

# AGENDA



**British Geriatrics Society**  
Improving healthcare for older people

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**PLUS**

- **Lessons from COVID-19**
- **BGS Autumn Meeting**
- **New BGS President**

Putting  
geriatrics  
on the  
map

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# President's Message



**In his first message as BGS President, Professor Adam Gordon sets the scene as we head into a new year - and into a new era for the BGS.**

The last two years have been challenging for our specialty, and for the BGS as a specialist society. Those of us working front-line in COVID care saw enough death, suffering and familial isolation to last a lifetime.

Meanwhile, policy decisions made about older people with frailty, including around access to services and discharge from hospital to care settings, revealed trenchant ageism in society and our health and social care systems.

Against this backdrop, the BGS worked hard to advocate for older people. We did this through our care home guidelines and our outputs on delirium, end-of-life care, vaccination and prevention of nosocomial infection. We produced a statement on the importance of COVID-19 research in older people. We successfully campaigned for experts in care of older people to be represented in advisory and decision-making groups, including subgroups of the Scientific Advisory Group for Emergencies (SAGE). We provided advice for members struggling to cope and we drew attention to how COVID impacted our members in our workforce-themed *Through the visor* publications. We didn't always get it right and we learnt as we went along. We adjusted our position and recommendations as the evidence base shifted. We always had one eye on learning lessons and making things better.



If we did this well, it is no small part due to the stalwart, calm and thoughtful leadership of our Immediate Past President, Dr Jennifer Burns. We owe her a debt of gratitude for her stewardship. It's fitting that Jenny's last act as President was to launch the BGS *Lessons from the COVID-19 pandemic* report. We'll share this with policymakers and leaders and it will shape our response to COVID public enquiries. You can read more about the report on page 6.

I received the chain of office from Jenny at our Autumn Meeting. It was three years since we'd last held a national BGS meeting in person, and we knew many colleagues have found it difficult to access time or funding for study leave. This first fully hybrid national meeting was a great success and felt like a family reunion.

Alongside excellent CPD and policy updates, we ran a busy BGS Fringe programme. A highlight of this was the opportunity to meet the screenwriter and lead actor of the film *Allelujah* in a fully booked question and answer session. The film will be released on 17 March 2023 and is based on an Alan Bennett play. Anybody who saw it on the stage will know that it has a particularly shocking twist, reminding us that it is indeed a work of fiction. It does, though, present a rich portrait of life in a slow-stream rehab hospital and has, at its core, an excellent portrayal by Bally Gill of a kind and compassionate geriatrician whose work is shaped by the campaigning zeal that I see in so many of our members. That's something unparalleled in modern cinema.

Campaigning zeal was also evident in the characteristically provocative keynote speech delivered by Professor Finbarr Martin. He suggested that we, experts in care of older people, are focussed insufficiently on drawing attention to the social injustices that impact on our patients. This call to arms was timely.

As we met in London, the BGS **#BGSInvestInCare** campaign came to its conclusion. This was timed to coincide with the Chancellor's Autumn Statement and highlighted eight areas where investment is essential to drive up quality of care and maintain the integrity of the health and social care system. You can read more about the campaign on page 10.

As we move from one healthcare crisis to the next, the Society finds itself once again in a key position to campaign and influence. We hope and aim to be as useful over the next two years as we have been over the last.

**Adam Gordon**  
BGS President  
[@adamgordon1978](https://twitter.com/adamgordon1978)

**'Policy decisions made about older people with frailty, including around access to services and discharge from hospital to care settings, revealed trenchant ageism in society and our health and social care systems.'**



## BGS President Professor Adam Gordon appears on BBC Breakfast

**Following his official inauguration as BGS President at the BGS Autumn Meeting in November, Professor Adam Gordon made his first media appearance in his new role on the flagship morning TV show BBC Breakfast barely a week later.**

Joining presenters Charlie Stayt and Naga Munchetty on the famous red sofa on Saturday 26 November, he discussed the impact of deconditioning on older people in hospital as well as the importance of regular exercise and rehabilitation in the community.

Highlighting to a wider audience some of the issues which BGS members face day-to-day when trying to provide the best care for their patients, he explained:

"If you've got an older relative who is lying on the floor for a period of time, and they go into an emergency department where it takes maybe four or five hours to be assessed and another four or five hours to get to the ward - even before they've got to a ward environment, they may have spent 15, 20, 24 hours immobile and already be experiencing some deconditioning."

Talking about the importance of involving community services and the multidisciplinary team when preventing and managing symptoms of deconditioning, he said:

"We don't have the same ability in a ward-based setting to get someone up and around and moving as perhaps they might do in a community rehabilitation setting or when people return to their own home."



# Learning together



**BGS Honorary Secretary, Professor Anne Hendry, shares some of her international highlights of the past few months, including the European Geriatric Medicine Society (EuGMS) congress which took place in London in September, with BGS as the local hosts.**

I'm writing this as I return from a short winter holiday in Portugal - a welcome blast of vitamin D, quality time with family, walking lots, eating well, catching up on my reading and on the [@GeriSoc #BGSCongf](#) conference tweets. In other words, a week to indulge my wellbeing!

Thanks to Professor Pedro Abizanda Soler, Head of the Geriatrics Department in Albacete, I had an opportunity to speak about wellbeing in later life at a symposium at EuGMS in London in September. The session on routes to successful

**'The BGS is globally recognised and we are fortunate to have been at the cutting edge of practice in our speciality. But we can still learn much from colleagues in other systems facing the same challenges – often in more difficult circumstances.'**

ageing through nutrition, muscle, bone and joint health featured presentations from Spain, Canada and Belgium. I also had the pleasure of co-chairing a session with my friend and colleague Professor Marco Inzitari from Barcelona.

BGS Nurse and Allied Health Professionals (AHPs) Council member Lucy Lewis gave an excellent presentation on the development of an innovative multi-professional Frailty Support Team led by nurse and AHP consultants in South West Hampshire, nicely complementing impressive accounts of different Hospital at Home models in Turin and Barcelona.

We gave a shout out to the recent BGS report *Bringing hospital care home* about virtual wards and hospital at home for older people with frailty (you can read the full report at [www.bgs.org.uk/VirtualWards](http://www.bgs.org.uk/VirtualWards)). The lively discussion in the session suggests there will be a great deal of interest in the World Hospital at Home Congress in Barcelona next year.

Congratulations to the BGS team and local organising committee for hosting such a super international conference and a great social gathering. Since my first experience of EuGMS in 1991 I've had many opportunities to network with colleagues from other countries and to collaborate in joint education and research activities. The thought-provoking commentaries by international experts writing for *Age and Ageing* in its 50th anniversary year underline the rich and deep specialist knowledge we can draw on through our global community (see page 29 for more on this series).

The BGS is globally recognised and we are fortunate to have been at the cutting edge of practice in our speciality. But we can still learn much from colleagues in other systems facing the same challenges – often in more difficult circumstances.

The coffee break chatter at the annual conference of the Argentine Society of Gerontology and Geriatrics was all about their latest government corruption scandal. Returning to Buenos Aires some 20 years later, the political and fiscal challenges still seemed quite complex, but the specialty was flourishing - a testament to resilient leaders.

I met many inspiring geriatricians when I was invited to one of the annual summer schools for current and future leaders in geriatric medicine from central and South America. I guess the European equivalent is the European Academy for Medicine of Ageing. This offers an amazing opportunity to access a network of European experts through a two year programme of lectures, masterclasses, mentorship from international leaders in geriatric medicine, and peer support in action learning sets. Watch out for the call for expressions of interest in the new year.

Of course unidisciplinary learning and development has value but I believe we need to create more opportunities for interprofessional and cross-sector learning. I was involved for many years in the European Commission's Innovation Partnership on Active and Healthy Ageing. This had both a cross-sector and a citizen-centric approach, much like the global movement on Healthy Ageing and age-friendly environments. I am a senior associate with the International Foundation for Integrated Care and their educational activities are also interdisciplinary. Indeed many courses and conferences now enable participation by patients, carers or advocates to ground the knowledge exchange.

Adam Gordon, our new President, shares my passion for international learning. With his support and networks I hope to connect some of the EuGMS community with some international special interest groups on integrated care that I moderate. I hope to kick this off with a couple of workshops at ICIC23 in Antwerp on May 22-24 next year ([www.integratedcarefoundation.org/ICIC23](http://www.integratedcarefoundation.org/ICIC23)). One will be on evaluating the impact of intermediate care and community rehabilitation services including patient and carer experience and person-centred outcomes. The second workshop will focus on long term care, reflecting on the recent European Care Strategy ([inyurl.com/Eucarestrategy](http://inyurl.com/Eucarestrategy)) and on the Empowerment Care model for Long Term Care developed by Age Platform Europe and the government of Vizcaya ([tinyurl.com/empowermentmodel](http://tinyurl.com/empowermentmodel)). As ICIC23 follows on from our BGS Spring Meeting in Edinburgh, I'm hoping to tempt some North American and Antipodean colleagues to come for both conferences.

So it looks as if 2023 will be another busy year for international knowledge exchange.

Let's keep learning together.

**Anne Hendry**  
BGS Honorary Secretary  
[@AnnelFICSot](#)



**Silver Book II: Evidence-based best practice in the urgent care of older people, written by global experts**

**The BGS launched the *Silver Book II* back in February 2021, and it continues to be one of our most popular website resources.**

Written by leading international experts in frailty and hosted by the BGS, this freely-available online resource addresses a wide range of urgent care issues specific to older people. Aimed at clinicians and other healthcare professionals working in emergency departments and urgent care, this resource is presented in a highly accessible digital format and is free of charge.

