

COPS CHRONICLE

MARCH 2026 - ISSUE 23



**Inspiring Excellence –
Nursing Innovation and
Research Award
Finalists**



Contact Us



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WHAT'S NEW

1 RCN Scotland Inspiring Excellence - Nursing Innovation and Research Award

We're delighted that our Clinical Nurse Specialist, Tracy Downey, has been nominated for the [RCN Scotland Inspiring Excellence: Nursing Innovation and Research Award 2026](#), recognising her contribution to innovation and improvement within the COPS service. Way to go Tracy!!

🍰 World Delirium Awareness Day

COPS will host a **World Delirium Awareness Beatson Bake Off on 11 March**. Communications have been shared via email and ward posters across the Beatson site. Please contact us with any questions.

🔗 New Outpatient Referral Pathway

COPS is trialling a new SciGateway outpatient referral pathway for [Acute and Regional Sector referrers](#). Primary Care should continue using the existing email referral system. See pg 3 for details.

📄 Advancing the Art of Patient Care Meeting

Congratulations to Oncology Physiotherapist Katie Booth, presenting 'Prepping with Prehab' - work around improving the pre-transplant OT/PT allogenic transplant pathway at the QEUH Bone Marrow Transplant Unit at the 52nd EBMT Annual Meeting in Madrid, 22-25 March 2026. Well done!

GERIATRICIANS:

DR SEENAN & DR ADREES

CLINICAL NURSE SPECIALIST:

TRACY DOWNEY

OCCUPATIONAL THERAPIST:

CARLY ROLSTON

TOPIC OF THE MONTH:

NEW SCOTTISH POLYPHARMACY GUIDANCE (2026-2029) - FRAILTY AND OLDER ADULTS

The Scottish Government has recently released updated [Polypharmacy Guidance: Appropriate Prescribing - Making Medicines Safe, Effective and Sustainable \(2026-2029\)](#). ➡ Click to read. Of particular relevance to the Cancer Older People's Service is **Chapter 5: Frailty and the Older Adult**, which emphasises that frailty significantly alters how medicines are tolerated and how treatment decisions should be made.

The guidance highlights that older adults living with frailty are more vulnerable to **adverse drug reactions, delirium, falls, and functional decline**, particularly where multiple medicines or drugs with anticholinergic or sedative effects are prescribed. As physiological reserve declines, medicines that were previously beneficial may become harmful or no longer align with a person's current health priorities.

