

Empowering Cancer Care for Older Adults: The Role of Occupational Therapy in Tackling Health Inequities



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Introduction

Older adults with cancer face significant health inequities, including reduced access to rehabilitation, increased frailty, and challenges in maintaining independence during treatment. Cancer trials are often not geared towards older adults, resulting in cancer treatments that may not be suitable for this cohort. Consequently, many older patients experience the compounded challenge of receiving treatments that do not align with their unique physical and functional needs.

COPS was established to tackle these barriers by offering integrated, multidisciplinary, person-centred care – a ‘one stop shop’ model based on similar services trail blazing cancer care for older adults in England. Through education and workplace learning, our team continually adapts to address the evolving needs of this population. Currently COPS provides a growing outpatient service as well as in-depth inpatient support to all of the inpatient wards at the Beatson, while also hosting a weekly MDT to coordinate and strategize this inpatient care.

Our work embodies the belief that learning for change, both for staff and patients, is central to reducing health inequities. Our ongoing development underscores the importance of shared decision-making and collaborative practice in addressing the multifaceted challenges faced by older adults with cancer.

Methods

An advanced practitioner occupational therapist, an occupational therapy assistant practitioner and a project auditor was embedded within the onco-geriatric team, alongside two geriatricians and a clinical nurse specialist, to assess and address the functional, cognitive, and psychosocial needs of older adults and to enhance rehabilitation, promote functional independence, and support emotional well-being. Through education, training, and clinic sessions, OT interventions were delivered to patients, caregivers, and healthcare professionals, covering things like frailty assessment tools, multidisciplinary working, and comprehensive geriatric assessments. Data taken as a quarterly snapshot (December 2025 to February 2025) was collected on referral trends, patient satisfaction, and staff learning experiences to evaluate service impact.



Results: Outpatients

Outpatient Capacity

In response to increasing demand, our outpatient service expanded from a single geriatrician-led clinic to include an additional OT/nurse-led outpatient clinic- which has **presented a 92% attendance rate!** Following this change, we observed a 37% increase in the number of outpatients seen, while doubling clinic capacity.

- This expansion has contributed to:
- **Reduced outpatient wait times**, allowing more timely assessment and intervention.
 - **Improved access to person-centred, holistic support** for older adults with cancer.
 - **Optimised use of geriatrician time**, with appropriate cases seen by allied health professionals.

Based on these positive outcomes, a second OT/nurse-led clinic is scheduled to launch, meaning OT/nurse-led outpatient clinics will run twice weekly (Monday and Friday) in addition to the ongoing geriatrician-led clinic (Thursday). This is expected to further increase capacity and continue reducing outpatient waitlists.



Patient Voice: Outpatient Feedback

Occupational Therapy involvement in COPS outpatient clinics has had a significant impact on patient and carer experience. All respondents (n=40) reported feeling involved in shared decision-making and would recommend the service to others living with cancer. Of those patients, 70% received direct COPS OT input.

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My initial reason behind the appointment was to discuss potential bathroom adaptations. Nonetheless, a thorough discussion with the OT about my daily activities unlocked doors to a range of different themes