The *Silver Book II* aims to give healthcare professionals working in urgent care the knowledge to recognise and effectively treat non-specific presentations. It provides best practice in the management of delirium, falls, 'silver trauma', continence and skin integrity. Other important, but often overlooked, topics covered in the resource include mood disorders, substance misuse and 'elder abuse'. For many older people with severe frailty and urgent care needs, the end of life phase can be measured in months rather than years, so being able to identify this transition, and adapt from curative to palliative approaches is also addressed.

Simon Conroy, Professor of Geriatric Medicine at the University of Leicester and co-lead author of the *Silver Book II*, said: "Written by clinicians for clinicians, we hope this resource will be of help and perhaps some inspiration to colleagues supporting the care of older people with urgent care needs across the world."

Professor Simon Conroy, Professor Chris Carpenter and Professor Jay Banerjee led the development of the publication with contributions from leading experts in a number of countries including the Netherlands, Israel, Poland, Sweden, Switzerland, Spain, Taiwan, Vietnam, the United States and the United Kingdom.

**Visit the *Silver Book II* on the BGS website at [www.bgs.org.uk/SilverBook2](http://www.bgs.org.uk/SilverBook2)**



# Lessons from the COVID-19 pandemic

#BGSLessonsFromCOVID

[www.bgs.org.uk/LessonsFromCOVID](http://www.bgs.org.uk/LessonsFromCOVID)

**On Day 1 of the BGS Autumn Meeting (16 November) the BGS launched a new report on lessons from the COVID-19 pandemic.**

This report reflects on the experience of older people and the healthcare professionals supporting them during the pandemic. Further pandemics are predicted to arise in future and it is likely that those with long-term conditions and frailty will be vulnerable again. This report highlights both the positive and negative aspects of the handling of COVID-19 and draws out ten vital lessons for governments and healthcare organisations.

In early 2020 the World Health Organization Emergency Committee advised that it was still possible to contain the virus, if countries put in place strong measures to detect it early, isolate and treat cases, trace contacts and promote social distancing.<sup>1</sup> This warning was not heeded and the virus spread rapidly across the UK and most of the world, particularly affecting older people. In the UK, more than 85% of the deaths from COVID occurred in the over-65 age group.

The report highlights how the pandemic exposed weaknesses in the UK healthcare system, from the failure to protect care home residents to the challenges of limiting hospital-acquired infection. Expert advice on the main group vulnerable to COVID-19 – older people – was not sought early enough in the pandemic. Plans for rationing care and treating COVID exposed the limitations in evidence arising from older people not being included in clinical research trials. There were also positive things to come out of the pandemic, including more integrated working and speedy decision-making within the NHS for the good of patients. UK vaccine development demonstrated what properly funded and collaborative science can do, while the quick rollout of the vaccine on

the basis of need was highly effective. This was particularly significant for care home residents who had been so neglected at earlier stages of the pandemic.

Members of the BGS were at the forefront of the NHS response to COVID-19, caring for affected older patients both in hospitals and in the community. Even taking into account their considerable training in end-of-life care, BGS members experienced death on an unprecedented scale and the impact on their mental and emotional wellbeing was significant. Lockdown had a major effect on older people's wellbeing too, with many reporting feelings of isolation and loneliness, coupled with a decline in physical and mental health. Care home residents were particularly affected by prolonged restrictions on family visiting. This report highlights these psychological effects on both older people and those caring for them.

As the COVID inquiry gets underway, it will be important to acknowledge these important lessons in handling a public health emergency of this scale.

Dr Jennifer Burns, Immediate Past President of the BGS who was behind the report, commented: "This report sets out key lessons from how the COVID-19 pandemic was handled, with advice for what could be done differently in terms of older people's healthcare, should we find ourselves in a similar situation again. We call on Governments and NHS decision-makers across the UK to take heed of the lessons of the last two years, to ensure that avoidable harms are minimized in future pandemics."

## Reference

1. World Health Organization, 2020. Novel Coronavirus (2019-nCoV) Situation Report – 11. Available at: [www.who.int/docs/default-source/coronaviruse/situation-reports/20200131-sitrep-11-ncov.pdf?sfvrsn=de7c0f7\\_4](http://www.who.int/docs/default-source/coronaviruse/situation-reports/20200131-sitrep-11-ncov.pdf?sfvrsn=de7c0f7_4) (accessed 1 November 2022).

## The 10 lessons highlighted in the report

### LESSON 1

Treatment decisions should always be tailored to the individual patient – blanket decisions should never be applied to an entire patient group.

### LESSON 2

There is a need to ensure that a balance is achieved between protecting care home residents from a virus that could be fatal for them and also protecting the human rights of individuals to see their families and loved ones.

### LESSON 3

Services should be available and adequately funded to provide patients with the most appropriate care in the best place for them. For some patients, this will be hospital. For others, it will not.

### LESSON 4

During a pandemic, particular attention should be paid to the risk of contracting the illness in patients admitted to hospital for unrelated illnesses and measures must be taken to prevent this happening.

### LESSON 5

Planning for the response to a pandemic should involve experts on the population most affected by the illness in question. These experts should be involved at the earliest possible stage.

### LESSON 6

Clinical trials must include the populations most at risk and most likely to benefit from the treatments being tested. In the majority of cases, this will include older people.

### LESSON 7

Quick development and rollout of the vaccine was essential. During a pandemic, sufficient funding should always be made available to ensure that scientists are able to collaborate and develop vaccines quickly.

### LESSON 8

A time of great crisis can also bring great innovation. Changes made during a crisis that are beneficial to patients should be retained.

### LESSON 9

Measures taken to curb the impact of a pandemic may have unintended but serious consequences on the health of many older people. These consequences must be identified as quickly as possible and mitigating action taken.

### LESSON 10

NHS workforce planning must cover three crucial elements: ensuring there are enough staff, ensuring all NHS staff have the skills they need to care for the ageing population and ensuring that staff are cared for mentally and emotionally and are supported to remain working in the NHS. The impact of not doing so may be catastrophic for individuals and society.

Read and download the full report at [www.bgs.org.uk/LessonsFromCOVID](http://www.bgs.org.uk/LessonsFromCOVID)

## Website highlights at [www.bgs.org.uk](http://www.bgs.org.uk)

Don't forget to check out the BGS website regularly to make sure you don't miss any of the latest news, blogs or resources. Some of our current trending pages are listed here:

End of Life Care in Frailty guidance  
[www.bgs.org.uk/EOLCfrailty](http://www.bgs.org.uk/EOLCfrailty)

Frailty Hub  
[www.bgs.org.uk/FrailtyHub](http://www.bgs.org.uk/FrailtyHub)

Delirium Hub  
[www.bgs.org.uk/DeliriumHub](http://www.bgs.org.uk/DeliriumHub)





# Marjory Warren Lifetime Achievement Award 2022

**Stroke Physician Professor Peter Langhorne has been awarded the prestigious Marjory Warren Lifetime Achievement Award.**

Peter Langhorne, Emeritus Professor of the University of Glasgow, won the BGS Marjory Warren Lifetime Achievement Award for his research which has led to important changes in stroke and geriatric medicine internationally. Professor Langhorne was selected as the winner by the Society's Board of Trustees which includes healthcare professionals from across the UK.

Professor Langhorne's illustrious career spans four decades, commencing in 1981 when he trained in geriatric and general medicine. He was appointed Senior Lecturer and Honorary Consultant in the Academic Section of Geriatric Medicine at the University of Glasgow in 1994, was promoted to Personal Chair in 2001 and, most recently, was appointed Emeritus Professor in 2020.

Professor Langhorne's world-renowned research has focused on evidence-based stroke management and Geriatric Medicine services. From 2010 to 2020, he was the Coordinating Editor of Cochrane Stroke, which prepares and maintains systematic reviews and is the premier source of information about the effects of stroke treatments. He initiated and led several high-profile collaborative projects evaluating complex interventions for older stroke patients. Professor Langhorne's positive impact on older people's healthcare also encompasses stroke rehabilitation and he was the UK's Chief Investigator of international multicentre trials of early rehabilitation, A Very Early Rehabilitation trial; AVERT.

While much of Professor Langhorne's research work has focused on improving healthcare for older stroke patients, he has always viewed this as a paradigm of the 'geriatric model' of practice which he has advocated in stroke medicine. He has therefore had a leading role in promoting clinical best practice as championed by the BGS, for example, the increased use of comprehensive geriatric assessment (CGA). Professor Langhorne has had over 300 papers published

**'Despite the recent dramatic developments in hyperacute stroke treatment, the geriatric multidisciplinary model of care remains essential for the comprehensive management of most stroke patients.'**

*Professor Peter Langhorne accepts his award from outgoing BGS President Dr Jennifer Burns at the BGS Autumn Meeting*



in various scientific journals and this work has gone on to underpin many clinical practice guidelines including those produced by the National Institute for Health and Care Excellence (NICE), the Royal College of Physicians and the BGS itself.

Upon winning the award Professor Peter Langhorne commented: "Geriatric Medicine has been my cultural home for many years, so it is a great honour to receive the Society's Marjory Warren Lifetime Achievement Award. Despite the recent dramatic developments in hyperacute stroke treatment, the geriatric multidisciplinary model of care remains essential for the comprehensive management of most stroke patients. I am convinced that Geriatric and Stroke Medicine will continue to enjoy close development for years to come."

