officer roles or being proactive • Pharma sponsorship more challenging to secure • Funding model for our journal at risk due to open access changes • Risk of cyber fraud, data breach.
Political	**Economic**
• Brexit preparation, implementation and fallout • New Prime Minister, possible General Election soon, political volatility • Current Secretary of State for Health keen on technology • Social care up the agenda – but how will Government fund and deliver it? • Potential Scottish independence vote • Lack of government in Northern Ireland • Local devolution of health and social care services (e.g. Greater Manchester) • Implementation of NHS *Long Term Plan* and *People Plan* in England • NHS workforce, immigration, visa/work permit issues • NHS restructuring – more funding to primary care, new primary care networks • Global insecurity – terrorism, epidemics (e.g. Ebola), unrest.	• Slowdown in economic growth, possible recession related to Brexit • Falling £ • Loss of UK influence in Europe • Social care unresolved - no limit or cap on amount that an individual pays for care home • Requirement to pay minimum wage means some care homes close down • Brain drain – health professionals moving to other countries • Pensions threshold affecting NHS staff • Higher retirement age – more older people in work • 'Gig economy' – affecting care industry • Possible government tax cuts for business and high earners – leading to greater inequalities.

Social	Technological
• Ageing population • Changing family structures - more dispersed, more loneliness • More childless adults • Urban/rural – difference in availability of services • Public health issues – e.g. obesity, diabetes, mental health • Public becoming desensitised to the NHS and social care crises • Implementation of 'social prescribing' • Attitudes to older people in media and society – 'bed blockers', 'burdens,' etc • Some increased awareness of older people, volunteering, value of intergenerational activities • Rental population - lack of funds to pay for care • Loss of public faith in vaccines/increase in fake news regarding medicines/health in media • Inequalities wider, with more people living in poverty.	• Better connectivity, access to online communications and resources • Technology used more to deliver learning • Greater use of online consultations, virtual GP and outpatient services • Use of smart home devices to support self-care, monitoring • Robotics and AI for medical procedures such as surgery • Ageing population at risk of digital exclusion, but also more older people becoming digitally competent • NHS Digital/NHSX • Data sharing and (in)compatible IT systems within primary/secondary care • Invasion of privacy and increased risk of online scams • IT risks for hospitals • More requests for access to personal NHS records.

Conclusions

It is clear the BGS serves a unique function, bringing together health professionals who are committed to improving healthcare for older people. Our Society's role as convenor, policy advocate, expert voice and learning hub is more important than ever. This is at a time of steady growth in the number of older people living for longer with complex health conditions, encountering different parts of the NHS - from primary care provision through their GP, to admission for acute episodes, through to long-term care. Our credibility and expertise have developed throughout the Society's 72-year history, enhanced by the multi-disciplinary nature of our membership and our patient-centred holistic approach.

Yet the changing world demands agility and adaptiveness, and the BGS must not stand still. This Strategy provides a chance to harness our strengths and seize the opportunity to achieve more. We will do this through renewal of our organisation, collaboration with others and by looking outward to strengthen our policy and communications influence in pursuit of our mission. At the same time, we

will allow for flexibility, recognising that our agenda will need to change as new societal and political challenges emerge.

4. Looking ahead to 2020-23: Context

This section looks at themes relevant to the current context of healthcare in the UK which emerged from the survey, the SWOT and PEST analyses and the workshops. These inform our 2020-23 Strategy.

Political upheaval

This Strategy is being developed at a time of considerable flux in the political environment, which will have a bearing on the delivery of the NHS *Long Term Plan* in England and on the hoped-for resolution of the social care crisis. Funding and workforce remain fundamental challenges for the healthcare system across all countries of the UK. With an ever-increasing number of older people needing healthcare, the BGS Strategy recognises the importance of efforts across the NHS to think laterally about tasks and skills without compromising patient safety, to streamline processes and to restructure services for greater efficiency and better results. The distribution of resources and the availability of a skilled workforce remain challenges for the NHS in delivering healthcare and for local authorities delivering social care, and these are likely to be exacerbated by Brexit. The BGS has a vital role to play in influencing the implementation of the NHS *Long Term Plan* in England, with its emphasis on primary care, healthy ageing and managing increasing numbers of older people with complex care needs. The majority of healthcare professionals will see older people more than any other population group, so the BGS must ensure it is relevant and useful for them.

