

**393 Social prescribing and supported self-management:  
the potential for implementation in oncology services to  
improve patient experience [abstract only]**

CASEY, Eloise and CLARKSON, Melanie <<http://orcid.org/0000-0003-3052-5230>>

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# **Social prescribing and supported self-management: the potential for implementation in oncology services to improve patient experience**

## *Purpose/Objective*

Social prescribing and Supported Self-Management (SSM) are not routinely practiced in the oncology setting. This review looks to answer three aims: Is there a need in the oncology setting for social prescribing referrals and SSM to improve patient experience; is there a need for oncology Healthcare Professionals (HCPs) to recommend and encourage social prescribing and SSM for cancer patients; and what benefit can social prescribing and SSM practice have on patients living with and beyond cancer.

## *Material/Methods*

A systematic literature review was carried out using PubMed, ScienceDirect and CINAHL Ultimate online electronic databases. The inclusion criteria were set to include papers published after 2014, published in the English language and to include any cancer diagnosis. Exclusion criteria included papers featuring childhood cancers and papers solely featuring surgery as the treatment modality. JBI critical appraisal checklists were used as the appraisal tools and PRISMA guidelines were also followed.

## *Results*

11 studies from five different countries met the inclusion criteria. Three common themes were identified: HCPs need and current clinical practice; patient experienced unmet need; and current strategies in practice and future directions. Breast cancer was the largest cancer diagnosis represented across the included studies, the unmet needs of other cancer diagnosis may differ and are not fully explored in this review. Oncology HCPs are well placed to recommend social prescribing and SSM although additional training is required.

Several oncology based social prescribing and SSM strategies were identified in this review, offering support to patients from the time of diagnosis and when Living With and Beyond Cancer (LWBC). A hybrid approach was appropriate improving the accessibility of course content and allowing patients to participate in their own time. These programmes are well established in the community; however, oncology centres need to work with Primary Care Networks to bridge the gap between patients finishing treatment and seeking support when LWBC.

## *Conclusion*

Regardless of the type of cancer diagnosis, support for patients' individual needs must be prioritised throughout the pathway with benefits of early implementation of social prescribing and SSM strategies being identified rather than waiting for completion of treatment. Oncology HCPs are well placed to recommend social prescribing and SSM, training should focus on developing knowledge and confidence to improve support for patients during their treatment. Further exploration is needed by oncology centres, to establish links with local social prescribing and SSM support services improving joined up working and providing collaborative and consistent support for patients.