Dr Jennifer Burns, BGS Immediate Past President, said: "I am delighted to announce that Professor Peter Langhorne has been selected for this prestigious BGS award. He is a worthy winner as he is universally respected for his lifetime of work in the speciality. Though a modest man, he is held in high esteem by friends and colleagues alike and has been a mentor and role model to many researchers and clinicians over the years. His legacy in stroke service development and research is immense, making a real difference to the care delivered to stroke patients."



**The BGS launched a brand new Quality Improvement (QI) Hub at the BGS Autumn Meeting during the QI Clinic.**

Created by the BGS Clinical Quality Committee, the new hub aims to help healthcare professionals navigate the basics of quality improvement. It is designed to equip them with understanding and resources to undertake their own QI project and contribute to improved care and outcomes for older people.

The hub combines signposting and expert advice from members of the BGS Clinical Quality Committee. It will be an essential resource for those considering undertaking a QI project, whether they are new to quality improvement or are looking for ways to deliver greater impact in their existing work.

Divided into six sections, the hub introduces the concept of QI and its roots in industry and aviation, before walking users through QI methodology and its application to healthcare settings.

It also provides information on scaling up a project and how to provide leadership when involving colleagues and patients in quality improvement. Finally it provides examples of excellent QI projects and ideas to help inspire people to initiate their own quality improvement work.

Dr Tom Downes, BGS Vice President for Clinical Quality, said: "I am thrilled to be launching the brand new QI Hub via the BGS website. This new resource provides a fantastic point of reference for those who want to get more involved in QI. Our BGS Spring and Autumn meetings showcase some of the very best quality improvement projects which contribute to improved care and outcomes for older adults living

with frailty, and we hope many more people will be inspired to undertake new projects and share their results at future meetings."

Professor Judgeep Dhesi, BGS President Elect and former BGS Vice President for Clinical Quality added: "Well done to the BGS Clinical Quality Committee for producing our third BGS hub - the Quality Improvement (QI) Hub. We all know how hard it is to turn ideas into practice, but hopefully this resource will help. We look forward to hearing about your experiences of using it and ideas on how to further improve the hub."





# #BGSInvestInCare

## 8 key issues for older people's healthcare

Ahead of the Chancellor's Autumn Statement on 17 November 2022, the BGS launched a campaign calling for a renewed commitment to investing in health services for older people.

The cost of living crisis is making life more difficult for people across the whole of society, as well as putting increased pressure on the NHS, a system already stretched to breaking point by the COVID pandemic.

In this challenging environment, the BGS asked Governments across the UK to recognise and address the needs of the largest population group using health services.

We urged them to maintain funding and continue the movement to bring care for older people closer to home as set out in the Long Term Plan in England, and equivalent strategies in Scotland, Wales and Northern Ireland.

Failure to invest in older people's care is short-sighted and leads to poorer health at greater cost to the NHS. Investing in proactive care in the community and a sustainable social care solution frees up capacity in acute care to address the backlog of people waiting for the care they desperately need.

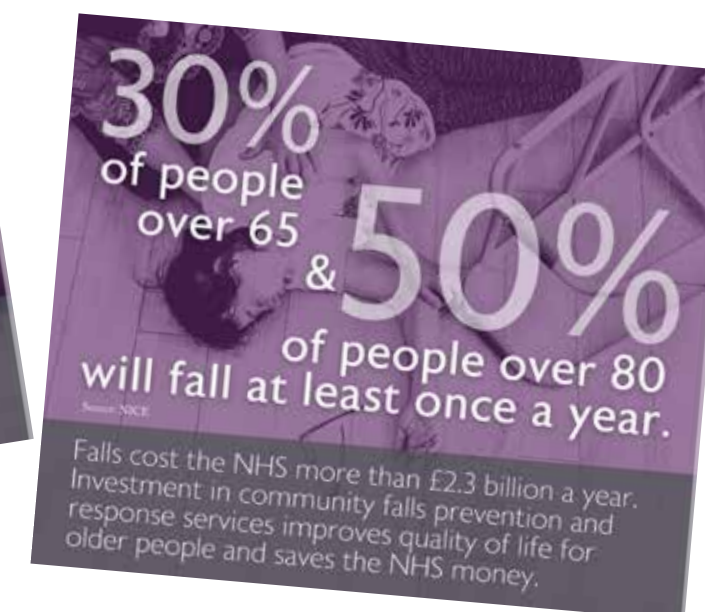
Ageing is an inevitable, universal process. Older people can be helped to live healthy lives and maintain independence longer with the right support and early intervention.

Investing in such care and support improves health outcomes, saves money and relieves pressure on the health system. The BGS called on Governments to commit to long term investment in older people's care to ensure we can all live well into old age.

### What are the 8 key issues?

They key issues are outlined below. You are welcome to view, download and share these graphics via our website at [www.bgs.org.uk/InvestInCare](http://www.bgs.org.uk/InvestInCare).

Please use the hashtag **#BGSInvestInCare** if you share them on social media.



## BGS Retired Member's Group

Are you retiring from active practice, or have you retired? There is no need to end your relationship with the British Geriatrics Society. There are favourable membership rates for retired members and annual activities and regular meetings for retired BGS members.

The main purpose of the Retired Members Group is to ensure that retired members can stay in touch with and contribute to the work of the Society, to provide a number of volunteering opportunities for retired members and support social networking on both a regional and national basis.

For more information or to get involved, please contact Mark Stewart at [M.Stewart@bgs.org.uk](mailto:M.Stewart@bgs.org.uk) or by phone on 020 7608 8575.



# STAR quality

The BGS is delighted to announce that the 2022 Rising Star Award for Research has been awarded to Dr Stephen Lim, and the Rising Star Award for Clinical Quality has been awarded to Dr Towhid Imam.

The BGS Rising Star Awards were inaugurated in 2014 to recognise doctors, nurses and allied health professionals (AHPs) who have made exceptional contributions to the field of older people's healthcare, early in their careers.

Two awards are available each year: one for research contributions that have translated into, or are in the process of being translated into, improvements to the care of older people, and the other for a clinical quality project which improves the care of older people with frailty. The awards are funded by generous donations from the families of the late Dr Jim George and the late Dr John Dall.

## BGS Rising Star Award Winner for Research: Dr Stephen Lim

BGS Rising Star Award Winner for Research, Dr Stephen Lim (pictured below left) is a Principal Clinical Research Fellow at the University of Southampton and an Honorary Consultant Geriatrician at University Hospital Southampton NHS Foundation Trust.

Dr Lim developed his research interest in interventions to address frailty and deconditioning since 2014 when he started as a NIHR Academic Clinical Fellow in geriatric medicine in Southampton.



Dr Lim was awarded a NIHR Collaboration for Leadership in Applied Health Research & Care Doctoral Fellowship from 2015 until 2017. His PhD, which was awarded in 2018, explored the feasibility and acceptability of training volunteers to encourage increased physical activity among older inpatients, the SoMoVe study. The study showed that it was feasible to train volunteers to increase patients' physical activity and that this intervention might reduce length of stay in hospital. He received the Royal College of Physicians' Turner-Warwick Lecturer Award in 2019 and University of Southampton's Michael Arthur Research Prize in 2020 for the best publication by a clinical academic trainee.

During his NIHR Academic Clinical Lectureship (2018-21), he led on a NIHR Applied Research Collaboration funded study to promote increased physical activity among community-dwelling older people, the ImPACT study. He

has recently been awarded a NIHR Advanced Fellowship to further develop the mobility volunteer programme across several hospitals to address the issue of hospital-associated deconditioning.

## BGS Rising Star Award Winner for Clinical Quality, Dr Towhid Imam

BGS Rising Star Award Winner for Clinical Quality, Dr Towhid Imam (pictured below), is a Consultant Geriatrician at Croydon University Hospital.



As a registrar, Dr Imam was seconded on a part-time basis to work with the NHS England team to better understand the impact of frailty and support the development of improved services for older people living with frailty accessing Specialised Services. He implemented population level frailty scoring to NHS England data which has been published in *Age and Ageing*.

Following his appointment as a consultant, he became lead of his hospital's Older Persons Assessment and Liaison (OPAL) service, established a local frailty network and began using quality improvement data to show the service's impact. Under his direction, there was a shift to a greater focus on frailty care in the emergency department which included adjustments to relevant working patterns and practices. This led to a project with the London Ambulance Service to train staff in clinical frailty scoring, moving the focus of assessment and care closer to the start of the patient journey and their usual place of residence. Dr Imam continues to work within NHS England on improving the care of older people through supporting the Ageing Well programme.

Dr Lim and Dr Imam will present their work at BGS national meetings over the coming year.

President of the BGS, Professor Adam Gordon, commented of the winners: "Both Dr Stephen Lim and Dr Towhid Imam are shining examples of how significant improvements to older people's healthcare can be achieved through drive, determination and rigour early in the trajectory of a career in healthcare. I have no doubt that both Stephen and Towhid will continue to make a substantial difference to the care of older people. Their impressive accomplishments and outstanding leadership skills make them highly worthy recipients of this year's BGS Rising Star Awards."

Applications for the 2023 Rising Star Awards will open in late Summer and will be publicised via *AGENDA*, e-mail bulletins, the BGS website and Twitter.

