Social prescribing and supported self-management: A scoping review of the potential for implementation in non-surgical oncology services.

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Social Prescribing and Supported Self-Management: The potential for implementation in non-surgical oncology services

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Abstract: Background Social prescribing and supported self-management are two components of the NHS personalised care model and have proven effectiveness in primary care settings. Social prescribing is a range of non-clinical services that address the psychological, psychosocial, and environmental issues affecting a person's well-being. Patients undertake supported self-management tasks to increase their knowledge, skills, and confidence in managing their health and medical care. However, these practices are not yet routinely integrated into radiation therapy. With 53.5 million people alive with cancer within 5 years of diagnosis worldwide, potentially living with the long-term effects of cancer and its treatments, there is significant potential for the application of social prescribing and supported self-management within radiation therapy, specifically, with application globally. MethodsA scoping review was conducted utilising PubMed, ScienceDirect, and CINAHL Ultimate online electronic databases. The Joanne Briggs Institute critical appraisal checklists were employed as appraisal tools, and the review adhered to PRISMA guidelines. Results From five different countries, twelve studies met the inclusion criteria. The Joanne Briggs Institute critical appraisal grid identified three predominant themes: the needs and current clinical practices of healthcare professionals; the unmet needs experienced by patients; and existing strategies in practice and future directions. Breast cancer was the largest cancer diagnosis represented across the included studies, while this provides insight into patients' experiences, the unmet needs of other cancer diagnoses may differ and are not fully explored in this review. Discussion Various non-surgical oncology-based (encompassing all oncology treatments, excluding surgery), social prescribing and supported self-management strategies were identified, providing continuous support to patients from diagnosis to 'living with and beyond cancer'. Non-surgical oncology health care professionals (particularly radiation therapists) are well placed to recommend social prescribing and supported selfmanagement. However, additional training is required to improve knowledge and confidence in doing so. A hybrid approach offering both online and in-person support was deemed effective, enhancing the accessibility of course content and enabling patient participation at their convenience. While these programs are well-established in the community, hospital must strengthen their connections with primary care networks to bridge the gap between the completion of treatment and the support needed during 'living with and beyond cancer'. ConclusionThis review identifies the need to prioritise further support for the individual needs of non-surgical oncology patients throughout their care pathway. The benefits of early implementation of social prescribing and supported self-management strategies are evident, suggesting these interventions should not be delayed until the completion of treatment.

Abstract

Background

Social prescribing and supported self-management are two components of the National Health Service (NHS) personalised care model and have proven effectiveness in primary care settings. Social prescribing is a range of non-clinical services that address the psychological, psychosocial, and environmental issues affecting a person's well-being. Patients undertake supported self-management tasks to increase their knowledge, skills, and confidence in managing their health and medical care. However, these practices are not yet routinely integrated into radiation therapy. With 53.5 million people alive with cancer within 5 years of diagnosis worldwide, potentially living with the long-term effects of cancer and its treatments, there is significant potential for the application of social prescribing and supported self-management within radiation therapy, specifically, with application globally.

Methods

A scoping review was conducted utilising PubMed, ScienceDirect, and Cumulative Index to Nursing and Allied Health Literature (CINAHL) Ultimate online electronic databases. The Joanna Briggs Institute critical appraisal checklists were employed as appraisal tools, and the review adhered to Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines.

Results

From five different countries, twelve studies met the inclusion criteria. The Joanna Briggs Institute critical appraisal grid identified three predominant themes: the needs and current clinical practices of healthcare professionals; the unmet needs experienced by patients; and existing strategies in practice and future directions. Breast cancer was the largest cancer diagnosis represented across the included studies, while this provides insight into patients' experiences, the unmet needs of other cancer diagnoses may differ and are not fully explored in this review.

Discussion

Various non-surgical oncology-based (encompassing all oncology treatments, excluding surgery), social prescribing and supported self-management strategies were identified, providing continuous support to patients from diagnosis to '*living with and beyond cancer'*. Non-surgical oncology health care professionals (particularly radiation therapists) are well placed to recommend social prescribing and supported self-management. However, additional training is required to improve knowledge and confidence in doing so. A hybrid approach offering both online and in-person support was deemed effective, enhancing the accessibility of course content and enabling patient participation at their convenience. While these programs are well-established in the community, hospitals must strengthen their connections with primary care networks to bridge the gap between the completion of treatment and the support needed during '*living with and beyond cancer'.*

Conclusion

This review identifies the need to prioritise further support for the individual needs of non-surgical oncology patients throughout their care pathway. The benefits of early implementation of social prescribing and supported self-management strategies are evident, suggesting these interventions should not be delayed until the completion of treatment.

