

action, published in 2012. The correspondent is correct to highlight the potential implications on community services by promoting rapid discharge from hospital, an issue which has not yet been audited at Salford Royal Foundation Trust. We also agree with the correspondent's concern that length of stay and discharge rates should not be the primary objective of any hospital service. The main aim of the COPE zone is to improve the quality of care for older people admitted to hospital by providing timely multidisciplinary comprehensive geriatric assessment, an outcome which has been better achieved by this service redevelopment strategy. The British Geriatric Society states that 'geriatricians have a responsibility to engage in the acute medical care of older people through participation, development of innovative services, and education'.<sup>2</sup> Bringing geriatrician input earlier into the patient journey is a core priority backed by national guidance.<sup>2,3</sup> ■

JOANNE TAYLOR

Geriatric medicine specialist registrar,  
East Lancashire Hospitals NHS Trust

OLIVER S GAILLEMIN

Consultant Physician in Acute Medicine,  
Salford Royal Foundation Trust, Salford, UK

JENNIFER FOX

Consultant Geriatrician, Salford Royal Foundation Trust,  
Salford, UK

- 1 Taylor JK, Gaillemine OS, Pearl AJ, Murphy S, Fox J. Embedding comprehensive geriatric assessment in the emergency assessment unit: the impact of the COPE zone. *Clin Med* 2016;16:19–24.
- 2 Conroy S, Cooper N. *Acute Medical Care of Elderly People*. British Geriatrics Society good practice guideline 44. London: BGS, 2010.
- 3 Future Hospital Commission. *Future hospital: caring for medical patients*. London: Royal College of Physicians, 2013.

Editor – We read Taylor *et al's* article (*Clin Med* 2016;16:19–24) with keen interest. The article mentions, that at the time of writing, the authors were unaware of similar service configurations in the UK.

Musgrove Park Hospital, Taunton opened up an Older Persons Assessment and Liaison (OPAL) unit in November 2015. Our unit appears similar to the COPE zone. OPAL is a 12-bedded unit within a 51-bedded acute medical admissions unit (AMU). We have a comparable multidisciplinary team structure and twice daily board rounds. We identify patients aged over 75 years for the unit who have markers of frailty. We agree with the authors that it is difficult to create validated basic screening tools and current practice often relies on clinical discretion. Frail older patients who are transferred to a non-OPAL bed are also referred and assessed by our team. We have analysed our data for the first 2 months of working and found similar direct discharge home percentages from OPAL to the article data. Interestingly, post OPAL commencement, our average length of stay of patients treated in an OPAL

unit bed reduced from 9.7 to 5.8 days in the over 75-year-olds. We note that, unlike the article, we had no formal daily geriatrician input to AMU prior to OPAL initiation. In line with the COPE zone, we currently provide a 5-day service but plan to expand to a 7-day service.

We think that this shows that the benefits are reproducible and would encourage other hospitals to consider such a service. ■

HELEN WOOD

Specialist registrar geriatric medicine, Musgrove Park Hospital,  
Taunton, UK

RACHAEL WARD

Core medical trainee, Musgrove Park Hospital, Taunton, UK

VIKKY MORRIS

Consultant geriatric medicine, Musgrove Park Hospital,  
Taunton, UK

PETER CAMPBELL

Consultant geriatric medicine, Musgrove Park Hospital,  
Taunton, UK

## Response

Editor – We thank the correspondents for their letter regarding our recent article *Embedding comprehensive geriatric assessment in the emergency assessment unit: the impact of the COPE zone*.<sup>1</sup> We share the correspondents' enthusiasm for service development projects aimed at improving the care of frail older people admitted to hospital through timely multidisciplinary team input and comprehensive geriatric assessment (CGA). The discrepancies in care received by older people under traditional hospital systems are well documented. The move towards bringing CGA to the 'front door' is backed by guidance published by the both the Royal College of Physicians and the British Geriatric Society.<sup>2,3</sup> It is encouraging to see similar positive results in other hospitals. ■

JOANNE TAYLOR

Geriatric medicine specialist registrar,  
East Lancashire Hospitals NHS Trust

OLIVER S GAILLEMIN

Consultant Physician in Acute Medicine,  
Salford Royal Foundation Trust, Salford, UK

JENNIFER FOX

Consultant Geriatrician, Salford Royal Foundation Trust,  
Salford, UK

- 1 Taylor JK, Gaillemine OS, Pearl AJ, Murphy S, Fox J. Embedding comprehensive geriatric assessment in the emergency assessment unit: the impact of the COPE zone. *Clin Med* 2016;16:19–24.
- 2 Future Hospital Commission. *Future hospital: caring for medical patients*. London: Royal College of Physicians, 2013.
- 3 Conroy S, Cooper N. *Acute Medical Care of Elderly People*. British Geriatrics Society good practice guideline 44. London: BGS, 2010.