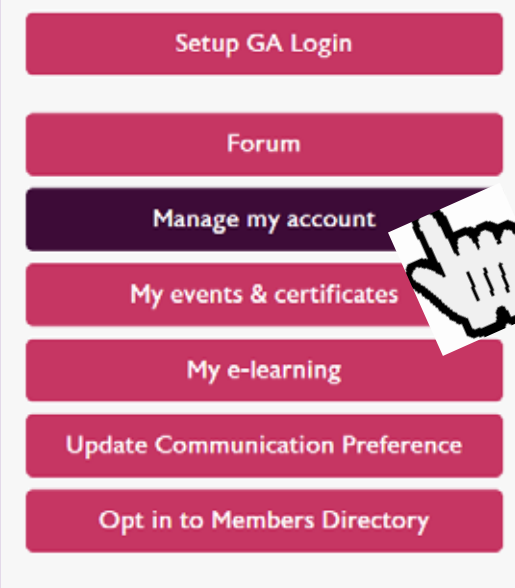
# Join a BGS Special Interest Group

The BGS currently has 16 active Special Interest Groups (SIGs).

These include Peri-operative care of Older People undergoing Surgery (POPS), Falls and Bone Health, End of Life Care, Dementia and Related Disorders, and many more besides.

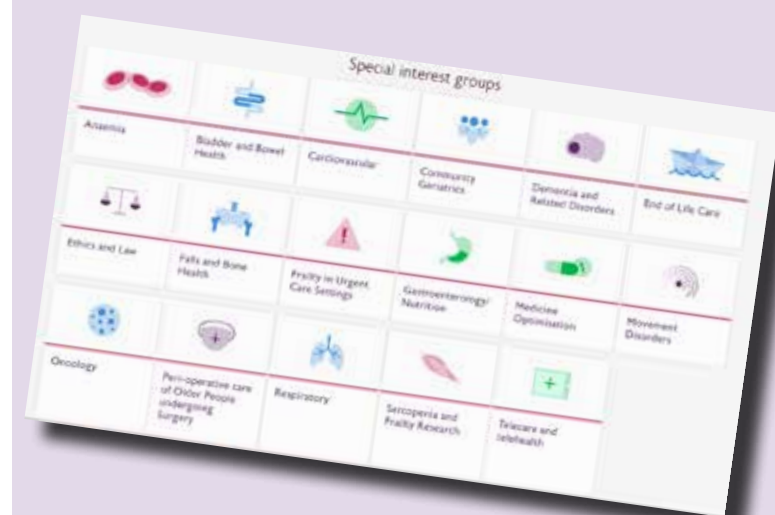
You can join a SIG via the BGS website in a few simple steps!

To join a SIG, log into your account at [www.bgs.org.uk](http://www.bgs.org.uk) and navigate to 'My Account' in the top right hand corner. Select 'Manage my Account' and then find the 'Update personal details and SIG membership' tab in the top row.



From here you can view all available SIGs and add or remove them from your account using the tick boxes. Click 'save' to confirm.

For more information or queries about getting involved with our SIGs, please contact Joanna Gough at [j.gough@bgs.org.uk](mailto:j.gough@bgs.org.uk).



British Geriatrics Society  
Improving healthcare for older people

## 2023 Movement Disorder SIG Meeting

Hybrid (in person and online)  
17 March, M-Shed Bristol

BGS



### Programme highlights:

- Bone health and osteoporosis in Parkinson's Disease
- Sleep disorders
- Delirium and psychosis
- Research outcomes and updates





# Join us

## Group membership

BGS

We are keen to strengthen our multidisciplinary ethos and to enable nurses and AHPs to take advantage of lower membership fees if they join as part of a group. Group membership is available to teams and organisational units, providing a cost-effective way to sample the majority of benefits available to individual members.

### The key benefits are:

- Discounts on registration fees with accreditation for CPD at most of our events
- Access to e-learning modules or content-only courses (discounts available for CPD accreditation)
- Digital access to the BGS journal, *Age and Ageing*
- Networking opportunities with other specialists and experts in the care of older people by opting into the Members directory and accessing the Forum
- Opportunities to present and showcase research and quality improvement projects at our events
- A regular BGS Newsletter, e-bulletins and blogs
- Automatic membership of the Nurses and AHPs Council, and to the networking, peer support and informal mentoring opportunities it provides to assist nurses/AHPs in their professional development

Benefits **not** included in group membership:

- Voting rights
- Standing for officer roles (however you can volunteer and act on committees)
- Access to grants

Group membership package	Number of members in the group	Annual membership fee	Annual cost for individual membership for package size	Saving for the organisation
 Package 1	<10 members	£500	£850	£350 compared to 10 individual members
 Package 2	11-20 members	£1,000	£1,700	£700 compared to 20 individual members
 Package 3	21-30 members	£1,500	£2,550	£1,050 compared to 10 individual members

### How to join?

If you are interested in finding out about a Group membership for your team or workplace, or have any questions please contact: [membership@bgs.org.uk](mailto:membership@bgs.org.uk)



# The global age of Ageing

**Curiosity and a willingness to share learning experiences with our international colleagues can be a rewarding and mutually beneficial experience, explains *Age and Ageing* Editor-in-Chief Professor Rowan Harwood.**

No two educational and health care infrastructures are the same. Different societies have unique assets, challenges, cultures and expectations. Inequity between and within countries is a problem, but diversity also brings opportunities. Different places innovate differently and may address similar problems in different ways. With curiosity and healthy interchange between us, we learn from each others' experiences.

As part of *Age and Ageing's* 50th anniversary series, we commissioned commentaries from leading thinkers in each of the World Health Organization's six regions.

Demographic and epidemiological transitions are in progress everywhere, albeit at different stages of development. Populations are becoming older, so the number of frail, ill or disabled older people is increasing.

**'Everywhere we see frustration that policy responses are not proportionate to the size of the problems associated with ageing populations.'**

'Healthspan' notoriously fails to keep pace with changes in 'lifespan'. Whole new classes of problems arise in the most demographically hyper-mature countries such as Japan, Hong Kong, and increasingly in Europe; for example, the plight of family carers who are old and frail themselves, or the numbers of younger people entering the health care workforce being insufficient to meet demand.

Lower- and middle-income countries (LMIC) are also ageing rapidly. Two-thirds of the world's population aged 60 years and over will reside in LMIC by 2050. LMIC face healthcare transitions on a compressed timeframe. Unlike more developed economies, they are 'becoming old before they become rich'. Resources are inadequate, and data for planning is lacking.

Traditional Western healthcare models which emphasise diagnosis-based services and single-organ sub-specialisation are increasingly recognised as problematic.

Individuals with multiple, chronic, non-communicable diseases find health and social care systems unprepared to meet their needs. Provision is often fragmented, and inequity is rife. Problems are exacerbated as LMIC face the loss of their skilled healthcare practitioners to richer countries.

Ironically, these practitioners are often employed looking after older people in the countries they move to, and richer countries' healthcare systems would not cope without them. Everywhere we see frustration that policy responses are not proportionate to the size of the problems associated with ageing populations.



## ‘Ageing is social, commercial, environmental and political as well as clinical.’

Yet, there is cause for optimism. We are in the United Nations Decade of Health Ageing, 2021-2030. Governments throughout the world have committed to systematic efforts to eliminate ageism, make communities more age-friendly, develop appropriate integrated and person-centred health care, and provide for long-term care.

The World Health Organisation has published its Integrated Care for Older People (ICOPE) framework as a blueprint.

Service development, education and research will provide solutions. Asian countries are investing in services and research, and methodically preparing for future demands.

Innovation springs from Australasia and North America. Europe is focusing on access, equity, education and upskilling countries in which geriatric medicine is still not yet well established. An especially attractive idea is that richer nations should commit to systematic education in LMICs – maybe via modern information technology such as Massive Open Online Courses (MOOCs) – by way of compensation for our overreliance on medical and nursing migration to staff our services.

Solutions at one level will be found in local services, but at another level must be communal or global: prevention, legal frameworks, addressing pollution and the climate crisis, age-friendly environments, the opportunities associated with information technology and age-adapted consumer products.



Ageing is social, commercial, environmental and political as well as clinical.

International co-operation and exchange in geriatric medicine is healthy, via many regional and international organisations, educational and postgraduate training opportunities, conferences and research. A fine example is the recent World Falls Guidelines, which involved 96 specialists from all the world’s continents and regions, and explicitly considered the needs of less well-resourced countries.

Geriatricians, and the allied professions that we work with, are skilled, values-driven, committed, collaborative and innovative. The future can be good for older people, but we must continue making the arguments.

**Rowan Harwood**  
Editor-in-Chief, *Age and Ageing*

**British Geriatrics Society**  
Improving healthcare for older people

## 2023 Wales Spring Meeting

Hybrid (in person and online)  
24 March, Llandudno

BGS

### Programme highlights:

- Psychiatry
- Surgical liaison
- Frailty and bone health
- Local research and QI project work
- Social dinner and SIG sessions
- Council Meeting (23 March)



[www.bgs.org.uk/events](http://www.bgs.org.uk/events)

## International Day of Older Persons 2022 Resilience & Contributions of Older Women



**On the United Nations (UN) International Day of Older Persons, BGS Chief Executive, Sarah Mistry, authored a BGS blog about the contribution of older women. Sarah has been Chief Executive of the BGS since 2019, and previously worked in international development. She is also a Trustee of Gender Links South Africa.**

Saturday 1 October 2022 marked the UN’s International Day of Older Persons. Each year the UN takes a particular thematic focus: this year it is ‘The Resilience and Contributions of Older Women’. It is an opportune moment to reflect on older women’s experience of healthcare.

Women in the UK on average live longer than men. They are more likely to be living on their own into older age, often as a result of being widowed. They spend a significantly greater proportion of their lives in ill-health and disability when compared to men. A longer lifespan means women in the UK spend more years living with frailty than men do.