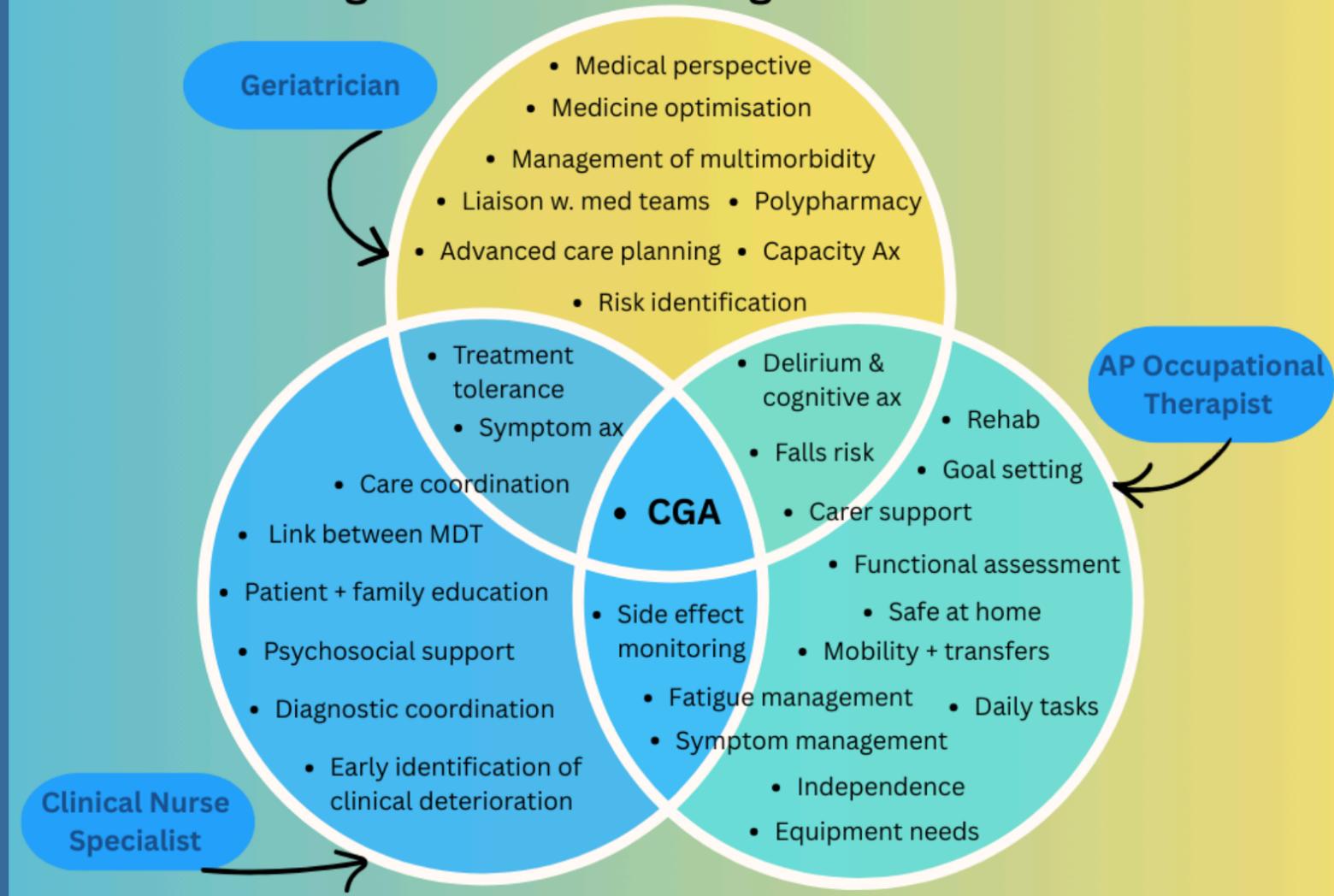
The guidance reinforces the use of the **7-Step Medication Review**, encouraging clinicians to regularly reassess treatment goals, review ongoing need for medicines, and consider both benefits and harms within the context of frailty, multimorbidity, and changing clinical circumstances. Importantly, it highlights that medication review should include consideration of **function, cognition, mobility and treatment burden**, rather than focusing solely on disease-specific targets.

Several case studies within the guidance (including **9.1, 9.2, 9.6 and 9.11**) demonstrate how applying the 7-step process in complex older adults can identify medicines contributing to **falls risk, confusion or reduced independence**, and support safe deprescribing where appropriate.

For services such as COPS, this guidance reinforces the importance of **frailty-informed medication review within Comprehensive Geriatric Assessment**, supporting multidisciplinary decision-making and helping ensure medicines support, rather than hinder, older people's ability to function and maintain independence during cancer treatment.

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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**.

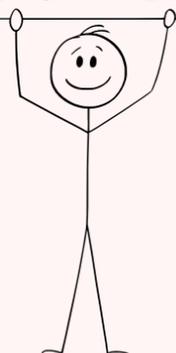
THE G8 GERIATRIC SCREENING TOOL

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: Referrers from ACUTE NHS GGC -

PLEASE SEND ALL REFERRALS IN VIA SCIGATEWAY BEGINNING 16/03/2026



**This referral is located under West Glasgow and it is called 'NPC Cancer Older Peoples Srvc'*

Primary Care Referrers: 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.