

COPS CHRONICLE

MAY 2025 - ISSUE 13



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WHAT'S NEW

- The COPS OT has collaborated with Alzheimer's Scotland and wrote a blog about What Happens When Cancer and Dementia Meet? [Click here to have a read!](#)
- We will be taking part in the Macmillan's [Dying Matters week](#) and [Realistic Medicine's Demystifying Death Week](#) - click the highlighted links to learn more about these important dates between May 5th and 11th! Both these important events are about giving people knowledge, skills and opportunities to plan and support each other through death, dying, loss and care.
- We're honoured that the COPS OT service has been nominated for an **NHS Greater Glasgow and Clyde Excellence Award** – a reflection of the whole team's commitment to improving care for older adults with cancer.
- The poster submission for the [NHS Scotland Event 2025](#) in Glasgow has been accepted and we're looking forward to attending (especially the afternoon session on frailty!).

GERIATRICIANS:

DR SEENAN & DR COLQHOUN

CLINICAL NURSE SPECIALIST:

TRACY DOWNEY

OCCUPATIONAL THERAPIST:

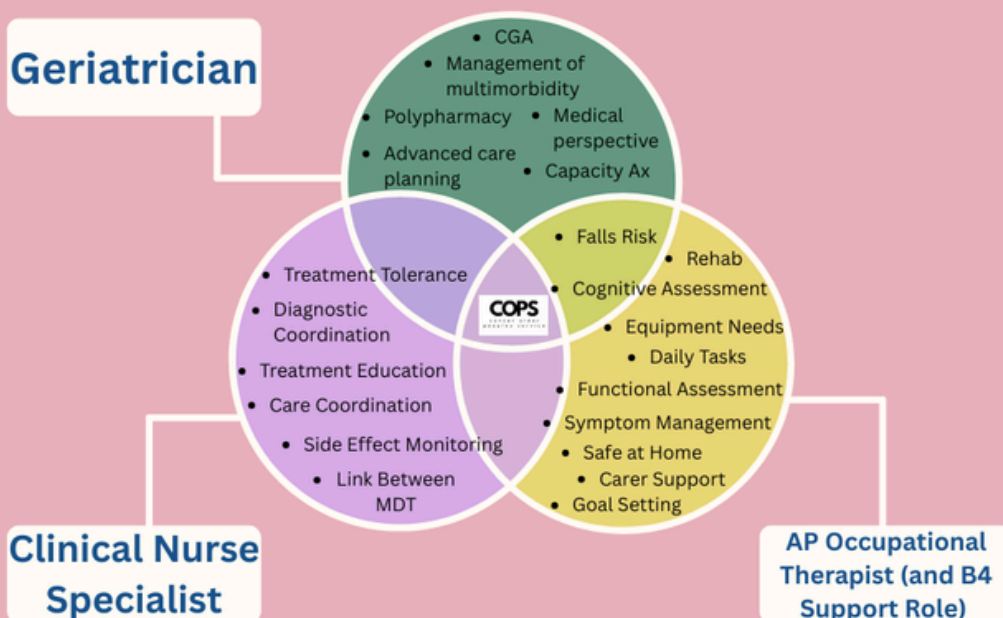
CARLY ROLSTON

TOPIC OF THE MONTH: EVIDENCE IN ACTION - WHAT THE COPS DATA TELLS US

Since launching the OT service last year, we've been actively auditing our service output. This month, we completed our first **Quarterly Impact and Value Report**, providing insight into who we are supporting, the challenges they face, and the difference targeted OT interventions are making. Over just three months, **68 patients** were seen in our outpatient clinics, covering **25 different tumour types**. Most were on active cancer treatment and presented with complex, multifactorial needs – including fatigue, memory difficulties, mobility decline, and emotional distress. **71%** of these needs were linked to known **barriers to treatment** adherence, and this input helped patients remain on their treatment plans, stay safe at home, and avoid hospital. We delivered **360 OT-specific interventions**, including fatigue and ADL support, equipment provision, cognitive screening, symptom management, and reablement planning. Our frailty-informed OT approach led to the identification of significant cognitive concerns in **60%** of patients assessed – informing onward referrals and safer treatment decisions. Perhaps most notably, **13 patients avoided hospital admission** following COPS involvement – a projected cost saving of over **£97,000** in just one quarter. These admission avoidance cases often involved setting up care packages, fast-tracking equipment, and helping patients and families feel safe and supported at home. The COPS team will continue reporting quarterly data to strengthen our service design, promote quality improvement, and advocate for sustainability. Next month's newsletter will share individual case examples that bring this data to life.

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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 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

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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 (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.