In recent years, the most common cause of death for both sexes aged 80 and over has been dementia and Alzheimer’s disease. For younger older people (aged 65 to 79) the cause of death for men is more likely to be heart disease while the most common cause of death for women is lung cancer. In addition, women are more prone to long-term conditions such as osteoporosis. The recently published Women’s Health Strategy in England describes how the health and care system has historically been designed by men and for men, as can be seen through research and clinical trials, education and training for healthcare professionals and the design of healthcare policies and services. The new Strategy sets out some initial steps to addressing this disparity.

But if you are a woman living in a lower income country, the structural inequality you experience in terms of access to healthcare and health outcomes is even more significant and likely to be magnified as you reach older age. We are roughly midway through the 15-year period of the Sustainable Development Goals which were agreed globally under the auspices of the United Nations in 2015. The fifth goal is about gender equality with a mission to ‘achieve gender equality and empower all women and girls.’ In too many countries of the world, women face discrimination and inequality in older age, often as a result of disadvantages accumulated over the

life course. Financial insecurity, exposure to sexual violence, caregiver obligations, unequal educational opportunities and traditional structures mean that older women in lower income countries are more vulnerable than men in the event of an economic, climate or humanitarian crisis. Combining this gender inequality with ageism increases the disproportionate effect of discrimination on older women.

According to the World Economic Forum, the COVID-19 pandemic, in the space of a mere two years, has increased the gender wealth gap by a generation. The third of the SDGs is about good health and wellbeing, aiming to ‘ensure healthy lives and the promotion of wellbeing for all at all ages’, an ambition set back by the pandemic. Sadly, the COVID pandemic has taken a harsh toll on older and more vulnerable people and exacerbated health inequalities worldwide, bringing fresh urgency to the goals of the UN Decade of Healthy Ageing 2021-30. This aims to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live.

Closer to home and even without the effects of the pandemic, there are also questions of equity to be asked, relating to the intersection of age, gender and health. Inequalities owing to your gender or age may be compounded by your socio-economic circumstances or other ‘protected characteristics’, with this ‘intersectionality’ magnifying the differences at all stages of the healthcare journey. That is why the BGS supports the Core20PLUS5 approach adopted by NHS England to reducing health inequalities, and is a member of the RCP’s Inequalities in Health Alliance. We were disappointed to hear in September that the Government will no longer be publishing the promised Health Disparities paper.

In the current turbulent times, with the rising cost of living and the massive pressures on the health service, the likelihood is that inequalities will continue to increase unless there is serious and sustainable action to address this.

I am writing this at the end of the second day of the European Geriatric Medicine Society (EuGMS) Congress, being held in London, with the BGS as the local host. Some speakers have disaggregated health data by sex and noted differential effects or outcomes. Sometimes different health behaviours are described. Women may be more likely to see their GP earlier, but they have 20% lower rates of being referred for cardiac rehabilitation than men, according to a recent report on inequity in the provision of rehabilitation, published by the Chartered Society of Physiotherapists.

As we celebrate the International Day of Older Persons 2022 with its focus on older women, let us ensure equality and inclusion lie at the heart of healthcare practice, and ensure that we are vigilant to counter ageism and gender inequity.

**Sarah Mistry**  
BGS Chief Executive  
[@SarahMistryBGS](https://twitter.com/SarahMistryBGS)

**To view Sarah’s blog on the BGS website, including links to the reports and statistics mentioned, please visit <https://tinyurl.com/UNIDOPblog>.**



# GROWING OLDER

A project by the Global Reporting Program tells the story of older people living in different parts of the world against the backdrop of the social, cultural, political and economic issues that contribute to their experiences of ageing.

Globally, the population of older people is at a tipping point. The World Health Organization (WHO) reports that by 2050, over two billion people will be over 60 years old. That's more than one-fifth of the projected global population. The structures that support older people are not equipped to deal with the rising number of this population group. Many systems, be they government programmes or informal family care arrangement, are already buckling.

Growing Older is a year-long multimedia project that profiles older people in Finland, Sweden, South Korea and Canada as they contend with the challenges of ageing in their respective countries.

Through four separate but connected stories, the project explores ageing in countries around the world.

In South Korea, a push for early retirement coupled with low pensions, the gender wage gap, and weakening traditional family structures have resulted in nearly half of South Koreans over the age of 65 living in poverty. Some have resorted to informal work to make ends meet.

Finland has one of the world's highest rates of memory disorders. Yet, policy decisions made decades earlier have improved the quality of life for Finnish citizens with incurable memory disorders.

In Canada, older people are placed in long-term care facilities even though one in nine new long-term care residents could have potentially remained at home with proper support.

And in Sweden, a group of older adults are banding together to take climate action as record-smashing heatwaves leave people vulnerable to heat-related illnesses and death.

Many of the themes will be familiar to those working with older people in the UK, while others reveal a completely different set of challenges.

You can read these stories in full on the Growing Older website (<https://globalreportingprogram.org/growing-older>) and an accompanying feature article by Globe and Mail journalist André Picard.

We reproduce snippets of their stories in AGENDA under a Creative Commons sharing agreement, with thanks to the Global Reporting Program.



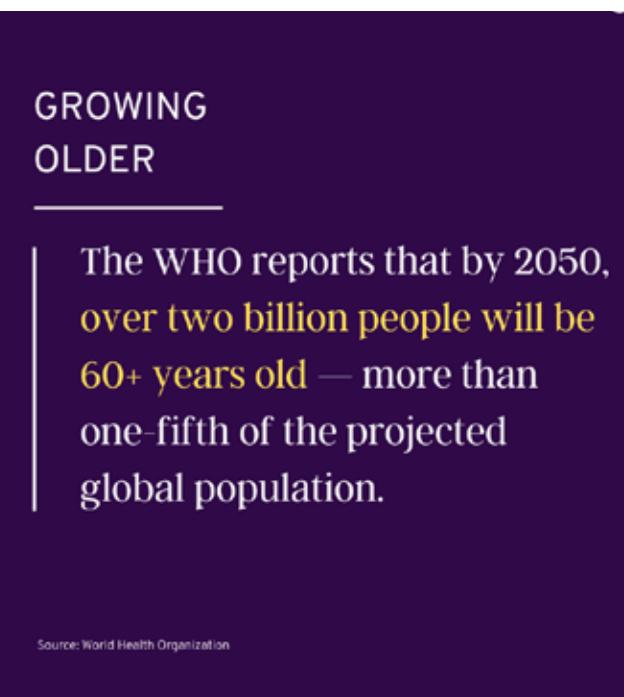
GROWING OLDER

One in nine new long-term care residents in Canada could have potentially remained at home with proper support.



GROWING OLDER

Nearly half of South Koreans over the age of 65 are living in poverty.



GROWING OLDER

The WHO reports that by 2050, over two billion people will be 60+ years old — more than one-fifth of the projected global population.

Source: World Health Organization



GROWING OLDER

Finland has the highest prevalence of dementia in the OECD and the highest dementia-related death rate in the world.



GROWING OLDER

In the past 20 years in Europe, heat-related deaths in people over 65 have increased by more than 30 per cent.





# UN Decade of Healthy Ageing: Achieving Universal Health Coverage fit for an ageing world

A new report from HelpAge International, shared as part of the UN Decade of Healthy Ageing, looks at integrated care and long-term care for an ageing global population.

Progress towards Universal Health Coverage (UHC) is essential for promoting healthy ageing, delivering social and economic development, and building resilient and equitable societies that respond effectively in times of crisis. It is also key to upholding older people's right to health.



A new HelpAge International UHC report, *Achieving Universal Health Coverage fit for an ageing world*, outlines how we can harness the opportunity Universal Health Coverage presents to reorient health and care systems to meet the needs of older people and effectively promote healthy ageing across the lifecycle.

It calls on governments, service deliverers and global health actors at all levels to ensure models of Universal Health Coverage:

- Address the **specific barriers** older people face in enjoying their right to health.
- Promote a **human rights-based approach**, ensuring that the voice of all groups, including older people, is heard within system and service design, delivery, monitoring and evaluation at all levels.
- Are age-, gender- and disability-responsive, and **promote healthy ageing** for all through primary and community-based health and care that reaches the furthest behind first.

You can stay up-to-date with the latest resources, news and reports relating to the UN Decade of Healthy Ageing via the online platform at [www.decadeofhealthyageing.org](http://www.decadeofhealthyageing.org)

# United we stand

## The international effort towards the World Falls Guidelines

**The production of the recent World Falls Guidelines was a challenging process, but the end result provides many opportunities for global improvement in falls management. BGS Past President and co-lead of the international working group for the recently-launched guidelines, Professor Tahir Masud, describes this truly global journey.**

The new World Falls Guidelines were recently presented at the European Geriatric Medicine Society (EuGMS) conference in London and published in *Age Ageing*. These were the culmination of more than three years of work by 96 experts from 39 countries – a mammoth operation! The initial idea was born during The Canadian Geriatrics Society meeting in 2019, when as BGS President, I was asked to

give an update talk on falls. Professor Manuel Montero-Odasso, geriatrician from London Ontario, who had invited me, asked if there were plans to update the American Geriatrics Society (AGS)/British Geriatrics Society (BGS) Falls Guidelines. These guidelines had been published almost 20 years earlier and had a major impact in improving falls management worldwide. They had been updated once previously, back in 2010.

Since then there had been a growing and extensive literature base of falls research, and there was a feeling these guidelines needed updating. As much falls research had been coming out from countries outside the UK and USA (particularly from Europe, Australia, New Zealand, Canada, the Far Eastern countries and lower and middle income countries) and with no plans to update the AGS/BGS Falls Guidelines, it seemed appropriate that any new global guideline initiative should involve a team of worldwide experts.