Work pressures

The combination of older people living for longer in greater numbers alongside advances in medicine is contributing to rising demands on health and care services. It is estimated there are currently 1,430 consultant geriatrician posts across the UK. Although the profession is attracting more trainees, there is an insufficient number of posts to address the scale of need in acute settings, and unfilled vacancies exist in many parts of the UK. In primary care, the situation is equally stark, with more than 65% of GPs' time spent on older patients. Across all the professions of our membership, there are vacant posts and staff shortages.

The BGS supports efforts to address these workforce challenges in different ways, including more mandatory courses and attachments in geriatric medicine as part of core medical training, and developing Advanced Clinical Practitioner and other new roles. It must also help surgical and other

specialities to be equipped to deal with the increasing numbers of older people they see, including people living with frailty. Supporting employers to accommodate more flexible and part-time working patterns will be a key aspect of workforce management. Meanwhile, study leave and study budgets are reducing across many professions, and what were formerly winter pressures extend now almost year-round in many healthcare settings. This hugely significant workforce issue is one where the BGS has an important advocacy role. Workforce challenges also have a bearing on how we design and deliver services to members who are very busy, and how we support their wellbeing and resilience.

Multi-disciplinary working

The Society's diverse membership is a reflection of good practice in hospitals and other health settings, where patients benefit from the combined skills and perspectives of a multi-disciplinary team. The Society's decision more than ten years ago to open out its membership beyond geriatricians has been amply rewarded. It is a great strength of the BGS that we have members from across different professions, united by a desire to improve healthcare for older people. Over the period of the 2020-23 Strategy we will go further to foster and enable mutual benefits from this inclusive community in terms of contributing to the Society's goals. We restate our commitment to multi-disciplinary working and to the value it brings for better healthcare.

Integration

The NHS is a complex system where patient experience is improved when designed to be user-focused with joined-up services. During this Strategy period the BGS will focus on three policy and practice areas geared to improving integration.

The first is to support better integration between **community, primary** and **secondary care.** This would help to ensure that avoidable hospital stays are minimised and older people are supported to stay independent and active for as long as possible, with critical episodes swiftly and effectively managed. We will support efforts to co-ordinate services, and we will actively share good examples from the multidisciplinary experience of our members working across different healthcare settings.

The second type of integration is between **health** and **social care**. While the Society's primary focus is on healthcare, evidence shows that inadequate provision of social care for older people delays their discharge from hospital, causes anxiety, places unacceptable burdens on informal care provided by their families and leads to worse health outcomes. We will work in coalition with others to advocate for a sustainable solution to funding and delivering social care.

Thirdly, we support integration of **physical** and **mental health**. Treating the whole person involves consideration of their mental wellbeing as well as their physical health. Many older people suffer from

dementia, delirium, or cognitive impairments which may be temporary or long-term. Good-quality care involves seamless integration of mental and physical health at all stages of life, including end of life care.

Patient-centred care

This is a key tenet of our Society and continues to be an aspiration for the delivery of high-quality NHS services. Geriatric medicine requires a holistic approach, seeing the whole person rather than a condition or a collection of symptoms. Patient-centred care for older people may involve helping people with advance care planning, helping them make choices about different treatment options or considerations about how they want to spend their remaining life, and ultimately helping them be prepared for the end of it. It may involve reviewing and potentially de-prescribing medicines to better manage the polypharmacy that many older people struggle to deal with. It often requires liaison with other services, such as social care, to help people get out of hospital and back home. BGS members need to be advocates for their patients and their families, supporting individual choices, and helping older people navigate healthcare services which may be fragmented.

In the wider context, the BGS has a duty to counter inappropriate negative stereotyping and ageism, often promulgated through the media. Our partnerships with leading charities are a key means of doing this, particularly as they have a more direct relationship with older people themselves than the Society does as a membership association for healthcare professionals. During this Strategy period, we will strengthen partnerships and initiatives that put the older patient at the centre of planning and delivering healthcare.

