

COPS CHRONICLE

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Contact Us



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WHAT’S NEW

COPS Patient Story Featured at the NHS GGC Board Meeting

Our service was recently highlighted through a patient testimonial that was shared at the October 2025 meeting of the NHS Greater Glasgow and Clyde Board. This powerful story reflects the impact of the COPS and the value of comprehensive geriatric assessment in supporting older adults through cancer treatment.

If interested, you can watch the testimonial [HERE](#).

Join Us in Supporting the Be a Santa Christmas Appeal

We are supporting the Home Instead **“Be a Santa” campaign** for older adults in our community. Please drop a small gift into our festive collection box outside the COPS office. Thoughtful donations could include cosy winter items, activity gifts like puzzle books, a small treat such as sweets or biscuits, something festive for the season, or a simple keepsake that can bring joy. For more information **[CLICK HERE](#)**.

GERIATRICIANS: DR SEENAN & DR ADREES	CLINICAL NURSE SPECIALIST: TRACY DOWNEY	OCCUPATIONAL THERAPIST: CARLY ROLSTON
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TOPIC OF THE MONTH: REFLECTIONS FROM SIOG 2025 + CELEBRATING TWO YEARS OF COPS OT INNOVATION

In November we travelled to Ghent to present our poster on the impact of embedded OT within COPS. It was a fantastic opportunity to highlight our work and engage with international leaders in geriatric oncology. The scientific programme reinforced exactly why our model at the Beatson is so important. Friday’s plenary showcased comprehensive multidisciplinary services from Toronto, the Netherlands, South India, the Royal Marsden and the United States. These teams highlighted the same themes we see daily in COPS: **the need for early functional assessment, integrated pathways, and specialist input woven directly into oncology care**. It was clear that international services are moving towards what we already have in Glasgow, with a geriatric oncology model that delivers practical and meaningful outcomes for older adults.

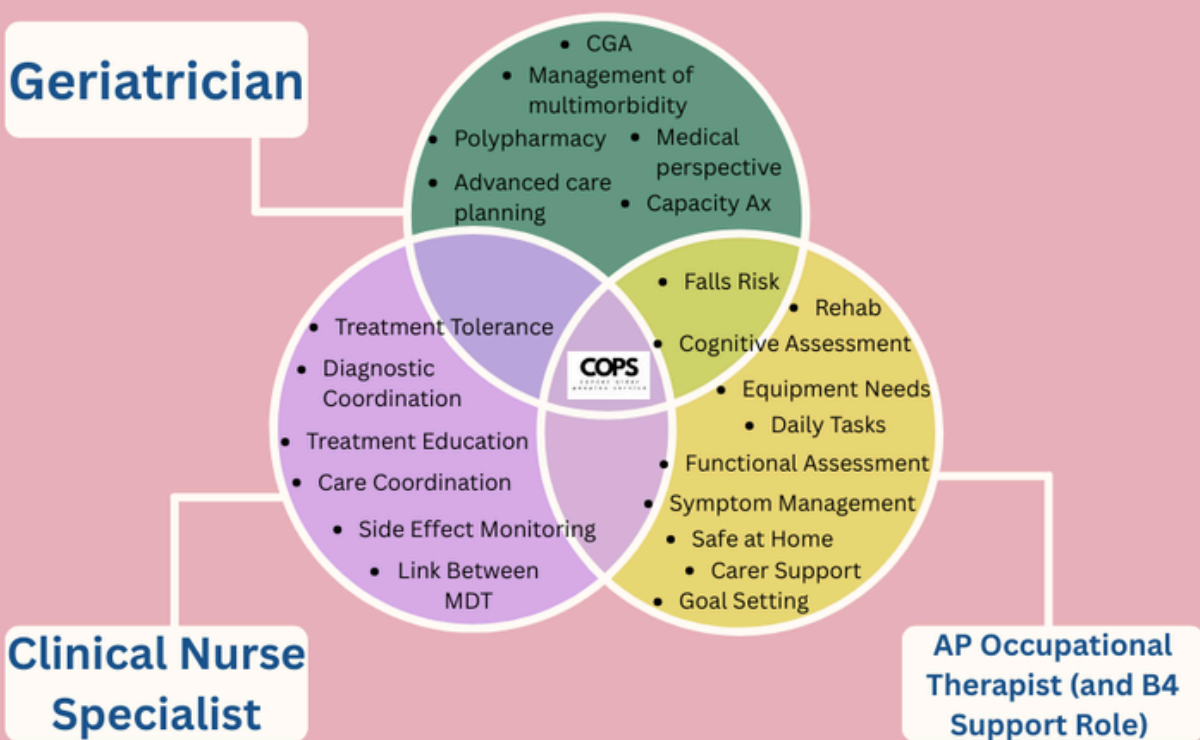
Sessions throughout the conference focused on geriatric assessment, personalised decision-making, overtreatment and undertreatment, ethical inclusion of people with dementia, and the essential role of caregiver support. These ideas mirror our COPS practice and reflect the conversations we hold every day in clinics and on the wards. Saturday’s programme on exercise, prehabilitation and technology validated our focus on mobility, fatigue and functional wellbeing. The palliative and supportive care session underscored the importance of early supportive input and navigation, which are integral parts of our MDT approach.