## A new BGS Strategy for 2023-2026

The new BGS Strategic Plan for 2023-26 was approved by members at the Annual General Meeting in November.

This plan will guide the work of the BGS throughout the period April 2023 to March 2026 and was developed based on extensive input and feedback from members over the past year.

We will be officially launching the plan and communicating what this means for our work and our members in early 2023, ahead of its formal introduction in April.

Keep an eye on the next issue of AGENDA, as well as on email bulletins and our website: [www.bgs.org.uk/strategy](http://www.bgs.org.uk/strategy).

### World Guidelines for Falls Prevention and Management for Older Adults

A Global Initiative

#WorldFallsGuidelines

Find out more: [www.bgs.org.uk/WFG2022](http://www.bgs.org.uk/WFG2022)



As it happened, later in 2019, the first World Conference on Falls and Postural stability was being held in Kuala Lumpur, hosted by the Malaysian Geriatrics Society with help from the BGS. We took the opportunity to organise a meeting of interested experts from around the world who attended the conference to kick-start the process, determine some timelines, and discuss the methodology for producing the World Falls Guidelines. It was agreed Manuel would lead the process from his institution in Canada with the help of two co-leads: myself and Professor Nathalie van der Velde, a geriatrician from the Netherlands.

A worldwide steering committee was formed which included medical falls experts and allied healthcare professional and nursing falls experts. Eleven working groups were established to perform up-to-date literature reviews in different topic areas relevant to falls and to come up with a series of recommendations. A unique feature of these guidelines are that a separate but important cross-cutting working group was also formed to provide a patient perspective on all the recommendations. A modified Delphi process was then implemented followed by a two-day workshop to finalise the recommendations. Finally a writing group completed the guidelines in a format suitable for the *Age and Ageing* journal. Another important aspect of the guidelines is that one of the working groups relates to recommendations that are unique and specific to lower- and middle-income countries (LMICs).

Co-leading this process has been one of the most challenging but also the most fulfilling experiences of my career. As one can imagine with close to 100 experts from across the five continents there were sometimes conflicting views across a range of falls-related topics, which needed careful managing! I must admit there were times when I thought “what have we started?” and that “we will never finish on time!”

However I must pay the highest tribute and thanks to all the experts on achieving a consensus in the spirit of co-operation throughout the process. I would also like to offer special thanks to a number of people – the leaders and members of all the working groups for their robust literature reviews and their evidence plus consensus based recommendations, the patient perspective working group members who kept our work relevant, the writing group ably led by Professor Finbarr Martin who worked many weekends towards the end to complete the process in time (to present the work at the 2022 EuGMS meeting); the *Age and Ageing* team, particularly Editor-in-Chief Professor Rowan Harwood, for providing guidance on formatting the guidelines in a suitable form for the journal, and of course my co-leads Manuel and Nathalie for their total determination to complete the process in time.

There are now huge opportunities for those who want to improve care of people who fall over in terms of management as well as prevention, to use these guidelines to help improve pathways of care and to lobby healthcare fund-holders to provide the appropriate resources. The process is not over and the World Falls Guidelines website (<https://worldfallsguidelines.com>) will be providing further material and toolkits in due course. We also plan to validate our proposed algorithm for fall prevention and management.

The guidelines can be accessed on the BGS website ([www.bgs.org.uk/WFG](http://www.bgs.org.uk/WFG)) as an open access publication, and for those who want to read the detailed evidence that the recommendations were based on, you can also access this supplementary material online.

**Professor Tahir Masud**  
BGS Past President (2018-2020) and co-lead of the World Falls Guidelines



**The BGS Autumn Meeting on 16-18 November marked the first in-person national conference for the Society since Leicester in 2019, and there was much to catch up on since our last meeting two years prior. Seasoned delegates as well as those attending for the first time assembled at London's ExCel, joined online by hundreds of others who were able to enjoy the remote programme at this hugely successful hybrid meeting.**

Whether attending in person, watching online, or a combination of the two, BGS Autumn Meeting attendees enjoyed a packed three days of educational, social and cultural treats from across the spectrum of older people's healthcare, alongside colleagues old and new. The meeting saw nearly 450 attend in person and 650 join virtually.

The atmosphere at the ExCel was palpably buoyant, with a buzzing exhibition hall playing host to reunions and introductions as delegates greeted old friends, met new faces, and mingled with sponsors, punctuated by abundant laughter and enthusiastic conversation.

Many chose to attend both online and face-to-face, which provided the opportunity to combine all the benefits of a physical conference along with the convenience and accessibility of virtual meetings, allowing flexibility for their individual circumstances and schedules.

The Autumn Meeting also marked the first (and sadly last) in-person BGS national meeting for the outgoing BGS President, Dr Jennifer Burns, whose term as President concluded on Day 3 as she handed the chain of office over to incoming President, Professor Adam Gordon.

Dr Burns kicked off the first day of the meeting with an opening speech where she acknowledged the difficulties faced by members over the past two years, noting that “the year 2022 has felt like a prolonged winter,” as the effects of COVID continue to be felt by older people with frailty and other long-term conditions. She also formally launched the new BGS report, *Lessons from the COVID-19 pandemic*, reflecting on her experience of her presidency during this challenging period.

**Tom Downes @sheffielddoc**

I'm so excited, I just can't help it. Only 15 mins until start of Autumn Conference. Programme looks great - fantastic to see session on development of ACP role at 10:00 this morning. #BGSConf

**Aileen McCartney @aileenmccartney**

Excited for the @GeriSoc autumn conference, starting my virtual day with the community geriatrics session #BGSConf

**Rose Penfold @rosespenfold**

Excited for the start of @GeriSoc Autumn conference - virtual today, will be there in person Thurs/ Fri #BGSConf Hope to see lots of you there!

**British Geriatrics Society**  
Improving healthcare for older people

**2023 Northern Ireland Spring Meeting**

Hybrid (in person and online)

**20 April, Dunday Hotel Antrim**

BGS



[www.bgs.org.uk/events](http://www.bgs.org.uk/events)

#### Programme highlights:

- Deconditioning
- Local research and QI project work
- Retirement dinner



**Claire Copeland@Sparklystar55**

Fabulous talk from @Bloody\_\_Holly about the role of the GP in older people's community healthcare. In particular care home hubs. Outcome data for residents and knock on benefits for the wider team/workforce is incredible! Need to catch up Holly @GeriSoc #BGSConf

## Day 1: Community geriatrics and end of life care

Two main streams took place during Day 1 of the conference, covering community geriatrics and end of life care. The first community session set out to define what it means to work in the community, looking at training and workforce development for an older population. Rachel Jackson spoke about advanced clinical practice in the community and routes into this role. "The real thing to remember for ACPs," she stated, "is that we're able to work autonomously. We have developed our skills and knowledge to extend our scope of practice and we are comfortable working with complexity... we work very much as part of the multidisciplinary team."

Dr Holly Paris, a GP working in Weston Super Mare, outlined her own experiences of working with older people spread across numerous care homes in her area. "The thing about working in the community is that nobody does what you want them to do!" she jokes, describing the journey towards the formation of the One Weston Care Home Hub.

She reflected on the impact of the pandemic as a catalyst for change in her locality, commenting that "the lesson is not to waste a good crisis." System successes of Weston initiative, such as reduced ambulance callouts, reduced length of stay

**Finn Turner-Berry @finnturnerberry**

It was brilliant to see so many positive responses to @NCF\_Liz's presentation on Day 1 of the #BGSConf @GeriSoc @Age\_and\_Ageing

and reduced emergency admissions, were mirrored by personal successes, such as improved job satisfaction and positive feedback from those who had benefits from the integrated service they provide. The role of the community geriatrician was also covered by trainee Dr Julianaa Raghu who gave a case study from the West Kent Home Treatment Service.

The following session looked at overprescribing and deprescribing, with GP Dr Deb Gompertz presenting on a polypharmacy project in Yeovil. The issue of 'green' prescribing for older people was examined by Professor Anthony J Avery OBE, GP and National Clinical Director for Prescribing at NHS England.

Dr Shelagh O'Riordan, Consultant Community Geriatrician and Professional Advisor to NHS England and Improvement on the Ageing Well Programme, gave an overview of the virtual wards model. Providing tips on starting a virtual ward, she encouraged the audience to "be brave – when you're doing what a patient wants, it's nearly always the right thing to do." She was later joined by Catherine Bell, a pharmacist, who provided a case study of the model in use in Bradford, followed by Advanced Clinical Practitioner Fiona Green who spoke about the experience in Somerset. Dr Catherine Monaghan rounded off this opening session with a look at virtual respiratory wards.

Meanwhile, over in the end of life care session, person-centred care for older people was first on the agenda, with

Professor Carl Thompson highlighting the patient and relative perspective. Dr Saskie Dorman, Consultant in Palliative Medicine, examined whether patients' wishes are always met, asking the question "is what matters what happens?" The role of paramedics in providing good end of life care was also discussed by Jen Scott Green and Andy Collen.

As lunchtime approached, talk turned to community and anticipatory care, looking at missed opportunities and the importance of planning ahead for the end of life. A short video reel was played giving examples of opportunities for engagement with patients about anticipatory care, while Dr Catherine Millington Sanders, RCGP & Marie Curie National Clinical Champion for End of Life Care, spoke about 'What matters to me' and the importance of person-centred care. Dr Mark Roberts gave a presentation about advance care planning (ACP) in Northern Ireland, the first time that a UK nation has taken a whole country approach to ACP.