The role of non-specialists

It is important for our Society to acknowledge the important role played by many other practitioners who are not specialists in geriatric medicine but who encounter older people in acute and other care settings. BGS members have a role in offering advice, support and information on topics such as frailty, dementia care and Comprehensive Geriatric Assessment to these healthcare professionals. With an increasing demand for geriatricians, GPs and other specialists in older people's healthcare which cannot be met through the current NHS workforce, the role of other healthcare professionals in contributing to older people's health and wellbeing is crucial. This Strategy includes consideration of specialists' role in contributing to awareness of older people's health needs and care among non-specialists.

Healthy ageing

The increase in the number of people living healthier, longer lives is cause for celebration. The BGS supports moves to encourage people to take responsibility for their own health and wellbeing by being active, eating well and being aware of the risks of smoking, pollution, drugs and alcohol. From the prenatal start in life to healthy childhoods, from avoiding middle age adversity, to adopting appropriate post-retirement roles, the societal 'life course' is known to be the prerequisite to good healthy longevity. We therefore welcome 'healthy ageing' initiatives such as NHS England's *Ageing Well* programme, which seek to prevent ill-health or to slow a decline. However, with the ageing process comes increased likelihood of long-term conditions, multi-morbidity, cognitive challenges and frailty. It is exacerbated by inequalities, which render some people more vulnerable than others and mean that age itself is not a reliable indicator of health status. Our activities as a Society reflect the reality that our members' professional focus is on older people suffering from ill-health. But we recognise the importance of prevention, the role BGS members play in encouraging people to undertake reablement activities and regain independence where possible, and the differential impact on health of unequal circumstances.

Geographical remit

The BGS is proud to have members across the four countries of the UK. Politically, health is a devolved responsibility, which results in some significant differences in how health services are delivered across England, Scotland, Wales and Northern Ireland. While older people's needs for good-quality healthcare are the same across the UK, we value the opportunity for comparative learning and research within these different operating environments. At a sub-national level, we will strengthen our Society's regional communities for better knowledge-sharing and collaboration within a defined geographic area.

With the likely departure of the UK from the European Union, we feel strongly that the Society should maintain its European and global links, seeking to continue and strengthen international collaboration and exchange expertise in pursuit of better healthcare for all. We are delighted to be hosting the European Geriatric Medicine Society (EuGMS) Congress in September 2021 in London. We look to foster further international links through our overseas members, our membership of bodies such as EuGMS, the Union Européenne des Médecins Spécialistes (UEMS), the International Association of Gerontology and Geriatrics (IAGG) and through other opportunities to work together internationally.

Collaboration

The Society has a relatively small staff team of 11 supporting its 4,000 members, and thus inevitably there are constraints on our capacity. We benefit from working with others for greater impact and influence. This includes running joint meetings with other specialty societies and networks; collaborating with Royal Colleges on training courses, policy positions and reports; and working with charities such as Age UK to benefit from their direct relationship and advocacy for older people's rights and wellbeing. Through our journal and our research committee, we collaborate with research agencies, funders and teams to develop the research field in geriatrics and gerontology. Beyond the sponsorship that is a feature of our meetings, we also look to develop commercial partnerships that meet our ethical principles and brand guidelines in order to diversify our income. New players are emerging with the restructuring of health services and changing policy emphases, and we will be open to exploring new partnership arrangements. We believe in collaboration across professions, specialities and cultures, and will use this Strategy period to further develop partnerships, both informal and formal, that serve our mission.

5. Cross-cutting themes across our strategic goals

This Strategy builds on existing strengths, seeking to increase the Society's impact and influence in improving older people's healthcare. We believe we can continue to improve the synergy between different strands of our work (such as events, communications, policy, information, resources, partnerships and research) to achieve our goals. We can also go further to integrate planning undertaken in different parts of the Society (such as committees, Councils and groups) with work delivered by the staff team, so that all are acting in pursuit of the agreed strategic goals. We identified three cross-cutting themes from the strategy workshops which will apply across the strategic goals:

i. **Strengthening regional activity:** Members articulated a desire for the BGS to have stronger connections at a local and regional level, to complement what happens at the national level. Although articulated as an issue for the England regions, it can equally apply across the different parts of Scotland, Northern Ireland and Wales. During this Strategy period, the BGS will encourage members to forge links at a local and regional level, improving the consistency and quality of regional meetings, but also developing more of a regional community through better information about local services and health infrastructure, face-to-face connections and peer support. There is considerable variation between England regions at present. Moves to strengthen regional networks will depend on a desire by members to be active in their region, a convening and practice-sharing role played by the England Council, and support from the staff team.

