

COPS CHRONICLE

SEPTEMBER 2025 - ISSUE 17



Contact Us



4TH FLOOR ROOM 30
 BEATSON WEST OF SCOTLAND
 CANCER CENTRE GLASGOW G12 0YN
 TEL: 0141 301 9926 / 7137
 EMAIL: GGC.COPS@NHS.SCOT

WHAT'S NEW

- Introduction:** We are pleased to announce that Dr Adrees has joined the Cancer Older Peoples Service as our new Geriatrician Consultant, taking over from Dr Colquhoun. We are delighted to welcome Dr Adrees and look forward to the expertise he will bring in supporting the care of our older patients.
- Falls Awareness Week:** We'll be visiting each ward September 15-19th with education sessions, a tea trolley and a fun quiz to engage staff. We'll also have a Falls Awareness stand at the Beatson entrance, staffed at different times by OTs, PTs, nurses, and other professionals. Patients, staff, and visitors are welcome to drop by for advice on preventing and managing falls.
- Spotlight on COPS Research:** Three of our posters will be presented at the *Scottish Macmillan Professionals Conference* this month, showcasing our Q2 data, MDT service innovation, and referrer survey results.

GERIATRICIANS:
 DR SEENAN & DR ADREES

CLINICAL NURSE SPECIALIST:
 TRACY DOWNEY

OCCUPATIONAL THERAPIST:
 CARLY ROLSTON

TOPIC OF THE MONTH: VOICES OF OUR REFERRERS – WHY COPS MATTERS

Our recent Referrer Survey has given us valuable insight into how the COPS is viewed across the Beatson, particularly the new Occupational Therapy role. Clinicians from oncology, nursing, AHPs, pharmacy, and the third sector took part, and feedback was overwhelmingly positive.

Nearly 90% rated their understanding of the OT role as “good” or “excellent,” and every respondent agreed the service is beneficial, with almost 70% describing it as extremely beneficial. Referrers highlighted OT’s impact on patient function and independence, linking to community services, and supporting carers and families. Most agreed the OT role is becoming embedded within cancer pathways at the Beatson.

This evidence reinforces what we see daily: COPS helps prevent admissions, support safe discharge, improve treatment adherence, and address fatigue, cognition, and ADLs. The survey also confirmed satisfaction with the referral process and the importance of holistic, MDT-based care. We have been invited to present these outcomes as a poster at the Scottish Macmillan Professionals Conference. If you’d like to see the poster or specific quotes from the survey, please get in touch, or view it via the Macmillan broadcasts this month.

INTRODUCTION
 The Occupational Therapy (OT) role within the Cancer Older Peoples Service (COPS) at the Beatson Cancer Centre is currently funded on a fixed-term basis. Sustaining this role is critical to maintaining safe, effective cancer care for older adults, and this survey was conducted to capture the views of clinicians referring into the service to inform the business case.

METHODOLOGY
 The survey was developed based on the aim and with input from the COPS Team. A short online survey invitation was sent to the referrers. Webropol was used as an online tool for gathering survey responses. The data was collected between the 24th of June, 2025 and the 14th of August, 2025.

RESULTS
 Total number of respondents was 23.
 The prevalence of the top five professional roles were: Clinical Nurse Specialist (26.1%), Allied Health Professional (26.1%), Consultant Anaesthetist (13%), Consultant Medical Oncologist (8.7%), and Consultant Clinical Oncologist (8.7%).
 The understanding of the OT was good (65.2%) and excellent (17.4%).
 Most of the respondents strongly agree that the OT service within the COPS is becoming integrated into the wider cancer care pathways at the Beatson.

ANALYSIS
 The benefits of the OT service within the COPS to the holistic care of older adults with cancer was found extremely beneficial (98.6%). The top three impact of the OT service within the COPS had on the patients from the view of the referrers were: improvement on patient function and independence (85%), the connection to the community services (74%) and the provided care/family support (70%) (Figure 1).

CONCLUSION
 Oncology clinicians and other referrers consistently expressed that the OT role is now embedded within the wider cancer care journey at the Beatson, and viewed as necessary to delivering a truly holistic patient experience. They recognise that without this role, many older adults would miss out on the support that enable them to remain independent, remain in their homes, avoid unnecessary hospital stays, and receive fully supported beyond their own treatment.

TESTIMONIAL
 Many of my patients have had quick referral support services in place, home modifications made, medications reviewed in context of polypharmacy.

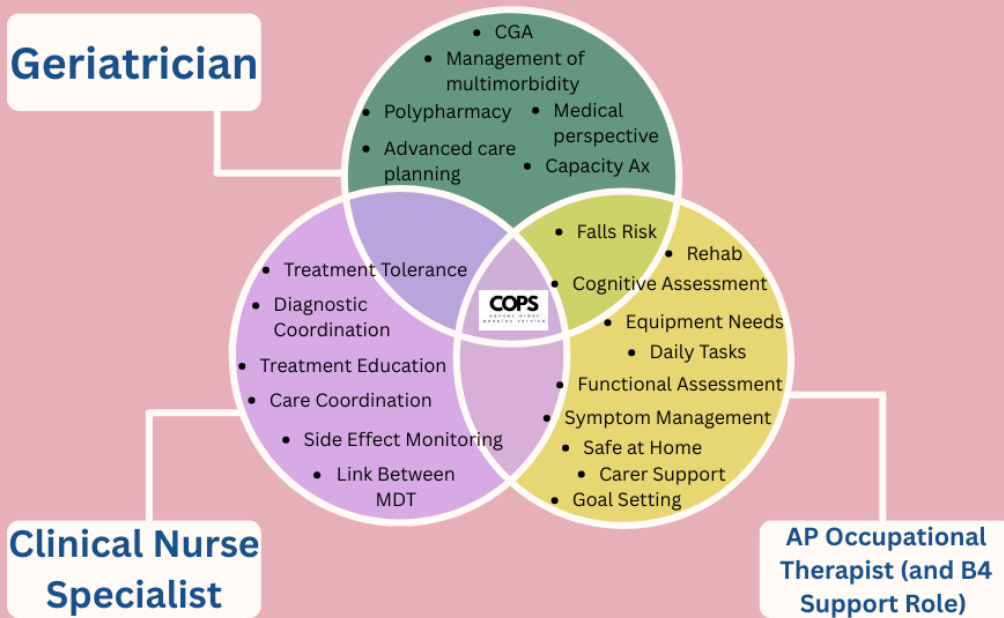
QUOTE
 During oncology clinic follow-up we received her greatest concern was regarding the OT role and was now at risk of falls. The comprehensive assessment addressed comprehensively, physiotherapy, social support and other factors resulting in the patient feeling better and being more confident at home. This has significantly improved the quality of life and probably prevented a crisis that may have occurred in being seen during or postoperative care.

QUOTE
 Helped support a patient with cognitive impairment admitted during treatment for toxicity management and support. Helped patient to be discharged home in a timely manner.

QUOTE
 We referred to COPS who saw the patient quickly, gave not only the patient but their carers support and made adaptations to the home, provided referrals and signposting to services we didn't even know existed and helped the gentleman avoid what would surely have been an admission to hospital and managed to stay at home where he wished to be.

COPS CHRONICLE

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 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 ²))	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
TOTAL SCORE	0 - 17

COPS CHRONICLE

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.