

# COPS CHRONICLE

DECEMBER 2024 - ISSUE 8



## Contact Us



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## WHAT'S NEW

- COPS is presenting our service to the new junior doctors at the Beatson, showcasing the resources and support we can provide to support our older persons inpatient journeys.
- Our team continues to focus on evidence and innovation to improve our service. Stay tuned for updates about how we're incorporating these advancements into patient care!
- COPS and the Improving Cancer Journey Services are meeting to network and discuss how we can share information to best serve our patient cohort!
- **\*Please note\*** there are no outpatient clinics running the week of December 23rd and 30th.



GERIATRICIANS:  
DR SEENAN & DR COLQHOUN

CLINICAL NURSE SPECIALIST:  
TRACY DOWNEY

OCCUPATIONAL THERAPIST:  
CARLY ROLSTON

## TOPIC OF THE MONTH - A SEASON OF GRATITUDE AND RENEWAL!

As the year comes to a close, December invites us to reflect on our journey and look ahead with hope. For many, the holiday season is a time of joy, but it can also be challenging for those facing illness or hospitalisation. This is why the spirit of compassion and community is so important, and here in our Cancer Older People Service (COPS), we are proud to support our patients and one another with these values at heart.

As health professionals, your dedication throughout the year has been nothing short of extraordinary. From the countless hours spent in care to the smallest acts of kindness, you've made a meaningful difference in the lives of so many.

This holiday season, we wish you a joyful Christmas filled with moments of peace and warmth with loved ones, and as we welcome 2025, may the new year bring inspiration, renewed energy, hope and breakthroughs for all.

**Merry Christmas and Happy New Year!**



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

\*IF YOU NEED ASSISTANCE WITH THIS NEW FORM PLEASE EMAIL OR CALL THE TEAM

### OUTPATIENTS:

- EMAIL COPS@GGC.SCOT.NHS.UK - 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.