ii. **Strengthening digital services:** With pressures on members' time and study budgets, it is increasingly important for the BGS to make its continuing professional development (CPD) accessible, affordable and flexible. During this Strategy period, we will further develop our e-learning offer, live-stream key events and introduce an app. We will improve our members' and other users' online experience, by strengthening website content, navigation and signposting. Building on the Members Directory, we will explore options for developing online communities within the BGS, enabling members to access peer support in a moderated, real-time safe environment. We will continue to share news and information and to foster connections on key topics, capitalising on our strong social media presence. As we continue the transition from hard copy to online across the majority of our services, we will also look to develop our journal, *Age and Ageing*, as an online publication. We will continue with improvements to our customer relationship management (CRM) system that will enable us to better analyse member data across different themes; and we will improve access to BGS committee and council meetings through new video-conferencing facilities. We will also help our members to be aware of proven and emerging digital innovations that are enhancing patient care, and support initiatives to address the challenge of incompatible data systems across the NHS.

iii. **Strengthening our community:** Perhaps the most powerful aspect of the BGS is the commitment of its multi-disciplinary members to the mission. The desire to improve healthcare for older people is a defining feature of our Society. It unites diverse perspectives and professions in pursuit of a common goal. It reinforces collective, non-hierarchical team approaches. And it recognises that geriatric medicine requires a holistic multidisciplinary approach which is evidenced by academic research, clinical practice and experiential knowledge. The BGS is hugely grateful for the energy, expertise and commitment of its members, and particularly those who take on roles within the Society. Whether people step up for reasons of kudos, career development, altruism or a sense of obligation, our Strategy aims to strengthen the community of those committed to improving healthcare for older people. We will look at new ways of acknowledging contributions, aligning incentives to make it easier for people to contribute as part of their professional development, and reinforcing the benefits of membership and engagement with BGS services. Our community is strengthened by a commitment to principles of diversity, equality and inclusion.

6. Strategic goals 2020-2023

This section sets out five strategic goals and the desired outcomes which we hope to achieve by 2023.

- Strategic goal 1: To promote high standards of **clinical quality** in the healthcare of older people by developing knowledge and improved practice.

  Intended outcome: By 2023, we will have contributed to better healthcare for older people by developing and promoting tools, guidance and standards which are widely used and shared by clinicians and other healthcare professionals in their practice.

- Strategic goal 2: To support **continuing professional development** of those specialising and working in healthcare of older people and to influence their training and education.

  Intended outcome: By 2023, we will have contributed to relevant curricula, and developed new courses and learning opportunities to enhance the uptake, quality and relevance of education and training in geriatric medicine and healthcare for older people.

- Strategic goal 3: To promote **research** into older people's health and healthcare, and its application to clinical settings.

  Intended outcome: By 2023, we will be a recognised convener for research opportunities, research skills and dissemination of research evidence into practice, and will be publishing our high-impact journal, *Age and Ageing*, via a sustainable model.

- Strategic goal 4: To **influence** policymakers, commissioners and health professionals by being an informed advocate and authority on older people's healthcare.

  Intended outcome: By 2023, we will be known for our authoritative policy voice which will have influenced the development of older people's healthcare policy at national and regional level across the NHS in the UK.

- Strategic goal 5: To ensure the BGS is a robust, dynamic, **sustainable organisation**.

  Intended outcome: By 2023, we will be a strong, collaborative charity and medical society of more than 4,500 members with a financially sound business model and a thriving multi-disciplinary ethos.

7. How we will deliver our goals

The next section of the Strategy looks in more detail at how we will deliver against our five goals to achieve the desired outcomes.

It identifies the broad activities we will undertake, which will be specified in more detail in annual Operational Plans and Budgets. Staff objectives will be developed from the Operational Plan so that individual staff understand how their work contributes to the achievement of the whole. Committee workplans will be similarly aligned.