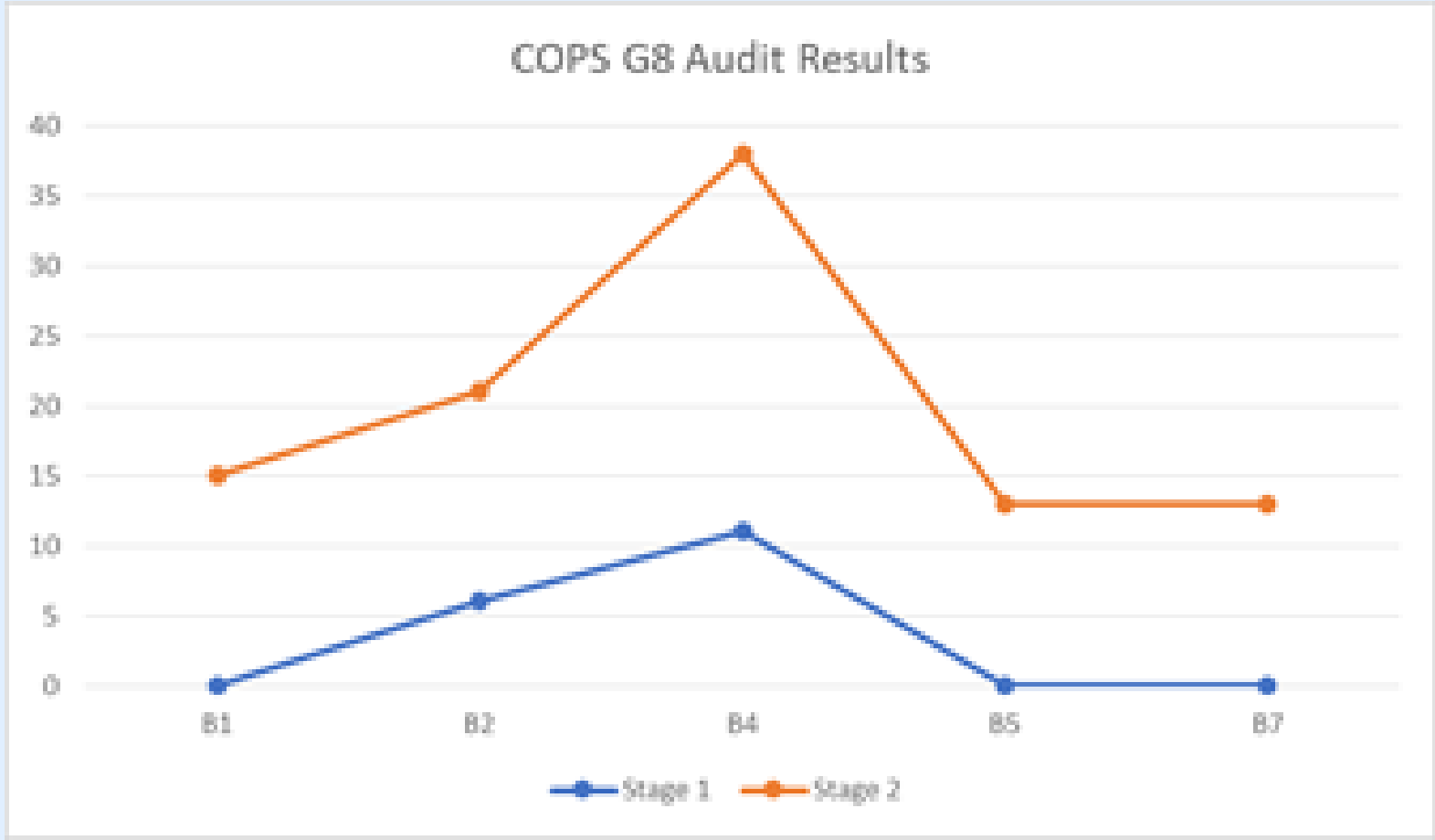
I wish that I'd known about them before... clinicians are focused on your treatment and not the rest of what is happening due to treatment.
”

Patients and carers valued holistic, person-centred input that extended beyond clinical treatment to emotional wellbeing, equipment and home adaptations, independence at home, and links with community services. These insights highlight how OT-led support can address unmet needs in cancer care, promoting health equity for older people through improved access, advocacy, and support.

