

COPS CHRONICLE

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Contact Us



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WHAT'S NEW

- THE DATA IS IN AND WE ARE EXCITED ABOUT IT! WE'VE HIGHLIGHTED A COUPLE OF OUR FINDINGS BELOW!
- PATIENT SATISFACTION SURVEYS WILL BE GIVEN TO OUR OUTPATIENTS THIS MONTH. WE ARE KEEN TO HEAR ABOUT THEIR EXPERIENCES.
- WE ARE EXCITED TO ANNOUNCE A ***NEW*** **OT/NURSE LED OUTPATIENT CLINIC**. THIS WILL ALLOW US TO INCREASE OUR OUTPATIENT CASELOAD AND PROVIDE NURSING/OT ASSESSMENT FOR MORE PATIENTS IN THE COMMUNITY.

WE HAVE A NEW TEAM PICTURE!



GERIATRICIANS:
DR SEENAN & DR COLQHOUN

CLINICAL NURSE SPECIALIST:
TRACY DOWNEY

OCCUPATIONAL THERAPIST:
CARLY ROLSTON

TOPIC OF THE MONTH - THE NEW OT ROLE IN THE COPS CLINIC

OUR NEW CLINICAL SPECIALIST OCCUPATIONAL THERAPIST ROLE HAS BEEN IN POST FOR THREE MONTHS AND IT'S BEEN AN EXCITING TIME OF CHANGE FOR THE CANCER OLDER PEOPLES SERVICE. SINCE WE HAVE MADE THESE CHANGES, OUR OT HAS HAD DIRECT INPUT WITH 26 CLINIC PATIENTS AND 12 NON-CLINIC OUTPATIENTS. SHE HAS MADE 13 URGENT TELECARE REFERRALS, IMPLEMENTED EQUIPMENT AND HOME ADAPTATIONS FOR 12 PATIENTS AND COMPLETED ONWARD REFERRALS FOR 15 PATIENTS ALL WHILE MAINTAINING THESE INDIVIDUALS IN THE COMMUNITY. THESE ONWARD REFERRALS HAVE BEEN FOR SERVICES SUCH AS COMMUNITY REHAB, HOMECARE, DIETETICS, DAYCENTRES, SOCIAL WORK, IMPROVING THE CANCER JOURNEY SERVICES AND EXERCISE PROGRAMMES LIKE MAGGIE'S OR VITALITY. IN THREE UNFORESEEN APPOINTMENTS, WE WERE QUERYING HOSPITAL ADMISSION ONCE THE COMPREHENSIVE GERIATRIC ASSESSMENT WAS COMPLETED. ALONGSIDE ARRANGING THINGS LIKE SAME-DAY SCANS, WOUND DRESSINGS BY OUR NURSE AND MEDICAL ASSESSMENTS FROM OUR GERIATRICIANS, THE OT WAS ABLE TO ARRANGE A RAPID RESPONSE TEAM TO VISIT EACH PATIENT AT THEIR HOME WITHIN 24 HOURS OF THE CLINIC APPOINTMENT TO ISSUE EMERGENCY EQUIPMENT, HOME ENVIRONMENT CHECKS, AHP INPUT, WALKING AIDS AND TELECARE. THESE RAPID RESPONSE TEAMS WERE BASED IN LANARKSHIRE, EAST DUNBARTONSHIRE AND RENFREWSHIRE. THESE PATIENTS AVOIDED ADMISSION INTO HOSPITAL.

WE HAVE HAD GREAT FEEDBACK FROM SERVICE USERS AND STAFF SINCE WE'VE INTRODUCED THE ROLE AND LOOK FORWARD TO SEEING WHAT ELSE WE CAN DO FOR OUR PATIENTS.

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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 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

*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



LEARNING AND SUPPORT

- THE BRITISH GERIATRICS SOCIETY (BGS) - THIS CPD ACCREDITED COURSE IS FREE FOR ALL HEALTH AND SOCIAL CARE PROFESSIONALS TO ACCESS, UNTIL JUNE 2024. WWW.BGS.ORG.UK/ELEARNING/2023-FRAILITY-IDENTIFICATION-AND-INTERVENTIONS
- COMPREHENSIVE GERIATRIC ASSESSMENT TOOLKIT FOR PRACTITIONERS WWW.BGS.ORG.UK/RESOURCES/RESOURCE-SERIES/COMPREHENSIVE-GERIATRIC-ASSESSMENT-TOOLKIT-FOR-PRIMARY-CARE-PRACTITIONERS
- ONLINE FRAILITY TRAINING. FREELY AVAILABLE (AFTER REGISTRATION) AT: WWW.ELFH.ORG.UK/PROGRAMMES/