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Introduction

An estimated 11% of patients have dementia prior to a cancer diagnosis (Ornstein et al. 2020). These patients have poorer cancer treatment outcomes compared to those without dementia (Hopkinson et al. 2016). Cancer Memory Mate developed from our previous research (Hopkinson et al. 2020) is a specially trained oncology professional who offers advice and resources to support safe cancer treatment in someone with a memory problem, a common symptom of dementia. The aim of this project was to explore the obstacles and enablers influencing implementation of Cancer Memory Mate in a cancer centre in South Wales, UK.

Methods

- Cancer Memory Mate was launched on 30th September 2020.
- Data was collected in September 2020 pre launch and from October 2020 to May 2021 post launch.
- Nonparticipant observations during clinical consultations were conducted pre launch (n=3) and post launch (n=7).
- Semi-structured interviews were conducted with oncology staff pre launch (n=9) and post launch (n=28).
- Field notes were written, and typed up in Microsoft Word.
- Data were analysed in NVivo 12 based on the Normalisation Process Theory (NPT) framework of Duke et al. (2020).

Coherence

In NPT, coherence refers to participants' understanding and sense making of an intervention. Shared understanding and purpose are necessary for implementing new interventions. Regarding Memory Mate, staff described its aims and benefits, indicating some level of coherence and shared sense of purpose. However, staff working in distinct roles and specialties described different elements of Memory Mate, implying that they might focus on these features in their practice.

Memory Mate can help *"identifying anyone with memory loss"*. (N11)

Memory Mate is a *"support mechanism for the patient"*. (N7)

Memory Mate is not the person that manages the memory problem, but a *'Sign poster.'* (N6)

Cognitive participation

Cognitive participation refers to participants' commitment towards and engagement with a new intervention. Twenty-four staff members signed up to become Memory Mates, indicating their willingness to engage.

HA1 says that there are Memory Mates in all departments now. Even in domestics and catering.

However, having the time to invest into the Memory Mate role besides staff's other duties might be an issue longer term.

N11 highlighted that they spent *"limited time with the patient to intervene"* and that *"the only thing we can do is signpost"*.



Memory Mate resources include a patient booklet, staff checklist, and information leaflets. The patient booklet contains a memory questionnaire, treatment plan and medicine checker.

Collective action

Collective action relates to the work participants do to make a new intervention work. Staff in the cancer centre aimed to provide the best care possible for people affected by cancer, and interviewees were positive that Memory mate would be widely used as everyone wanted to help.

N9 said that he thought Memory Mate would be easy to roll out, because healthcare professionals in the cancer centre want to help.

Memory Mate is also compatible with some services, as the impact of memory issues on cancer treatments has been identified in some specialties.

If someone has a known cognitive impairment then they will be given the same treatment time every day. If it is not known then they will not be given appointments at the same time. (R3)

However, as mentioned in the above data extract, staff awareness on people's cognitive impairment and dementia can impact on service delivery.

Reflexive monitoring

In NPT, reflexive monitoring refers to individuals' reflection and appraisal of a new intervention. Upon reflecting on Memory Mate and its implementation, staff expressed the need for raising awareness, as many healthcare professionals did not know about it.

"It's [Memory Mate] not advertised as much as it should be". In *"the rest of the hospital, I don't know if everyone is aware of it to be honest."* (N10)

Potential reasons for the lack of awareness included the impact of the COVID-19 pandemic which led to stopping in person staff meetings and forced a change in launch strategy.

Due to the Covid-19 pandemic, N7 feels like the launch missed an opportunity: the videos made for the launch can be watched in separate bits; do not represent the full story.

However, other reasons for lack of awareness included communication issues within the cancer centre, for example the time demands of sharing information on new services such as Memory Mate.

It was not communicated to each department who the Memory Mates are. She [HA2] believes that the reason for this is that it is time consuming to contact each department. (HA2)

Conclusion

Cancer Memory Mates were enthusiastic about the project and could see the potential benefits of incorporating it into practice. Obstacles to implementation were wider staff awareness and service organisation issues that need to be addressed for Memory Mate to be fully embedded into practice. Potential solutions were suggested, such as Memory Mate mandatory training, increased use of social media, and staff meetings.



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References:

Ornstein et al. 2020. *Journal of Geriatric Oncology* 11, pp. 75-81.; Hopkinson et al. 2016. *Psycho-Oncology* 25, pp. 1137-1146.; Hopkinson et al. 2020. *European Journal of Oncology Nursing* 48; Duke et al. 2020. *BMC Palliative Care* 146(19)