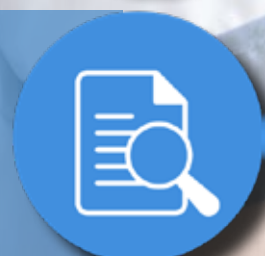


British Geriatrics Society
Improving healthcare for older people



BSG

2023-26

Strategic Plan



Introduction

This Plan sets out the strategic direction of the British Geriatrics Society (BGS) for the three years from April 2023. It builds on strong foundations, recognising the values established over 75 years as a medical association and charity committed to improving healthcare for older people. Across the world, people are living for longer in better health, which is cause for celebration. However, many people develop physical and mental health needs in their later years, requiring health professionals with specialist skills in the care of older people. As the population ages, the demand for this expertise will only grow.

Since March 2020, the COVID pandemic has taken a terrible toll on older people, with more than 85% of the deaths in the UK occurring in people aged over 65. BGS members worked with great dedication and professionalism to provide care during this difficult period. The pandemic put significant pressure on an already stretched health system, with workforce challenges across acute, community, primary and social care. Regaining some stability and finding ways to address the shortfall in skilled staff is vital for the future of the NHS and planning for an ageing population.

At this time of great challenge for the NHS, supporting those who provide high-quality care for older people is more important than ever. This Plan sets out how the BGS will support its members' professional practice, helping them to learn, develop and educate themselves and others. It highlights how the BGS's expertise and authoritative voice will seek to influence those making policy, programme and resource decisions that affect outcomes for older people. Underpinning our strategic objectives is the vital role of the BGS community: the peer support and solidarity of healthcare professionals bound together by their commitment to ensuring all older people get the best care possible.

Our vision

Is of a society where all older people receive high-quality, personalised care when and where they need it. This means empowering and supporting older people to lead independent, healthy, happy lives in their communities for as long as possible.



Our mission

is to improve healthcare for older people. Geriatricians, nurses, GPs, allied health professionals, pharmacists, old age psychiatrists and others provide care for older people as part of a multidisciplinary team. They do this during management of acute illness, long term conditions, rehabilitation and at the end of life in care settings that range from home to community to hospital. The BGS is the membership association bringing together those health professionals committed to ensuring high-quality care for older people across the four countries of the UK.

Why it matters

As people age, many start to experience frailty and multimorbidity. While healthy habits, genes and good fortune have a bearing on health in older age, social circumstances and environmental exposures from birth affect the life course.

For some, chronic ill-health comes at an earlier age, and more years are spent with debilitating illness. People have rights whatever their age, and it is a defining tenet of the NHS that care is available to all, free at the point of delivery. Given that older people are the main users of health and social care services, it is therefore vitally important that systems and services should be designed to work for them. This includes recent initiatives such as bringing care closer to home through community-led services rather than older people having to make frequent trips for separate services at the hospital; ensuring records are shared between primary, community and acute services, for instance in relation to comprehensive geriatric assessment; offering the chance to talk about what really matters to someone as the end of their life approaches; or taking a holistic approach and working to reduce inappropriate medications. These are examples of what it means to provide good care for older people through the NHS, making the system work for its largest user group. The BGS believes that such developments need to operate consistently across the UK and that there is a risk of older people's needs being marginalised as services compete for resources post-pandemic.

In this Strategic Plan, we set out the activities the BGS will undertake and the outcomes we hope to achieve in order that older people can exercise their full human rights and receive a standard of care that enables them to live well and, when their time comes, to die well. We believe there is a particular imperative to champion older people's healthcare needs as COVID-19 moves from pandemic to endemic and as the organisation of the NHS evolves.



Our strategic direction

What we will do and what we want to achieve

Here we set out five pillars of our Strategy which will guide our work over the next three years.

1



Clinical quality
and professional
practice

2



Workforce

3



Education and
professional
development

4



Policy and
communications

5



Research and
evidence



Clinical quality and professional practice

Our goal: To promote high standards of clinical quality in the healthcare of older people by developing knowledge and improving practice.

Intended outcome: By 2026, we will have contributed to the delivery of better healthcare for older people across all care settings by developing and sharing tools, guidance and examples which enable healthcare professionals to improve their practice.