It is intended that the Strategy be a living document rather than a straitjacket. To that end, it will be regularly reviewed with adaptations made in the light of a rapidly changing context.

Strategic goal & intended outcome	Main activities 2020-23	Measures
1. To promote high standards of clinical quality in the healthcare of older people by developing and promoting knowledge and improved practice **Intended outcome:** By 2023, we will have contributed to better health outcomes for older people by developing and promoting tools, guidance and standards which are widely used and shared by clinicians and other healthcare professionals in their practice.	**a)** Strengthen and support SIGs so that they are active subject-specific groups, maintaining excellent website information and resources, providing expertise for and on behalf of the Society, exchanging practice insights and organising high-quality meetings as part of a rotating CPD calendar where appropriate **b)** Continue to develop BGS as the go-to place on frailty, with curated resources and signposting, expertise on models of care, service design, training and skills development **c)** Provide expert input on older people's health for NICE consultations, RCP speciality groups, national audits, and other bodies such as charities, Royal Colleges etc **d)** Identify key topics for BGS with a clinical focus based on healthcare professionals' needs and NHS priorities – produce guidance, toolkits and navigation aids and communicate these widely to advance clinical practice **e)** Regularly review and promote BGS reports and guidance, e.g. Comprehensive Geriatric Assessment (CGA), Silver Book **f)** Influence practice in end of life care in different settings by developing and disseminating guidance on advance care planning, person-centred care and by building partnerships with other bodies	**a)** Updated ToRs for SIGs, job descriptions for SIG officers; new and revised website/newsletter content/meeting collaborations **b)** Up-to-date accessible website information and signposting **c)** Prompt, reliable consultation responses. BGS representation on external committees and working groups. **d)** New reports/tools produced; abstracts encouraged **e, f & g)** Website content gaps addressed by adding, reviewing and updating materials. Grading system for BGS materials developed to ensure users are aware of evidence base status and intended aims, scope and limitations of materials. Case studies and practice insights collected and shared in Newsletter/website.

	g) Support clinical practice in emerging Primary Care Networks by developing and sharing relevant resources and innovative examples **h)** Help BGS members across all member professions to engage with the 'healthy ageing' agenda and opportunities for prevention/self-help at different stages of the patient journey i) Develop education and training resources in quality improvement and implementation science to equip the membership with the necessary skills and experience to deliver quality care for older people across community, primary and secondary healthcare settings	**h)** BGS report on incorporating prevention into the practice of geriatric medicine (to be published Nov 2019) disseminated i) QI resources developed and disseminated
2. To support continuing professional development of those specialising and working in healthcare of older people and to influence their training and education **Intended outcome:** By 2023, we will have contributed to relevant curricula, and developed new courses and learning opportunities to enhance the uptake, quality and relevance of education and training in geriatric	**a)** Develop, market and deliver new e-learning modules as part of continuing implementation of the BGS Learning Strategy **b)** Deliver two high-quality national meetings per year, introducing live-streaming and family-friendly policies, and continuing to grow delegate numbers and income with relevant, attractive content and excellent speakers **c)** Deliver nation/region meetings and SIG/partner meetings, introducing a new sustainable model **d)** Maintain awareness of CPD requirements, ensuring BGS meetings, materials, journal and other member benefits optimise members' ability to access the necessary content	**a)** New modules in continence, oncogeriatrics, dementia/delirium **b)** Livestreaming and other meeting innovations introduced. Balanced growth in number of attendees at national meetings achieved, acknowledging changing patterns of attendance for a 3-day meeting. Income sources for conference and e-learning funding diversified **c)** New sustainable model guidelines for region/nation/SIG meetings implemented

