

CANCER OLDER PEOPLES SERVICE

COPS CHRONICLE

FEBRUARY 2026 - ISSUE 22

WEST OF SCOTLAND CANCER CENTRE and Clyde Partnership Service

CANCER OLDER PEOPLE'S SERVICE
SUPPORTING OLDER PEOPLE WITH CANCER
ACROSS THEIR TREATMENT JOURNEY
REFERRAL INFORMATION FOR CLINICAL NURSE SPECIALISTS

WHO ARE WE AND WHAT IS PROVIDED?

A multidisciplinary onco-geriatric service for patients aged 65 and over with cancer and complex needs. Working alongside CNSs to support frailty, function and quality of life. COPS is a supportive oncology and haematology service for older adults with cancer who have frailty, comorbidities or functional concerns that may impact treatment, recovery or quality of life.

Refer if a patient needs:

- Comprehensive Geriatric Assessment (CGA)
- Occupational Therapy, Geriatric Medicine + Specialist Nursing
- Focus on function, cognition, symptoms, mobility, mood, polypharmacy and social support
- Can see patients before, during or after cancer treatment

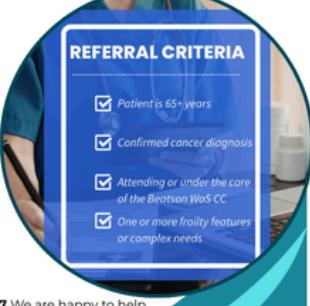
WHEN SHOULD I REFER?

HAS YOUR PATIENT HAD ANY...

- Falls or near misses
- Reduced mobility or fatigue
- Cognitive changes or delirium
- Struggling with ADLs
- Treatment side effects impacting function
- Anxiety, low mood or carer strain
- Frequent admissions or delayed recovery
- Polypharmacy concerns
- Equipment needs
- Symptom management needs

REFERRAL PROCESS:

- Unsure if you should refer? Call us on 0141 301 9926/7137 We are happy to help.
- Outpatient clinic appointments are at the **Tom Weldon Building** at the Beatson WoS Cancer Centre
- Please send all referrals to ggc.cops@nhs.scot with patient information and overview of complex needs



Contact Us



4TH FLOOR ROOM 30
BEATSON WEST OF SCOTLAND
CANCER CENTRE GLASGOW G12 0YN
TEL: 0141 301 9926 / 7137
EMAIL: GGC.COPS@NHS.SCOT

TOPIC OF THE MONTH: DIGNITY ACTION MONTH. PUTTING COMPASSION INTO EVERYDAY PRACTICE

February marks **Dignity Action Month**, a national initiative led by the **Dignity in Care Campaign** that encourages health and social care professionals, patients, families and communities to reflect on what dignity, respect and compassion look like in everyday practice. While dignity is a core professional value across healthcare, this month provides a timely opportunity to pause and consider how it is actively upheld, particularly for older people living with complex health needs.

The 2026 theme, **“Three Little Deeds”**, highlights the importance of small, intentional actions that can have a significant impact on someone's experience of care. These might include taking time to listen without interruption, involving someone meaningfully in decisions about their care, offering reassurance during moments of uncertainty, or acknowledging the emotional impact of illness alongside physical symptoms. In busy clinical environments, these acts can sometimes feel secondary to task-focused care, yet they are often what patients and families remember most.

For older adults with cancer, dignity is closely linked to autonomy, identity and feeling heard. Many individuals experience functional decline, frailty, cognitive changes or increasing reliance on others during their cancer journey. Preserving dignity means recognising the whole person behind the diagnosis, understanding what matters most to them, and supporting their independence and preferences wherever possible.

Within the Cancer Older People's Service, we aim to embed this into everyday practice through comprehensive geriatric assessment, shared decision-making and multidisciplinary working. This includes supporting people to maintain function and meaningful roles, addressing symptoms that affect confidence and quality of life, and facilitating conversations that balance treatment decisions with individual goals and values. It also means recognising the emotional labour carried by patients, carers and staff, and responding with empathy, clarity and respect.

Dignity Action Month also reminds us that dignity extends beyond patient care. Creating environments where staff feel valued, supported and able to raise concerns is essential to delivering compassionate care. When teams feel psychologically safe and respected, they are better placed to extend the same principles to those they care for. As we move through February, we invite colleagues to reflect on their own **“three little deeds”**. Just small, achievable actions that promote dignity in daily interactions. These might be moments of kindness, clear communication, or advocacy for someone whose voice may otherwise go unheard. While the campaign lasts a month, the values it represents are central to high-quality care all year round.

WHAT'S NEW

Quality Improvement Manuscript for Age & Ageing

As part of the legacy phase of the COPS Service Design Project, we are preparing a Quality Improvement manuscript for submission to **Age and Ageing**. This is the international, peer-reviewed journal of the British Geriatrics Society renowned for clinical, service and applied ageing research. For more info on them, [please click here](#).

New COPS Information Poster

We've created a new info poster for our CNS colleagues, one of our biggest referrer groups into COPS! This will be shared via email but we can also print them. If anyone else would like a COPS info poster for their area, please get in touch.

Marie Curie Conference

The **Marie Curie Research into Practice Conference** will take place online in the week commencing 23-26 February 2026, showcasing the latest evidence, service innovation and research in palliative and end-of-life care. This **free event** brings together practitioners, researchers and policy makers to support translation of evidence into practice and improve care for people at the end of life.

