

# COPS CHRONICLE

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## Contact Us



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## WHAT'S NEW

- Great news regarding our second G8 audit: Following education sessions with ANPs and Ward Doctors, G8 Tool completion on inpatient wards increased by 17%. This is prior to the new medical admission notes being circulated, so we anticipate an even greater increase in completion once they are in use.
- Our poster has been accepted for presentation at the upcoming NES Conference.
- This month COPS are completing the second stage of our inpatient G8 Admission Note audit!
- COPS have submitted a poster abstract to the upcoming Frailty Conference. Prof Susan Moug & Dr Mark Baxter will be talking about cancer patient needs re: older patients with surgical challenges. Everyone is encouraged to submit their research or poster by May 2nd! Link: [Frailty Conference](#)
- COPS have just finalised our poster submission to the NHS Scotland Event 2025! Link: [NHS Scotland Event 2025](#)

GERIATRICIANS:

DR SEENAN & DR COLQHOUN

CLINICAL NURSE SPECIALIST:

TRACY DOWNEY

OCCUPATIONAL THERAPIST:

CARLY ROLSTON

## TOPIC OF THE MONTH: SHOWCASING OUR IMPACT THROUGH CONFERENCE ABSTRACTS

As part of the Cancer Older People's Service, our newly designed occupational therapy service is helping older people with cancer remain at home, complete treatment, and avoid unnecessary hospital admissions. Older patients often face complex challenges during treatment, including fatigue, cognitive changes, and mobility decline, which can lead to loss of independence, treatment interruptions, and increased reliance on hospital care. Our specialist OT service has been tackling these issues proactively, providing targeted interventions that help patients maintain function, manage side effects, and stay engaged in daily life.

This month, we are submitting six poster abstracts to national and international conferences, showcasing our audit data which provides clear evidence of the beneficial impact OT is having. Our data demonstrates how OT prevents avoidable hospital stays, supports treatment completion, and ensures patients can continue living safely at home as long as possible. These abstracts highlight how our service supports older people before, during, and after cancer treatment while focusing on independence, social support, symptom management, and overall well-being.

Presenting at conferences is more than just an academic exercise; it is a vital step in securing recognition, evaluation, and long-term sustainability for this service. Next month, we will present some of our audit findings in this newsletter, providing an in-depth look at how we believe our service is enhancing cancer care for these older adults. . **Stay tuned!**

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## COMPREHENSIVE GERIATRIC ASSESSMENT

'The **G8 GERIATRIC SCREENING TOOL** we use identifies older cancer patients who could benefit from a comprehensive geriatric assessment (CGA).

When undertaking a CGA the person can be assessed holistically. In COPS we use a number of tools which review: **frailty indicators, socioeconomic/environmental factors, physical function, mobility and balance, review of polypharmacy, mental health and cognition.**

By discussing these factors with the patient, it determines their abilities and identifies any needs that will need to be addressed through creating an individualised care plan. The care plan should be reviewed at regular intervals and you must ensure that each aspect of their care has been followed through. It is crucial to remember that you should always consider what is important to the patient.

## CGA AND ONCOLOGY - DOES IT HELP?

Evidence suggests that following a **CGA**:

1. Patient Outcomes are **improved**.
2. Patients are more likely to **complete treatment and experience less severe toxicities**.
3. The patient and team **produce problem lists** and **develop goal-driven interventions** to tackle these.
4. Hospital re-admissions are **reduced**.

### THE G8 GERIATRIC SCREENING TOOL

The total **G-8 score** lies between **0 and 17**.

A **higher** score indicates a **better** health status.

A **threshold** is suggested **at 14 points**, meaning that a patient with **a score of 14 or lower** should undergo **full geri-evaluation**.

G8 questionnaire		
	Items	Possible answers (score)
	Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?	0 : severe decrease in food intake 1 : moderate decrease in food intake 2 : no decrease in food intake
	Weight loss during the last 3 months	0 : weight loss > 3 kg 1 : does not know 2 : weight loss between 1 and 3 kgs 3 : no weight loss
	Mobility	0 : bed or chair bound 1 : able to get out of bed/chair but does not go out 2 : goes out
	Neuropsychological problems	0 : severe dementia or depression 1 : mild dementia or depression 2 : no psychological problems
	Body Mass Index (BMI (weight in kg) / (height in m <sup>2</sup> ))	0 : BMI < 19 1 : BMI = 19 to BMI < 21 2 : BMI = 21 to BMI < 23 3 : BMI = 23 and > 23
	Takes more than 3 medications per day	0 : yes 1 : no
	In comparison with other people of the same age, how does the patient consider his/her health status?	0 : not as good 0.5 : does not know 1 : as good 2 : better
	Age	0 : >85 1 : 80-85 2 : <80
	<b>TOTAL SCORE</b>	<b>0 - 17</b>

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## HOW TO REFER TO THE COPS TEAM:

**INPATIENTS** ✨ ✨ **OUR REFERRALS ARE NOW ON TRAKCARE!**  
**ITEM LOCATION: CANCER OLDER PEOPLES SERVICE**

\*THERE ARE POSTERS TO ASSIST WITH THIS IN EACH DOCTOR'S ROOM

PLEASE USE THE G8 SCORING TOOL (IN THE MEDICAL ADMISSION NOTES) FOR EVERY PATIENT 65 YEARS AND OLDER. IF A PATIENT SCORES 14 OR BELOW - THIS INDICATES THE NEED FOR FURTHER ASSESSMENT. PLEASE REFER ON TO COPS AS SOON AS ABLE.

### **OUTPATIENTS:**

- EMAIL GGC.COPS@NHS.SCOT - PLEASE GIVE THE PATIENT'S NAME, CHI AND SHORT STATEMENT AS TO WHY YOU ARE REFERRING THEM.

OR

- CALL 01300 9926 / 7137 WITH THE INFORMATION ABOVE



## PATIENT CRITERIA & WHAT WE DO

### Referral Criteria

1. Every patient over 65 who attends BWoSCC with a CA diagnosis AND

2. Any patient who presents with frailty characteristics or complex comorbidities:

- Challenges with ADLs
- Falls
- Decreased mobility
- Delirium / cognition
- Continence issues
- Treatment side effects
- Anxiety
- Pall care needs
- Equipment needs

A 'one-stop shop' supportive oncology service for people over 65 years old, with a cancer diagnosis and complex needs and/or comorbidities. Our multidisciplinary onco-geriatrics team can provide medical assessments, assist with symptom management, implement social support, provide equipment, complete polypharmacy reviews and refer onwards to community and hospital based services. We can see patients at any time during their cancer journey, including before or after treatment.