Results: Inpatients

Inpatient Systems Change: G8 Audit and Education

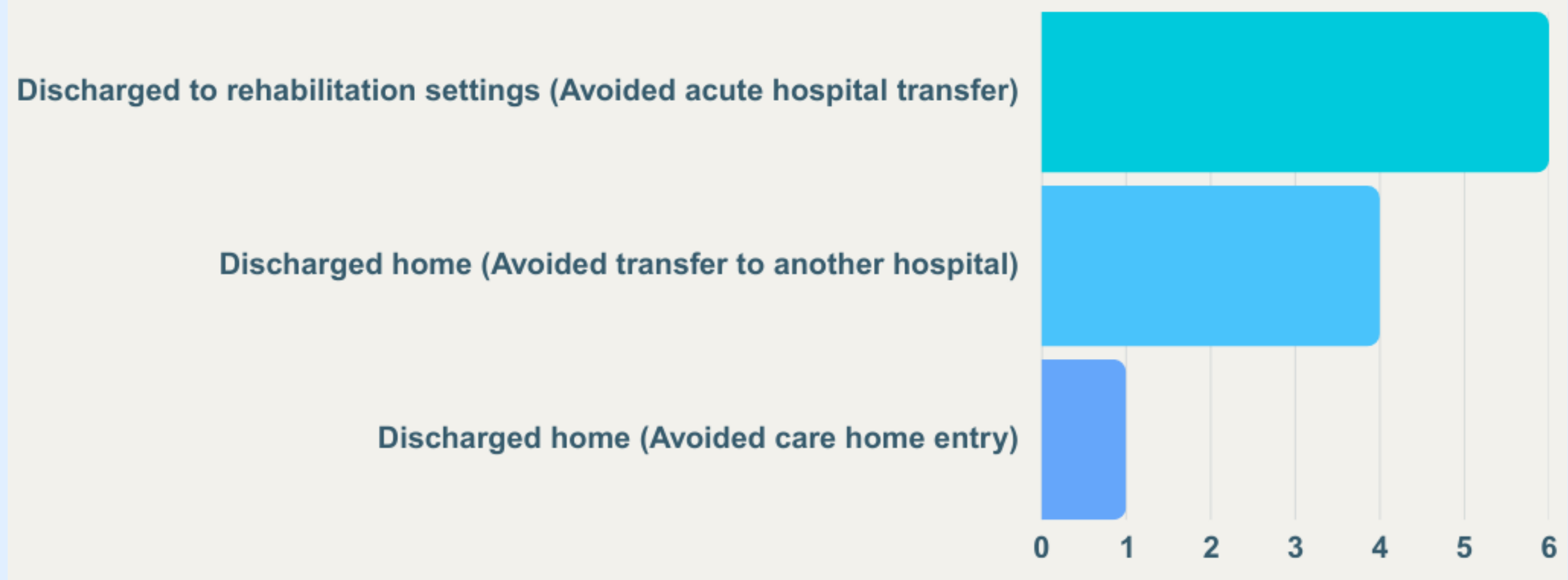
A baseline audit of G8 Frailty Screening Tool use within medical admission notes revealed less than 1% of G8s were being filled out amongst the inpatient wards. In response, we delivered targeted education sessions to Ward Doctors and Advanced Nurse Practitioners (ANPs), highlighting the importance of these frailty assessments for each patient over 65 years of age and how completed G8 scores would trigger early intervention from COPS.



Following the intervention, a re-audit showed a 17% increase in documented G8 screenings. To further support uptake, the G8 form was redesigned with clearer language, instructions, and placed in a new location to make it more user-friendly and clinically relevant. The updated version is due for release next month, with an anticipated further increase in uptake once implemented.

This reflects how education and workplace learning can rapidly influence practice change, enhancing early identification of frailty and improving timely access to OT and MDT input.

Inpatient MDT Impact: Improving Patient Flow and Discharge Outcomes



A retrospective review of the weekly COPS MDT meeting (led by our clinical nurse specialist and includes consultant geriatricians, physiotherapists, occupational therapists, palliative care specialist nurses and spiritual care), between November 2024 and January 2025 evaluated the impact of interdisciplinary decision-making on patient flow and care outcomes. 54 patients were discussed, across 101 case discussions. **20% of patients were discharged to more appropriate destinations in line with their care needs and wishes (as above).**

These results underscore the value of a collaborative, geriatric-informed MDT approach, ensuring older adults with cancer receive timely, appropriate, and coordinated care — a direct reflection of learning-driven service development.

Conclusion

Across outpatient, inpatient, and team-based settings, our service demonstrates how embedding OT and geriatric principles into cancer care can reduce health inequities, promote person-centred practice, and support sustainable service transformation through education and workplace learning. From improving patient experience to enhancing discharge planning and introducing systemic change, this model reflects the conference theme: Learning for Change.

Acknowledgements

For all references and data captured above – please email ggc.cops@nhs.scot