

COPS CHRONICLE

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Contact Us



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WHAT'S NEW

- THE COPS TEAM ARE PRESENTING AT THE BRITISH GERIATRICS SOCIETY 2024 SCOTLAND AUTUMN MEETING ALONGSIDE MAGGIES GLASGOW.
- OUR NEW OCCUPATIONAL THERAPY ASSISTANT PRACTITIONER AISWARYA 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 MANCHESTER TO ATTEND **THE UKASCC SUPPORTIVE ONCOLOGY CONFERENCE 2024**. IT IS A 3 DAY LEARNING EVENT PUT ON BY THE CHRISTIE NHS FOUNDATION TRUST

GERIATRICIANS:
DR SEENAN & DR COLQHOUN

CLINICAL NURSE SPECIALIST:
TRACY DOWNEY

OCCUPATIONAL THERAPIST:
CARLY ROLSTON

TOPIC OF THE MONTH - SUPPORTIVE ONCOLOGY SERVICES

SUPPORTIVE ONCOLOGY SERVICES, SUCH AS COPS, ARE SPECIALIZED CARE PROGRAMS DESIGNED TO HELP CANCER PATIENTS MANAGE THE PHYSICAL, EMOTIONAL, AND PSYCHOLOGICAL CHALLENGES ASSOCIATED WITH CANCER AND ITS TREATMENT. THESE SERVICES AIM TO IMPROVE THE QUALITY OF LIFE FOR PATIENTS BY ADDRESSING A RANGE OF ISSUES, INCLUDING: SYMPTOM MANAGEMENT, PSYCHOSOCIAL SUPPORT, CARE COORDINATION, REHABILITATION SERVICES, AND PALLIATIVE CARE. IN OUR CASE, WE LOOK AT THEMES SURROUNDING OLDER PEOPLE WHILE ON CANCER JOURNEYS AND RECENTLY THESE HAVE INCLUDED ISSUES SUCH AS INCREASED VULNERABILITY, COMPREHENSIVE CARE NEEDS, ASSISTANCE WITH NAVIGATING HEALTHCARE SYSTEMS, EMOTIONAL AND PSYCHOLOGICAL SUPPORT AND POLYPHARMACY REVIEWS. SUPPORTIVE ONCOLOGY IS OFTEN INTEGRATED WITH OTHER CANCER TREATMENTS AND CAN BE BENEFICIAL AT ANY STAGE OF THE DISEASE. THE GOAL IS TO ENHANCE THE OLDER PERSON'S OVERALL WELL-BEING AND SUPPORT THEM DURING THEIR TREATMENT JOURNEY. DURING THE UKASCC LEARNING EVENT, CARLY WILL TAKE PART IN SESSIONS SPECIFICALLY DESIGNED FOR GERIATRIC ONCOLOGY SERVICES AS WELL AS TAKE PART IN SESSIONS ABOUT THE ROLE OF ALLIED HEALTH PROFESSIONALS (AHPS) WITH A SPECIFIC OCCUPATIONAL THERAPIST SESSION. FROM THERE, WE LOOK FORWARD TO INTEGRATING NEW IDEAS INTO OUR TEAM, AS IT GROWS, AND NETWORKING WITH OTHER LIKE-MINDED SERVICES ACROSS THE COUNTRY.

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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/