

COPS CHRONICLE

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Contact Us



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WHAT'S NEW

- February 4th marks World Cancer Day, a global initiative to raise awareness, improve cancer care, and inspire action.

- We've made some changes since our G8 audit!

This includes:

- giving **education sessions** to clinicians re: using the G8 tool in admission notes,
- **changing the COPS page** in the admission notes to be more user friendly,
- changing the **nursing handovers** to include G8 scores and,
- placing **visual aids** re: how to refer to COPS via TRAK in all of the doctor's rooms on the wards. We hope this will make using this tool easier for all.

GERIATRICIANS:
DR SEENAN & DR COLQHOUN

CLINICAL NURSE SPECIALIST:
TRACY DOWNEY

OCCUPATIONAL THERAPIST:
CARLY ROLSTON

TOPIC OF THE MONTH - WORLD CANCER DAY & THE ROLE OF OT IN CANCER CARE

February 4th marks **World Cancer Day**, a global initiative to raise awareness, improve cancer care, and inspire action. This year, we're focusing on **the role of OT in supporting older people with cancer**, helping them maintain independence, dignity, and quality of life.

Cancer and its treatments can bring many challenges, including **fatigue, pain, reduced mobility, cognitive changes, and emotional distress**. For older adults, these challenges can make everyday activities—such as dressing, cooking, or getting out and about—feel overwhelming. That's where OT comes in. Occupational therapists work alongside patients, families, and the wider healthcare team to identify practical solutions that make daily life easier.

For some, this might mean **energy conservation strategies**—learning how to pace activities, take rest breaks, and use adaptive techniques to avoid exhaustion. Others may benefit from **home adaptations or assistive equipment**, such as grab rails, perching stools, or dressing aids, to support mobility and safety. **Cognitive strategies** can help those experiencing memory or concentration difficulties, while relaxation and mindfulness techniques may ease anxiety.

This World Cancer Day, we want to highlight how small changes can make a big difference. For more information, please reach out! Let's work together to ensure older adults with cancer get the support they need to live well, not just survive.

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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@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 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.