medicine and healthcare for older people.	**e)** Host the EuGMS Congress in Sept 2021, partnering with EuGMS to support and deliver an excellent conference and achieving profile for the BGS **f)** Influence the Higher Specialist Training curriculum, the Advanced Clinical Practitioner curriculum and the implementation of the Shape of Training and medical undergraduate education **g)** Work with the RCP and MRCP to design and deliver high-quality examinations in geriatric medicine – the Diploma in Geriatric Medicine and the Specialty Certificate Examination; explore options to extend the market for these beyond clinicians and potentially overseas, and to develop related training courses (on and offline) **h)** Secure appropriate sponsorship from pharmaceutical sponsors and other income to ensure meetings cover costs and contribute to the BGS financial position **i)** Analyse workforce data to establish recruitment, training, location and working patterns in terms of NHS staff specialising in healthcare of older people, and use it for advocacy purposes eg on less than full time working **j)** Support England regions to develop stronger local/regional links for learning and professional development, including running high-quality meetings, showcasing research and translating it into improved clinical practice, and strengthening Quality Improvement skills and methodologies **k)** Develop learning materials suited to non-specialists to help them understand key	**d)** Changing CPD requirements monitored and provision adjusted accordingly **e)** Delivery of excellent, financially viable EuGMS 2021 conference and PR benefits for BGS secured **f)** Integration of healthcare for older people/geriatric medicine into key curricula influenced **g)** Satisfactory agreements in place with RCP and MRCP & exams developed, delivered and marketed to growing audience **h)** Sustainable model in place with multi-year sponsorship arrangements **i)** Workforce data analysed and used to inform BGS policy advocacy **j)** England regions supported to be active, thriving and sharing practice with each other and BGS more widely **k)** Accessible materials available on BGS website to aid learning and practice of non-specialists

	concepts of older people's healthcare such as frailty, dementia, delirium, etc	
3. To promote research into older people's health and healthcare, and its application to clinical settings **Intended outcome**: By 2023, we will be a recognized convenor of research opportunities, research skills and dissemination of research evidence into practice, and will be publishing our high-impact journal, Age and Ageing, via a sustainable model.	**a)** Encourage the BGS's multidisciplinary members to develop research skills, whether as academic researchers or to complement their clinical activities, by providing information and guidance about opportunities, skills development and funding. **b)** Develop links with organisations active in research related to older people to facilitate cross-organisational research and its funding **c)** Campaign on issues relevant to research into age and ageing and promote the value of research to policy makers, the media and the wider public **d)** Disseminate research findings to health and social care providers, commissioners and service users, and encourage BGS members to engage with research **e)** Help to raise awareness and understanding of issues relating to research into ageing and ageing-related disease in undergraduate and postgraduate training for medicine and allied professions, and encourage early career researchers **f)** Review the business model for the BGS journal, *Age and Ageing*, in light of the likely move to open access publishing and online publishing, establishing a sustainable income model for the long term **g)** Maintain the respected position of *Age and Ageing* as a high-quality, high- impact	**a)** Increased number and quality of abstracts submitted **b)** Mutually beneficial collaborations in place with research funders, agencies, networks **c)** Demonstrable communication and use of research evidence in policy and media **d)** Proactive dissemination and engagement strategies implemented and resulting changed practice documented **e)** Research components included in undergraduate and postgraduate courses **f)** Options explored for flipping subscription model to one based on open access; online publishing significantly increased, and sustainable model implemented **g)** Maintained or increased impact factor for journal; increased engagement

	journal, optimising links with the BGS and its members for dissemination and application of research knowledge **h)** Use the BGS website and publications as a means of helping members translate research evidence into clinical best practice	**h)** New website content on research – user numbers tracked
4. To influence policymakers, commissioners and healthcare professionals by being an informed advocate and authority on older people's healthcare **Intended outcome:** By 2023, we will be known for our authoritative policy voice which will have influenced the development of older people's healthcare policy at national and regional level across the NHS in the UK	**a)** Secure opportunities to influence NHS and other government policy on older people's access to integrated health and social care across acute, primary and community settings **b)** Monitor and influence the implementation of the NHS *Long Term Plan* in England and related plans, in relation to the delivery of services for older people **c)** Anticipate where possible and react to political and policy developments, identifying opportunities for the BGS to advocate for older people's healthcare, and contributing to consultations **d)** Work with members to develop, deliver and communicate BGS policy positions and campaigns **e)** Write or commission policy/research reports using data and examples from BGS members' experience on topics relevant to NHS *Long term Plan* and other current policy agendas **f)** Support the devolved nations with policy advice, and share comparative approaches to	**a)** BGS representation maintained or gained on external committees/working groups **b)** Publication of a 'one year on' report and commentary at relevant milestones. **c)** Briefings provided to parliamentarians and civil servants for relevant debates and parliamentary questions tabled on relevant issues. **d)** Advocacy and communication skills strengthened in a diverse, multidisciplinary group of members keen to engage with policy **e)** Publication of report on prevention and follow-up campaign/other topics (tbd)