Priorities:

- a. We will continue to strengthen the voice and impact of our Special Interest Groups so that their expertise on sub-topics of older people's healthcare influences policy, practice and research agendas.
- b. We will build on existing quality initiatives, audits and benchmarking initiatives to help to achieve greater consistency in the quality and equity of care across the UK and minimise unwarranted variation.
- c. We will use the BGS blueprint to communicate what good quality care looks like, and we will develop and share resources to support healthcare professionals in implementing it.
- d. We will build on learning from the COVID pandemic to share practice about early interventions, avoiding deconditioning through timely prehab and rehab, the appropriate use of technology and end of life care.
- e. We will develop and share new and updated tools, guidance and examples to help specialists in older people's care and generalist clinicians to improve their practice, promoting and communicating these in an accessible way.
- f. We will support initiatives to promote healthy ageing and proactive interventions that enable people to live independently for longer in their communities, and to be supported to die well in their preferred place of care.





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Workforce

Our goal: To support recruitment, retention and development initiatives that increase numbers of specialists in the care of older people and help existing staff to have the appropriate skills and support to deliver good care for older people in the right place at the right time.



Intended outcome: By 2026, we will have worked with others to address the workforce crisis by helping to increase the size and skill base of the specialist workforce delivering care for older people, and by contributing to action on the workforce needed to provide healthcare to an ageing population.

Priorities:



a. We will help to collect data and modelling information to enable an understanding of gaps and shortages in the specialist workforce to inform national, regional and local workforce planning.

b. We will support increased recruitment to all professions delivering healthcare for older people, and seek to attract undergraduates into the specialty.

c. We will work with others to support retention initiatives, including less than full time working opportunities, career development and wellbeing initiatives; and we will support campaigns for equality of pay, terms and conditions between the NHS and social care workforce.

d. We will promote the expansion of roles and responsibilities through Advanced Clinical Practitioners, SAS doctors, Physician Associates and other emerging roles.

e. We will provide information and resources to generalists and other specialists who are involved in the care of older people, in recognition that the specialist workforce will never be large enough to do this on their own.

f. We will share innovative and integrated approaches to overcoming workforce shortages in different care settings.

g. We will highlight different career pathways and progression opportunities, seeking to support the wellbeing and job satisfaction of those delivering healthcare for older people.

h. We will liaise with and seek to influence national and regional bodies with responsibility for planning, implementation and funding of the workforce delivering care for older people.





‘By 2026, we will have enhanced the BGS educational offering for multidisciplinary professionals working in older people’s healthcare across different care settings, providing a range of meetings and learning opportunities to enable their continuing professional development.’



Education and professional development

Our goal: To support continuing professional development of those specialising and working in healthcare of older people

Intended outcome: By 2026, we will have enhanced the BGS educational offering for multidisciplinary professionals working in older people's healthcare across different care settings, providing a range of meetings and learning opportunities to enable their continuing professional development.

Priorities:

- a. We will influence and support the implementation of the new geriatric medicine Higher Specialty Training curriculum, supporting trainees and trainers across the UK.
- b. We will influence the undergraduate curriculum to increase geriatric medicine content and attract people into the specialty at an early stage.
- c. We will provide accredited professional development through high-quality meetings, courses, e-learning and educational resources to meet the needs of BGS members and others.
- d. We will expand the BGS educational offer, building on our archive of past presentations and lectures and on the Diploma in Geriatric Medicine, to provide new professional development opportunities in partnership with other providers.
- e. We will become the go-to place for health and social care professionals for core education on frailty and other central geriatric concepts, providing inclusive learning opportunities.
- f. We will evolve our learning offer to take account of the realities of healthcare professionals' working lives, for example by providing high-quality online, hybrid and face-to-face experiences and the ability to digest content live or later.
- g. We will stay abreast of emerging developments, seeking opportunities to collaborate with others to enable more widespread access to and availability of high-quality education about older people's healthcare.
- h. We will ensure that the achievement of our educational objectives is supported by a sustainable income model through fees and sponsorship.



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Policy and communications

Our goal: To influence the decisions, programmes and implementation of policy-makers, commissioners, system partners and health professionals relating to older people's healthcare across the UK.

Intended outcome: By 2026, we will have increased our profile and voice, and will be successfully influencing the development, design and implementation of national and regional programmes and policy for older people's healthcare.

