

# COPS CHRONICLE

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## WHAT'S NEW

- We're delighted to share an interview with Denis, one of our patients, who recently spoke with the NHS Corporate Communications Team about his cancer journey and overall experience of care. Denis reflects on the support he received from the Cancer Older People's Service and how it helped shape his experience in a meaningful way.



[WATCH DENIS'S INTERVIEW HERE.](#)

- Referrers, please note that our **outpatient referral process** will be changing over the next month. We'll share full details in next month's newsletter – watch this space!
- We've completed our second quarter data audit! Outcomes will be highlighted in the August issue, but key themes show the COPS OT service is consistently supporting our patients with falls management, activities of daily living, and fatigue management.

GERIATRICIANS:

DR SEENAN & DR COLQHOUN

CLINICAL NURSE SPECIALIST:

TRACY DOWNEY

OCCUPATIONAL THERAPIST:

CARLY ROLSTON

### TOPIC OF THE MONTH: LISTENING TO PATIENTS – WHY PROMS MATTER

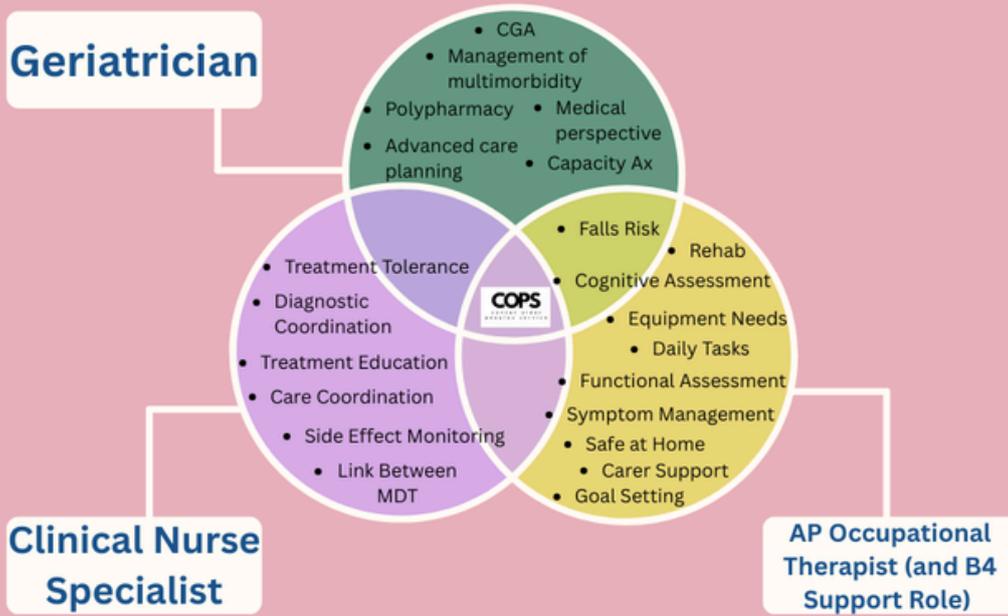
As we continue to develop and evaluate the COPS OT service, one area gaining momentum across Scotland is the use of **Patient Reported Outcome Measures (PROMs)**. PROMs give patients a structured way to share how they feel about their health, function, and quality of life in turn, helping services understand whether the care provided is making a meaningful difference.

After a great conversation with Emma Dunlop from Public Health Scotland and the Scottish Cancer PROMs Advisory Group, we've been reflecting on how PROMs could further enhance our service design. The newly launched **Scottish Cancer PROMs Toolkit** offers practical, free guidance for teams looking to embed PROMs into routine care – supporting **Realistic Medicine, personalised care, and more meaningful service evaluation.**

As part of this, COPS will begin using the *Canadian Occupational Performance Measure (COPM)* in all OT/Nurse-led clinic appointments. This tool supports patients to identify what matters most to them and helps track changes in performance and satisfaction over time. This keeps care goal-focused, collaborative, and person-centred and operates efficiently alongside our Geriatric Comprehensive Assessments. We'd encourage every department to explore the PROMs Toolkit and consider how PROMs could be meaningfully integrated into your day-to-day practice – even small steps can lead to powerful insights.

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## Comprehensive Geriatric Assessment: Enhancing Cancer Care through MDT Collaboration



The G8 screening tool helps identify older cancer patients who may benefit from a CGA. At COPS, CGAs are holistic and include review of frailty, physical function, mobility, cognition, mental health, polypharmacy, and social factors. This helps us develop a personalised care plan based on what matters most to the patient, with regular reviews to ensure each aspect of care is followed through.

### 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.

1. 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**

\*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 **\*This will be changing soon!**

- CALL 01300 9926 / 7137 WITH THE INFORMATION ABOVE



## PATIENT CRITERIA & WHAT WE DO

### Referral Criteria

1. Every patient over 65 who attends (or previously has attended) 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.