Dr Lucy Pollock, Consultant Geriatrician and author, reflected on the morning's talks, admitting "I had forgotten quite how much I love the BGS!" She concluded that end of life care "isn't really about death – it's about life, it's about living well right up until the end."

Elsewhere on the programme, the day offered interesting sessions on equality and diversity and inclusivity in geriatric medicine, while a Quality Improvement (QI) clinic saw the launch of the brand new BGS QI Hub, with the opportunity to speak to members of the BGS Clinical Quality Committee about how to make the best of this new virtual BGS resource.

The BGS Nurse and Allied Health Professionals (NAHP) Council held a Community of Practice meeting towards the end of Day 1, where they heard from Dr Susanne Arnold about research-focused community of practice.

## Day 2: Stroke, cardiovascular medicine and orthogeriatrics

The second day of the Autumn Meeting kicked off with two breakfast sessions – this year, with actual breakfast! The BGS NAHP Council welcomed nurses and AHPs to support each other and discuss issues relating to the care of older people over mouthfuls of bacon (or vegan) rolls.

BGS Policy Manager, Sally Greenbrook, hosted an interactive policy quiz, with musical instruments for added drama and entertainment. This provided a backdrop for an overview of health policy in the UK, the BGS's own policy work, and an overview of how members can become more active in influencing the wider agenda of older people's healthcare locally and nationally.

**Lyndsey Dunn.@Lyndseydunn7**

it's poster judging time @GeriSoc. Such a privilege to team up with @EstherClift and see the fantastic work of our Nurse & AHPs. Congratulations to everyone who submitted..... #BGSConf

## Autumn Meeting Prize Winners

**Congratulations go to the following presenters for their winning submissions:**

**Norman Exton-Smith Prize for Best Scientific Presentation poster**

Stephen Lim

*Volunteer-led online group exercise for older adults: a feasibility and acceptability study*

Z Mistry

*Do Not Attempt Conversations Pre-Rehearsal: Teaching Medical Students to Have DNACPR Conversations*

**John Brocklehurst Prize for Best Clinical Quality poster**

Alex Burgess

*CWTCH in the community – improving education to reduce adverse outcomes for patients who fall in nursing homes*

P Sawney

*Improving Advanced Care Planning in Severe Frailty*

**Best Clinical Quality Platform Presentation**

N Ma

*A multi-disciplinary approach to transforming eye care services for care home residents*

**Elizabeth Brown Prize for Best Platform Presentation**

Lydia Zioupos

*A Pilot Routine Electronic Health Record Functional Tracking Score for Older Patients in Hospital*

**Eva Huggins Prize for Best Nurse or AHP Poster**

Juliet Butler

*Falls Prevention: Community Exercise Programme; reducing risk of falls, deconditioning and loneliness in frail elderly patients*

**Best President Round Poster**

Marina Politis

*Frailty, loneliness and social isolation in the UK Biobank cohort*

For details of how to submit an abstract for an upcoming BGS meeting, including deadlines and instructions, please visit [www.bgs.org.uk/abstracts](http://www.bgs.org.uk/abstracts).

## Introducing our NEW virtual poster platform



**With the introduction of hybrid BGS meetings, a new interactive poster platform has been developed, allowing delegates to view and interact with posters and presenters regardless of whether they are attending virtually or in person.**

The poster platform is a self-service facility allowing those who have had abstracts accepted as to upload their poster and short video presentation along with their abstract.

Delegates can view all of the posters from the meeting whether attending in person or online, with poster viewing stations set up around the venue in addition to links from our virtual event platform. There is also the facility to comment on and ask questions about each poster, as well search the content of all all the posters. Any healthcare professional with a BGS website login can view the posters, allowing greater reach for this valuable research.

**To view the posters from the Autumn Meeting and other BGS events from October 2022 onwards, please visit <https://posters.bgs.org.uk>.**



## BGS Fringe

As ever, the BGS Fringe session offered delegates a variety of alternative activities, offering some light relief from the packed educational programme.

Returning in person for the first time in more than two years, attendees were able to enjoy chair yoga sessions with Yeh Yoga Co instructor, Emily Harding.

Science Museum curator Selina Hurley led an interactive session discussing artefacts that might appear in a 'Science Museum of the future' relating to geriatric medicine, which concluded with a fun quiz and an opportunity to imagine what a display covering the pandemic might include.

**Pictured: Actor Bally Gill and writer Heidi Thomas chat to dr Khalid Ali at the BGS Film Club**



BGS honorary librarian and archivist, Dr Michael Denham, also brought a collection of objects and records from the BGS archives for guests to view and discuss. Among these were minutes from the first ever BGS (or the Medical Society for the Care of the Elderly, as it was then known) meeting in 1947.

Those interested in making better use of social media to engage with healthcare colleagues and information joined BGS PR and Communications Manager, Marina Mello, for a whistlestop tour of healthcare Twitter for beginners. She talked Fringe guests through the basics of using the platform, along with some handy hints, tips, dos and don'ts for a positive Twitter experience.

A highlight of the Fringe for many was the Film Club, with an exclusive screening of the film *Allelujah* ahead of its March 2023 release. Based on an Alan Bennett play, the film is set in the geriatric ward of an overstretched Yorkshire hospital and stars names such as Dame Judy Dench and Jennifer Saunders. Actor Bally Gill, who plays Dr Valentine, and writer Heidi Thomas, who adapted the play for the big screen, chatted to Dr Khalid Ali about the film and the issues it raises, as well as answering questions from the audience.

are feasible, particularly with interprofessional collaborative working, but that further research is still needed.

Over in the stroke and cardiovascular health stream, Dr Nicholas Evans, a geriatrician turned stroke physician from Cambridge, was unable to present in person but was still able to give a presentation remotely thanks to the hybrid event format. He warned that between the BGS Autumn Meetings in 2022 and 2023, more than 110,000 people are likely to experience a stroke in the UK, which is one of the leading causes of adult disability. Professor Nikola Sprigg, Professor of Stroke Medicine and Stroke Consultant from

Nottingham, discussed hypertension and management of haemorrhagic stroke. She reinforced that even when surgery is not an option, there are still treatment options available. Professor David Stott spoke about cholesterol, suggesting a holistic approach to managing this in older people, incorporating lifestyle advice and drug treatment. Other sessions in this stream covered antiphospholipid syndrome and risk factors.

The orthogeriatrics stream in Room 3 focused on fractures in older people, with Mr Matthew Cichero, Consultant Podiatric Surgeon and Specialist in foot and ankle surgery, looking at conservative and surgical options for the older patient (or the 'wiser' patient, as he preferred to describe them). Professor Opinder Sahota, Consultant Geriatrician from Nottingham, reinforced the importance of prevention and rehabilitation in his talk, which gave an overview of current evidence in fractures in the older adult.

Elsewhere, platform presentations covered topics such as hip fracture, Parkinson's disease and dementia, while Dr Mary Ni Lochlainn, winner of the BGS Rising Star for Research in 2021, presented on her PhD research around dietary protein and skeletal muscle in older twins, as well as some initial

### Richard Genever @DrGenever

Getting ready to speak at #BGSConf on Drug Treatment of Parkinson's Thanks to @BrendanAMcGrath for hosting me @GeriSoc #BGSConf

### Charlotte Squires @CharSquires

Sedentary behaviour was most significant risk for foot ulcers.... perhaps as foot less used to pressure loads so less adaptive to unexpected activity #useitorloseit #feetfirst #bgsconf

### Avan Sayer @AvanSayer

Superb keynote lecture from @finbarrNHS at @GeriSoc Autumn Meeting #BGSConf including profound insights about the place of Geriatrics in wider society @EuGMSSociety

### Young Geris (irony intended) @YoungGeris

Brain still fizzing from the deeply insightful and thought-provoking Trevor Howell lecture at #BGSConf from @finbarr45452612. Our role as advocates for older people and in tackling ageism and inequality cannot be overstated, and we must not forget it. @GeriSoc

results. "There's a trend here of finding very clever people and enthusiastically befriending them," she joked when explaining the path towards her research.

The Trevor Howell Guest Lecture was delivered by Professor Finbarr C Martin, Emeritus Consultant Geriatrician and Professor of Medical Gerontology at King's College London and Chair of the *Age and Ageing* journal editorial board. His lecture, titled 'impact beyond the patient in front of us,' provided a thoughtful look at the interrelation between society, ageing and healthcare and the place of geriatrics within all three. In a brief biography of the late Trevor Howell, after which the Guest Lecture is named, he discovered some surprising common ground between the early geriatrician and himself – a fondness for swimming in Streatham! His articulate and highly thought-provoking talk highlighted and linked some of the major cultural, political and scientific changes affecting people's experiences of ageing and health, describing geriatrics as both a medical specialty and social movement. "We have clinical insights and skills that don't fit into the usual specialty model," he opines. "But it doesn't matter because we have many impacts for good, and many allies."

At the end of Day 2, *Age and Ageing* celebrated its 50th anniversary by hosting a drinks reception attended by friends of the journal, with an evocative speech on its impact and evolution delivered by Editor-in-Chief Rowan Harwood.

## Day 3: Endocrinology, neurology and platform presentations

As the final day of the meeting rolled round, starting with coffee and the option of a yoga session, attendees had the choice of platform presentations, endocrine disorders or foot problems for the first morning slot.