Priorities:

- a. We will seek to influence the UK and devolved Governments and NHS policy on post-COVID priorities and funding, to ensure that older people - who are the largest group using NHS and social care services - have their healthcare needs met.
- b. We will provide advice, examples and insights from our Blueprint work to help senior clinicians, managers and commissioners, including new Integrated Care Systems in England, as they develop integrated services and expand care and support provided through community and primary care services and with their system partners.
- c. We will speak up for older people's healthcare needs in the development of national plans across the four countries of the UK and the refreshed Long Term Plan in England, and advocate for long-term sustainable planning and funding for population health that addresses the reality of an ageing population.
- d. We will continue to promote our core messages around joined-up care, timely discharge, comprehensive geriatric assessment (CGA), rehabilitation, and the prevention and proactive management of frailty, and will react swiftly to emerging policy developments.
- e. We will use our expert voice through reports, media and stakeholder relationships to advocate, explain, critique and illustrate in pursuit of better healthcare, experience and outcomes for older people.
- f. We will work with other organisations to campaign on key issues affecting older people, such as the need for a sustainable social care solution, and seek to improve understanding of older people's needs and interests by other specialties.
- g. We will speak up for older people's human rights, and work with other organisations to reduce health inequalities for older people and to improve equity of access and experience of care.
- h. We will continue to amplify the innovations and good practice of our members across the UK, sharing their stories through our website, blogs and other media.
- i. We will undertake specific projects where we can influence policy and practice in a timely way, including work on healthcare for care home residents, and on intermediate care and rehabilitation.



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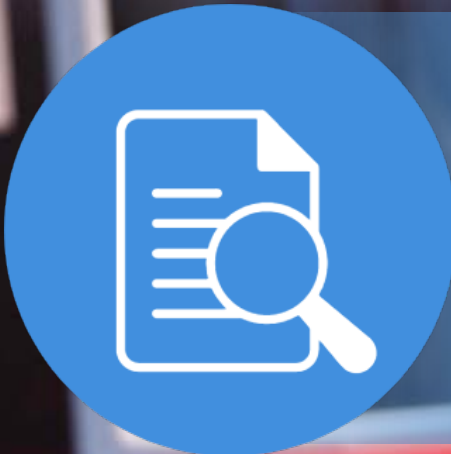
Research and evidence

Our goal: To promote research into older people's health and healthcare, and the application of evidence-based knowledge to clinical practice across the continuum of care.

Intended outcome: By 2026, we will have strengthened research opportunities, skills and impact through our research community and through the reputation and reach of our journal, *Age and Ageing*.

Priorities:

- a. We will work with partners and stakeholders to promote better understanding of the importance and value of research, and we will seek to add to the evidence base on ageing and older people's healthcare.
- b. We will drive the research agenda related to older people's health and healthcare, seeking to influence the funding strategies of research councils and other research commissioners to address key research gaps, in part informed by the results of our systematic review which maps existing research prioritisation exercises relevant to healthcare for older people.
- c. We will promote quality in the delivery of research, including high-quality clinical trials, and advocate for equity of inclusion to enable older people to participate in research and findings to be generalisable to this population.
- d. We will promote and disseminate research findings and evidence to support research impact, to improve clinical quality and practice and to influence policy and commissioning.
- e. We will help to build research expertise and capacity among multidisciplinary healthcare professionals and promote academic and research career pathways.
- f. We will maintain the global reputation and high quality of our online journal, *Age and Ageing*, ensuring its business model is fit for purpose and that its relevance, editorial support and responsiveness make it the journal of choice for authors and readers working in ageing and older people's healthcare.



‘By 2026, we will have strengthened research opportunities, skills and impact through our research community and through the reputation and reach of our journal, *Age and Ageing*.’

Our identity

We work:

Across professions

We are proud to be a multi-professional society. We know that the best care for older people is delivered by multidisciplinary teams drawing on the knowledge and skills of different professions. We work to strengthen the reach and engagement of our membership and welcome the diversity of approach and experience that different professions bring.



Across countries

The BGS has a long tradition of membership from across the UK, working in the different health and care contexts of the four nations. We welcome the opportunity to learn from each other at local, regional, national and international levels and to share different approaches to common challenges. Our overseas members and peers are an important part of our shared desire to improve healthcare for older people worldwide. We welcome the opportunity for cross-cultural comparisons and learning and we are proud of our strong international engagement through our members and our journal, *Age and Ageing*.

Across care settings

Most care and support for older people happens in primary care and in the community. We support the increasing emphasis on improving community and primary care services to deliver care closer to home, and to complement the vital role played in care homes and domiciliary care by the social care workforce. We remain immensely proud of the essential work geriatricians and multiprofessional teams do in acute care settings. They can best add value by caring for older people with complex conditions, multimorbidity and frailty, and we know their expertise is also valued in contributing to the general unselected medical take. We believe that for the health and care system to work effectively as a whole, there must be good communication, trust, and a shared focus on older people's interests between acute, community, primary and social care.