Across the conference one message stood out: **the future of cancer care for older adults relies on embedded, function-focused multidisciplinary teams who can support both inpatients and outpatients holistically**. That is exactly what the Beatson has built. Our service now offers clinical assessment, functional rehabilitation, medication optimisation, fatigue and symptom management, treatment adherence support, patient and family education, and training for staff across the organisation. For a small team, we are very proud of what we have built and what we have been able to offer.

As we approach the end of our two-year Macmillan-funded project, it feels important to recognise how far we have come. In a short time we have grown into a cohesive and dynamic MDT, progressed an already established service by introducing a new specialist Occupational Therapy facet, generated meaningful data, influenced practice, and delivered care that genuinely improves outcomes for older adults with cancer. We are incredibly proud of what has been achieved together and grateful for the trust and support that allowed this work to develop so quickly. Although the formal project period is coming to a close, the impact and learning from this work will carry forward into whatever comes next.

CANCER OLDER PEOPLES SERVICE COPS CHRONICLE

Comprehensive Geriatric Assessment: Enhancing Cancer Care through MDT Collaboration



The G8 screening tool helps identify older cancer patients who may benefit from a CGA. At COPS, CGAs are holistic and include review of frailty, physical function, mobility, cognition, mental health, polypharmacy, and social factors. This helps us develop a personalised care plan based on what matters most to the patient, with regular reviews to ensure each aspect of care is followed through.

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.
1. 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.

G8 questionnaire		
	Items	Possible answers (score)
A	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
B	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
C	Mobility	0 : bed or chair bound
		1 : able to get out of bed/chair but does not go out
		2 : goes out
D	Neuropsychological problems	0 : severe dementia or depression
		1 : mild dementia or depression
		2 : no psychological problems
E	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
F	Takes more than 3 medications per day	0 : yes
		1 : no
G	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
H	Age	0 : >85
		1 : 80-85
		2 : <80
TOTAL SCORE		0 - 17

A **threshold** is suggested at **14 points**, meaning that a patient with a **score of 14 or lower** should undergo **full geri-evaluation**.

CANCER OLDER PEOPLES SERVICE COPS CHRONICLE

HOW TO REFER TO THE COPS TEAM:

INPATIENTS: All referrals to be done on Trakcare.

**Beatson WOS Cancer Centre Patients Only*

ITEM LOCATION: CANCER OLDER PEOPLES SERVICE

*THERE ARE POSTERS TO ASSIST WITH THIS IN EACH DOCTOR'S ROOM

Please use the G8 screening tool (found in the **medical admission notes**) for every patient aged 65 years and older. A score of 14 or below indicates the need for further assessment. Please refer to the COPS team as soon as possible.



OUTPATIENTS:

The new Sci Gateway referral pathway has been paused. Please return to emailing ggc.cops@nhs.scot with all outpatient referrals. Thank you.

If you would like to discuss a referral, please email GGC.COPS@nhs.scot and we can assist you.

Please ensure patients meet the referral criteria below, which help identify those who will benefit most.



PATIENT CRITERIA & WHAT WE DO

Referral Criteria

1. A patient **over 65 who attends (or previously has attended) 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.