### Rebecca winter @rebeccawinter27

AMAZING talk on hyperthyroidism in the older person in room 4, I wholly recommend it on catch up if you aren't live #bgsconf

### Neil Reeves @ProfNeilReeves

Real pleasure to speak at #BGSConf @GeriSoc meeting in London @ExCeLLondon this morning about #Diabetic #Foot in the Older person @MMU\_Research

Dr Benjamin Whitelaw, Senior Consultant Endocrinologist and GIM Consultant, King's College Hospital, gave an overview of hyperthyroidism in those with frailty. He spoke about prevalence, markers and complications of this condition, warning that symptoms in older people can be atypical and non-specific. Dr Julia Prague also spoke about adrenal insufficiency in older people. Later on, the focus shifted to diabetes, with Dr Stuart Ritchie and Dr Marcus Lyall providing talks overview of diabetes medications for frail older people.

The afternoon neurology session looked at headaches, chronic neuropathic pain and epilepsy. Dr Divya Tiwari, who delivered the talk on epilepsy in the older adult, highlighted the diagnostic uncertainties in older age, warning the audience to "be careful – it can be over-diagnosed or under-diagnosed."

Friday's keynote guest lecture was delivered by Professor Dame Jenny Harries, Chief Executive of the UK Health Security Agency, who gave a highly relatable talk on the impact of COVID-19 on older people during the pandemic and beyond. As Deputy Chief Medical Officer for England between 2019 and 2021, Professor Harries saw first hand the difficulties faced by BGS members in the peak of the pandemic and was full of admiration for those who cared for older people during this time. "I get lots and lots of lecture invites," she explained. "But improving the quality, and where possible the quantity, of life and the health outcomes for our older population is of personal importance to me." She explained some of the health security priorities for older people, which include some of the things BGS members might be familiar with – such as vaccination and prevention of infections – and some which they might not, such as climate change and scams.

The conference drew to a close with the official handover of the Presidential chain of office from Dr Jennifer Burns to Professor Adam Gordon. In his inaugural speech, Professor Gordon thanked Dr Burns for her contribution during her Presidency and for her role in ensuring the safe return of face-to-face conferences. "The closing thanks have to go to her for holding the whole show together over the past two years," he said. "We wouldn't be here without her, and there was a real chance we wouldn't be at one point. Thanks go to her for her excellent leadership."

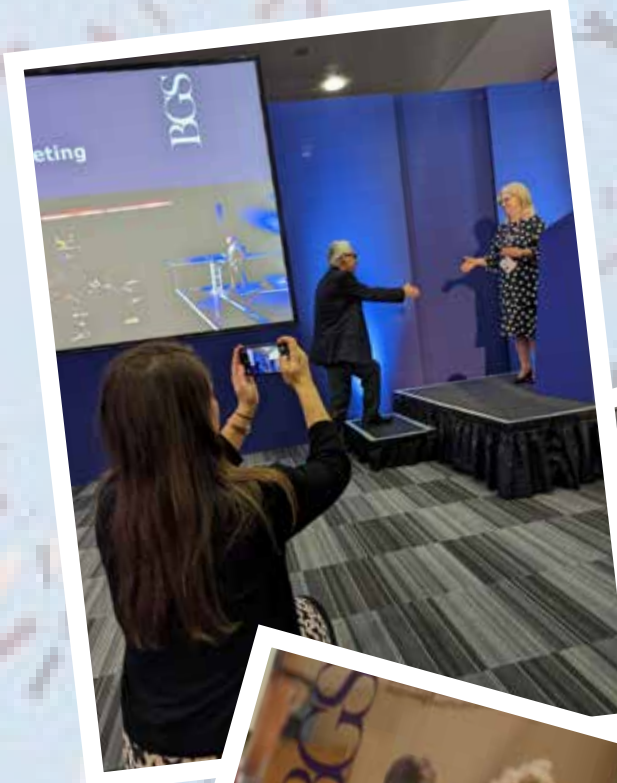
**If you missed the Autumn Meeting, it's not too late to register and get access to all of the recordings from throughout the three days. If you registered for the event but missed a session, or would just like to revisit it, access to the video archive is available for 12 months after the event.**

**To catch up on this meeting, visit [www.bgs.org.uk/Autumn22](http://www.bgs.org.uk/Autumn22) and click the pink 'View stream' button to the left of the page (you will need to be logged in).**



# Caught on camera

Some of the weird, wonderful and memorable moments from the Autumn Meeting 2022!





# Golden age

**Academic journals are part of an eco-system that stimulates debate and disseminates new knowledge, allowing medical expertise to be constantly renewed. For its 50th anniversary, *Age and Ageing* commissioned leading thinkers to reflect on problems in healthcare for older people, and the state of services across the World Health Organization's six regions.**

Responses fell into three groups: the philosophical, the retrospective and the state-of-the-art.

Olde Rikkert et al. argued that illness is more important than disease in older age. We recognise the limitations of specifying individual diagnoses in an older person. Instead, defining networks of symptoms and problems, and applying modern computing to analyse and monitor them, may operationalise what we do intuitively in practice. O'Neill reflected on the uneasy relationship between older people and geriatric medicine, suggesting that unwitting collusion with a 'failure model of medicine' might be responsible. Instead he calls for greater recognition of our role as 'guardians of the longevity dividend' and a lesser focus on hospital-based crisis medicine.

Commentaries on falls, dementia, delirium and care homes celebrated the efforts of pioneers in establishing a body of specialist knowledge, discussed the exponential rise in research and translation into clinical services over recent decades, and highlighted future challenges. Developments in geriatric emergency

medicine are held to be a model for frailty-friendly services in general. At the same time, Becker and Achterberg discuss the paradox of dwindling provision of geriatric rehabilitation in the face of ever-increasing need. Rehabilitation is person-centred because it addresses practical problems, and at the same time can help optimise the operation of wider health and social care systems.

Pitkala and Strandberg explain that while clinical trials have driven unprecedented advances in many areas of medicine, they are harder to do and interpret when the participants are frail older people, and indicate how problems have been addressed. Commentaries on frailty, sarcopenia, continence, polypharmacy and end-of-life care provide substantial reviews on emerging and established clinical problems. We rely on education and training as we build for the future; Romero-Ortuno et al. discuss recent initiatives, and the theory underlying current practice. Masoli et al. explain how advances in genomics can give new insights into the problem of multimorbidity.

The commentaries on world regions draw attention to similarities and differences between countries. Demographic and epidemiological transitions are universal but occur on a compressed timescale in lower- and middle-income countries and have reached a phase of super-ageing in East Asian and European populations. Everywhere struggles with resources and the priority given to ageing, but health policy now clearly recognises a need, and there are many examples of innovation, educational and service development that provide a solid foundation for the future. The United Nations Decade of Healthy Ageing 2021-2030 forms a unifying thread.

**Rowan Harwood**  
Editor-in-Chief, *Age and Ageing*

You can view the full *Age and Ageing* 50th anniversary commentary series, plus additional bonus video content, by visiting the journal on the OUP website at <https://academic.oup.com/ageing/pages/age-and-ageing-50-anniversary>



## AGENDA

## Vacancies and notices

BGS vacancies and notices

View all current BGS opportunities online at [www.bgs.org.uk/BGSvacancies](http://www.bgs.org.uk/BGSvacancies)

**British Geriatrics Society**  
Improving healthcare for older people

# 2023 Spring Meeting

Hybrid (in person and online)

17-19 May, EICC Edinburgh

### Programme highlights:

- Perioperative care of older people - Celebrating 20 years
- Cardiovascular health
- Frailty and sarcopenia
- Dementia and delirium
- Rehabilitation
- Workforce



[www.bgs.org.uk/events](http://www.bgs.org.uk/events)

### Abstract submission deadlines

We are currently accepting abstract submissions for the following BGS conferences:

- **2023 Spring Meeting**  
Closes: 1 February 2023
- **2023 East Anglia Spring Meeting**  
Closes: 14 January 2023
- **2023 Wales Spring Meeting**  
Closes: 27 January 2023
- **2023 Movement Disorders**  
Closes: 16 January 2023
- **2023 NI Spring Meeting**  
Closes: 10 February 2023

For all current abstract submission dates, including links to submission guidelines and our abstract submission portal, please visit: [www.bgs.org.uk/abstracts](http://www.bgs.org.uk/abstracts).

### Update your details!

To ensure you are receiving the latest news, information and reminders about your membership, check and update your details via our website at [www.bgs.org.uk](http://www.bgs.org.uk). If you need help updating your information, please email [membership@bgs.org.uk](mailto:membership@bgs.org.uk).

### BGS SIG Vacancies

BGS Special interest Groups (SIG) are an integral part of the Society. Each SIG has a committee which helps with the planning of one-day annual conferences, any sessions on their specialty at the BGS Spring and Autumn conferences and respond to any external consultations in their specialty sent to us by bodies such as NICE, The Royal Colleges and others. We currently have the following vacancies:

- Cardiovascular SIG - Nurse/AHP representative
- Dementia SIG - Chair
- End of Life Care SIG - GP representative
- Ethics and Law SIG - Chair
- Falls and Bones Health - Secretary and Trainee representative
- Nutrition SIG - Secretary, NAHP and Trainee representatives
- POPs SIG - Chair, Secretary, NAHP and Trainee representatives

To apply for any of these vacancies, please send a short CV and a covering letter to Joanna Gough at [j.gough@bgs.org.uk](mailto:j.gough@bgs.org.uk). Please note that these are not paid roles and you must be a current BGS member to apply.





# Spring Meeting

2023

17-19 May 2023

Edinburgh & Online

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## ATTEND IN PERSON OR ONLINE

The BGS Spring Meeting 2023 is being held as a hybrid event, giving you the choice to attend physically or virtually. View the programme online and register today!

[www.bgs.org.uk/Spring23](http://www.bgs.org.uk/Spring23)