

COPS CHRONICLE

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Contact Us



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WHAT'S NEW

- THE COPS OT IS PRESENTING AT THE HAEMATOLOGY BEST PRACTICE EVENT AT DUNBLANE HYDRO ON 16.11.2024.
- OUR NEW PROJECT AUDITOR DILAN WILL BE STARTING IN THE COPS TEAM THIS MONTH! WE WOULD LIKE TO GIVE HER A BIG WELCOME TO THE BEATSON.
- OUR CLINICAL SPECIALIST OCCUPATIONAL THERAPIST IS TRAVELLING TO NEWPORT SW TO ATTEND THE MACMILLANS PROFESSIONALS CONFERENCE 2024. IT IS A 2 DAY LEARNING EVENT FOR ALL MACMILLAN PROFESSIONALS.
- THE COPS OT IS PRESENTING AT THE BRITISH GERIATRIC SOCIETY AUTUMN MEETING IN LONDON ON 21.11.2024.

GERIATRICIANS:
DR SEENAN & DR COLQHOUN

CLINICAL NURSE SPECIALIST:
TRACY DOWNEY

OCCUPATIONAL THERAPIST:
CARLY ROLSTON

TOPIC OF THE MONTH - WE HAVE AN IDEA!

A MASCC CENTRE OF EXCELLENCE IS A DESIGNATION GIVEN TO CANCER CARE CENTRES BY THE MULTINATIONAL ASSOCIATION OF SUPPORTIVE CARE IN CANCER (MASCC), AN ORGANIZATION THAT FOCUSES ON IMPROVING THE SUPPORTIVE CARE OF CANCER PATIENTS WORLDWIDE. THE CENTRE OF EXCELLENCE STATUS IS AWARDED TO INSTITUTIONS THAT DEMONSTRATE OUTSTANDING EXPERTISE, LEADERSHIP, AND COMMITMENT IN PROVIDING HIGH-QUALITY SUPPORTIVE CARE TO CANCER PATIENTS. WHY WOULD THE COPS SEEK OUT A MASCC ACCREDITATION? WE BELIEVE THE PROCESS & STATUS COULD DEMONSTRATE OUR COMMITMENT TO PROVIDING HIGH-QUALITY, COMPREHENSIVE CARE FOR OLDER CANCER PATIENTS. OUR SERVICE REQUIRES SPECIALIZED EXPERTISE TO ADDRESS THE UNIQUE CHALLENGES FACED BY OLDER CANCER PATIENTS, SUCH AS FRAILITY, COMORBIDITIES, & AGE-RELATED PHYSIOLOGICAL CHANGES. THIS DESIGNATION ALSO FOSTERS COLLABORATION WITH OTHER LEADING CENTRES GLOBALLY, PROMOTING ONGOING EDUCATION AND RESEARCH IN GERIATRIC ONCOLOGY. IT ENHANCES THE SERVICE'S REPUTATION, ATTRACTS MULTIDISCIPLINARY PROFESSIONALS, AND FACILITATES ACCESS TO CUTTING-EDGE RESOURCES AND TOOLS. ULTIMATELY, MASCC RECOGNITION SUPPORTS A PATIENT-CENTERED APPROACH, IMPROVING CARE COORDINATION AND EMPOWERING OLDER ADULTS TO NAVIGATE CANCER TREATMENT MORE EFFECTIVELY AND WITH GREATER CONFIDENCE. WHO'S WITH US?!

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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:

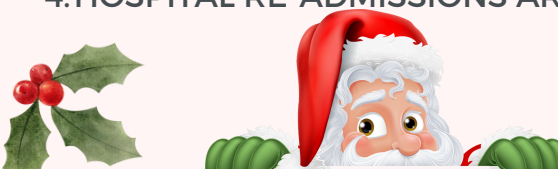
1. PATIENT OUTCOMES ARE IMPROVED
2. PATIENTS ARE MORE LIKELY TO COMPLETE TREATMENT AND EXPERIENCE LESS SEVERE TOXICITIES
3. THE PATIENT AND TEAM PRODUCE PROBLEM LISTS AND DEVELOP GOAL-DRIVEN INTERVENTIONS TO TACKLE THESE.
4. HOSPITAL RE-ADMISSIONS ARE REDUCED.

THE G8 GERIATRIC SCREENING TOOL

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

• 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.



COPS are taking part in a Christmas 'SHOEBOX APPEAL' for older people in Howwood & Johnstone
For those that want to donate - please drop items into the COPS office before 30/11/2024.

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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



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.