Our values

We are:



Person-centred

The best care puts the person at the centre. Older people's views and voices are often overlooked and they are at the mercy of a health and care system that feels disjointed and hard to navigate. The BGS advocates for holistic, joined-up, personalised care which responds to what individuals say matters to them. Over the period of this Strategic Plan, we will do better at incorporating the lived experiences of older people in our work programme.

Inclusive

We welcome as members all healthcare professionals working with older people and value the rich perspectives and complementary skills that different professions bring. We know that conditions and experience are not equal for some parts of the workforce. We want our specialty to be known for its inclusivity, warmth and community.

Collaborative

The BGS is a relatively small player in a complex health and care system, though we have a unique voice. To achieve our goal of better healthcare for older people, we need to work with other agencies in the public, not-for-profit, academic and private sectors, rather than going it alone. We will collaborate to address two of the biggest challenges: the lack of a sustainable social care system and the health and care workforce shortage. We know older people are seen by many other specialists when they are in hospital, and we will support healthcare professionals of other specialties to become more expert in the management of frailty, dementia and other core aspects of older people's care.

Proactive

We will strengthen our voice over this Strategic Plan period, speaking up for older people's entitlement to high-quality healthcare, championing best practice and challenging ageist policies and practice. We believe proactive early intervention can help to delay the onset and progression of frailty. We will lobby for a seat at the political and policy tables where decisions are made that affect the population at large and we will argue for the rights of all older people, including those coming to the end of their lifespan.

How we will deliver the Plan

Through BGS members

Members are the lifeblood of the BGS. The BGS depends on individuals' willingness to be active in the Society, something they do on top of busy day jobs. Members act as office-bearers, taking on roles on committees, Special Interest Groups, the editorial board of Age and Ageing or the BGS Board of Trustees. They contribute by writing blogs, sharing resources on social media, speaking at scientific meetings, providing case studies, commenting on consultations and acting as media spokespeople. They provide the BGS's legitimacy and their engagement is fundamental to the BGS achieving its mission. This Plan is informed by members' feedback from a survey conducted in June 2022. We encourage all health professionals working with older people to join the BGS and be part of an energetic, supportive community. We are aware of the many pressures on the older people's workforce and remain conscious of the need for wellbeing support and not overloading the dedicated people who give their time to the BGS voluntarily.

By increasing and diversifying our income and making our money work harder

The BGS has weathered the turmoil of the COVID pandemic well, with steady income growth from membership fees and the BGS journal, Age and Ageing, despite the disruption to our events programme and the associated income. In this 2023/26 Plan, we aim to diversify our income sources in order to make our business model more sustainable over the long term, particularly through enhancing our education offer. Prudent financial stewardship over the years has given the BGS a solid financial reserve and we will further develop this proactively to ensure our investments are working in pursuit of our mission. Given the current uncertain financial climate, we will retain a careful approach to cost control, and be aware of how the increased cost of living affects our members and older people.

By strengthening our governance

The BGS is a charity and a company limited by guarantee. We aim to observe the Charity Commission's principles of good governance and to ensure that members of the Board and committees are well-supported with clear terms of reference, role descriptions, inductions, and support from the staff team. The priorities set out in this three-year Plan match the structures of the BGS and will inform annual Operational Plans and budgets. They will also guide the workplans of Committees, which are accountable to the Board. The Board wishes to take a bolder stance in terms of its risk appetite; we will enact this through the five pillars of our work.

Through our staff team

The BGS has a twelve-strong staff team, which now works flexibly from Marjory Warren House and other dispersed locations. The staff team will continue to provide coordination and support to officers, tapping into additional capacity for particular projects such as the ongoing strategic project on healthcare in care homes. Opportunities for interaction with members have been constrained during the pandemic, and the staff team is motivated by the chance to renew closer engagement with members and their work.

By modernising our infrastructure

Over the last two years, the BGS has developed its digital offer significantly. As we re-introduce in-person attendance in the form of hybrid meetings, we recognise that online options are now an essential part of the offer, in terms of flexibility, cost saving and climate impact. We will undertake a major IT project to migrate the website to an upgraded content management system during 2023. We will continue to enhance the functionality of our website and its associated tools, to strengthen the BGS's learning community and position the BGS as the go-to place for resources, information and training on all things healthcare for older people.

By reviewing progress and adapting to the changing context

The Strategic Plan sets out our direction for the next three years, informing annual planning and the objectives of staff members. We will report progress against its goals on a quarterly basis to our Trustee Board, establishing key metrics where quantitative targets are meaningful. We will remain adaptive to a changing external environment, open to opportunities to work with others to achieve our mission of better healthcare for older people and to contribute to our vision of a society where all older people receive high-quality, personalised care and support when and where they need it.





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