GERIATRICIANS:

DR SEENAN & DR ADREES

CLINICAL NURSE SPECIALIST:

TRACY DOWNEY

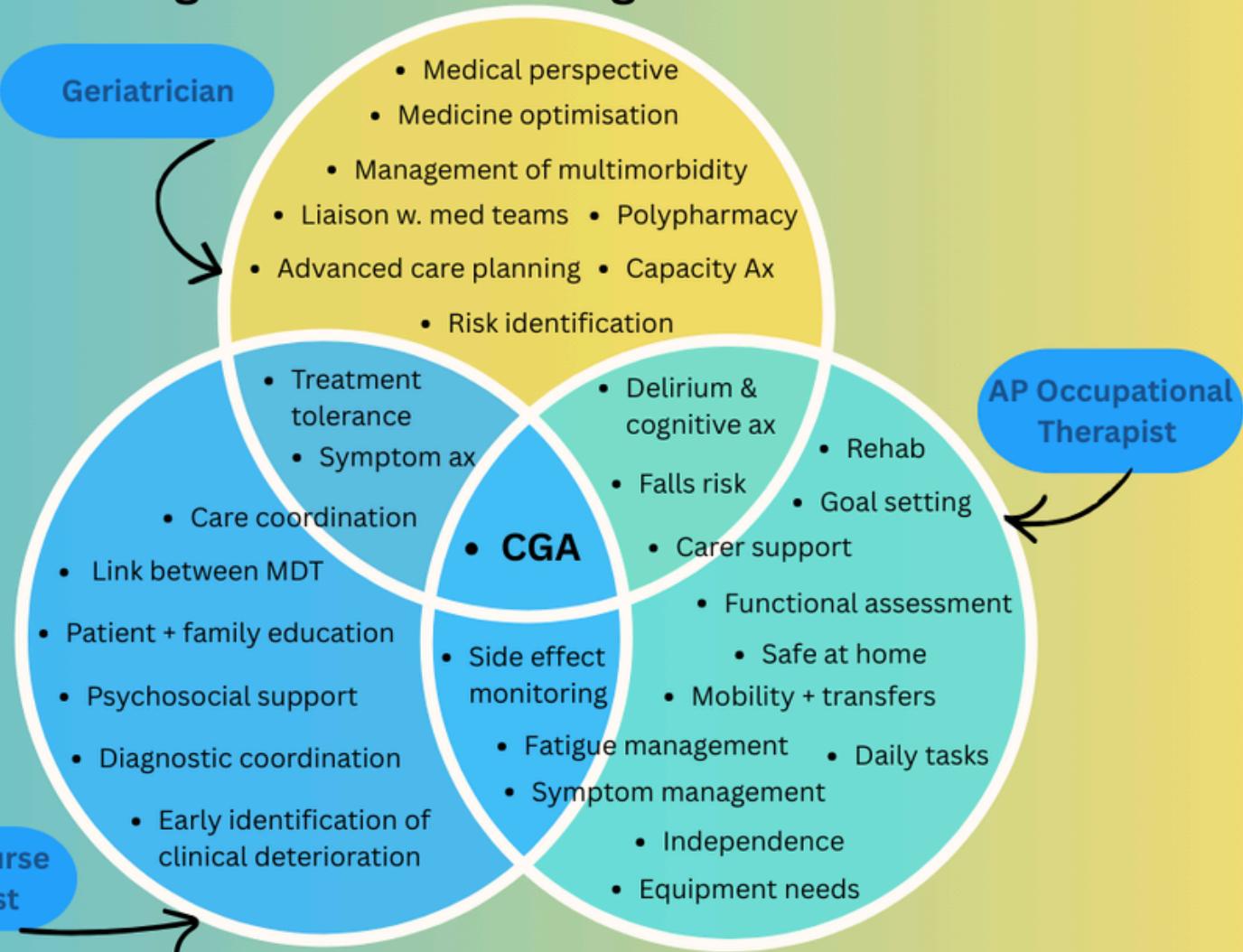
OCCUPATIONAL THERAPIST:

CARLY ROLSTON

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Comprehensive Geriatric Assessment: Enhancing Cancer Care through MDT Collaboration



The G8 screening tool helps identify older people with cancer who may benefit from a CGA. At COPS, CGAs are holistic, considering frailty, function, mobility, cognition, mental health, medications, and social factors to develop a personalised care plan based on what matters most 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**.

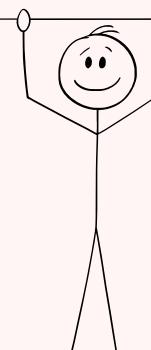
THE G8 GERIATRIC SCREENING TOOL

The total **G-8 score** lies between **0 and 17**.

A **higher** score indicates a **better** health status.

Not sure if your patient would benefit from CGA? A G8 frailty screen is a great starting point. COPS is happy to support, if you need.

YOU CAN DO IT



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

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

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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. Aged 65 and over
2. Attending the Beatson West of Scotland Cancer Centre (BWoSCC), **including umbrella clinics**, with a confirmed cancer diagnosis,
3. Patients presenting with **one or more frailty characteristics or complex comorbidities**, including:
 - Challenges with **activities of daily living** (ADLs)
 - **Falls** or high falls risk
 - Reduced or declining **mobility**
 - **Delirium**, cognitive change, or memory concerns
 - **Continence** issues
 - Treatment-related **side effects** impacting function
 - **Anxiety** or psychological distress affecting engagement or care
 - Palliative or supportive **care needs**
 - **Equipment** or environmental adaptation needs

A 'one-stop shop' supportive oncology and haematology service for older people with cancer and frailty. Our multidisciplinary onco-geriatric team provides holistic assessment and support, including medical review, symptom management, polypharmacy review, social support, equipment provision, and onward referral to hospital- and community-based services. We can see patients at any point in their cancer journey, including before, during, or after treatment, to support function, safety, and quality of life.