	improve cross-UK learning **g)** Develop BGS stakeholder relationships, building alliances and working in partnership with other bodies for greater influence on policy and practice; in particular strengthen relationships with key voluntary sector bodies such as Age UK, the British Red Cross, National Voices etc to advocate for policy and practice improvements that improve older people's wellbeing and their experience of health and social care services **h)** Further develop the BGS profile across broadcast media and print, social media, and other communication channels, building a new generation of policy/media spokespeople and being known for accurate, credible insights from the frontline **i)** Strengthen the BGS website and associated communications to provide an excellent resource for BGS members and anyone interested in older people's healthcare **j)** Strengthen the BGS database of members and supporters by continuing efforts to increase numbers of people opting-in to receive BGS information and communications	**f)** Links maintained with relevant parliamentary groups on ageing and responses to relevant consultations in the devolved nations submitted. **g)** BGS active in formal coalitions; consultation responses, reports and policy initiatives undertaken jointly with Age UK, British Red Cross, RCP, RCPsych, etc **h)** Policy and media workshops developed to equip members for policy/media representation roles **i)** Growth in traffic/followers for BGS website, social media and comms channels (targets tbd). Audit and review of website content based on user experience research. **j)** 20% increase in consent to BGS communication opt-in
5. To ensure the BGS is a robust, dynamic, sustainable organisation **Intended outcome:** By 2023, we will be a strong, collaborative charity and medical society of more than 4,500 members with a financially sound	**a)** Increase recruitment of new BGS members, and maintain retention rates **b)** Strengthen the BGS community by improving rewards and incentives **c)** Diversify and grow income (to counter potential risk of loss of income from journal) as part of more sustainable business model	**a)** Target growth to 4,500 members; focusing on Consultants and Registrars, GPs, Nurses, AHPs and PAs **b)** Updated prizes/grants system implemented **c)** Increased revenue from new sources by 2023 (target tbd); implement revised plan for managing reserves

business model and a thriving multi-disciplinary ethos	**d)** Strengthen governance with multi-disciplinary representation in committees, councils, SIG officer roles; improve recruitment, induction, support for officers **e)** Encourage staff to achieve great results, develop, innovate and collaborate; explore options to increase overall capacity **f)** Refurbish Marjory Warren House to earn income from room hire, and explore options for alternative accommodation **g)** Enhance BGS digital capability through an app, possible interactive online forum, member data analysis and improved functionality for the Member Directory **h)** Develop a mechanism for equal opportunities monitoring of the BGS membership, conduct regular reviews and follow up to ensure fair and non-discriminatory treatment for all.	**d)** Balance of physician and others in officer roles; induction guide, ToRs and training sessions developed **e)** Positive staff survey results; increased capacity created **f)** Positive feedback from users of Amul Room; income generated (target tbd) **g)** Online engagement increased; users value increased functionality **h)** Baseline established via CRM system with regular reviews, analysis and follow-up.

8. Conclusion

The demand for high-quality healthcare for older people in the UK continues to grow. People are living for longer in better health, but many spend their later years with complex inter-related health conditions.

Compassionate, committed, skilled staff are needed in all healthcare settings if we are to ensure older people can experience the best possible care. It is our role as a Society to support this specialist workforce across different health professions, valuing the multidisciplinary perspectives they bring.

We **connect** people across regions, topics and disciplines to enable peer support and mutual learning. We **educate** and **train** them to build their skills and confidence to deliver the best possible care. We amplify the **knowledge** that comes from research evidence, clinical improvement and daily experience. We seek to **influence** the policies that shape how the health system is designed and delivered across the UK. We **collaborate** with partners and allies who share our commitment to older people's healthcare.

Over the period April 2020 to March 2023 we will deliver this Strategic Plan. It represents an ambitious set of commitments, which will be achieved by the collective contribution of BGS members working together to improve healthcare for older people.

British Geriatrics Society
Improving healthcare
for older people