Keywords

Social Prescribing, Supported Self-Management, Oncology, Cancer, Radiation Therapy, Survivorship,

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Introduction

In 2022, it was estimated that 53.5 million people were alive within 5 years of a cancer diagnosis worldwide, [1] and the National Cancer Research Institute (NCRI) forecasts that by 2030, 4 million people in the United Kingdom (UK) will be living with cancer or its effects.[2] The World Health Organisation defines social determinants of health as *"the non-medical factors that influence health outcomes".*[3] These factors include employment, education, housing and social inclusion. Social determinants of health is particularly important for a cancer patient as a diagnosis can impact quality of life (QoL), potentially causing financial strain, psychological challenges and social isolation[4] both during cancer treatment and beyond if long-term effects of treatment occur.

In 2019, the National Health Service (NHS) launched its long-term plan, a vision for the next 5 years, ensuring the NHS remains fit for purpose and adapts to the needs of a changing population. [5] This plan was updated in 2025 by the 10-year health plan[6]. Personalised care was a significant focus of both the long-term plan, [5] and the 10-year

plan[6], aiming to improve patient choice and control over how patients receive their care. There are six components of personalised care: [7]

- Shared decision making,
- Supported self-management,
- Personalised care and support planning,
- Social prescribing,
- Patient choice,
- Personal health budgets.

Social prescribing (SP) and Supported Self-Management (SSM) have been successfully used in primary care. [8] The benefits have the potential to support non-surgical oncology services and patients (non-surgical oncology encompasses all oncology treatments, excluding surgery). ~~However, there is limited research on SP and SSM within non-surgical oncology.~~

SP is a way for Health Care Professionals (HCPs) such as Radiation Therapists (RTs) to refer and recommend a range of local non-clinical services that address the psychological, psychosocial, and environmental issues affecting a person's well-being.[9] SP services may include a range of activities and workshops led as group sessions or on a tailored 1-1 basis, for example, walking football teams and tai chi.

SSM is defined as the tasks that patients undertake to increase their knowledge, skills, and confidence in managing their health and medical care.[10] SSM can often be seen as having two main components: first, a toolkit of resources aimed at encouraging, educating, and improving patients' confidence in their ability to manage their health; second, a transformation in the patient-professional relationship into a collaborative partnership. [10,11]

Current NHS guidelines and recommendations focus on the use and benefits of SP in primary care. In Primary care, Polley et al. (2017) [12] identified that SP services led to fewer GP appointments and hospital bed stays, with an average reduction of 24% in emergency department attendance. Together, SSM and SP may encourage, educate and improve patients' confidence. [13] This could benefit cancer patients, particularly as they transition from active treatment to '*Living With and Beyond Cancer'* (LWBC), where continued support and resources to improve individual confidence may be required.

Current policies and guidelines offer little recommendation for routine SSM and SP in non-surgical oncology. However, non-surgical oncology HCPs such as RTs may be well placed to initiate this support. [14] As treatments are improving, life expectancy is also improving, resulting in greater numbers of people affected by the long-term effects of cancer. [15] It is more important than ever that research is carried out to identify the needs of this patient group, allowing HCPs to adapt practice to offer tailored support for individual patient needs, leading to improved wellbeing and QoL. This scoping review aims to answer the following questions:

- Would SP referrals and SSM improve patient experience in the non-surgical oncology setting?
- Could non-surgical oncology HCPs, such as RTs, recommend and encourage SP and SSM for cancer patients?- What benefit can SP and SSM practice have on patients living with and beyond cancer?

Methodology

This study was initially undertaken as part of a Master of Science (MSc) university dissertation. A scoping review was chosen for the methodology as the research topic

was identified as a new phenomenon with limited evidence of effectiveness in current oncology clinical practice. [16]

The PEO (population, exposure, outcome) framework was used to develop the search strategy and identify key search terms (Table 1). Boolean operators “AND” or “OR” were applied during the search, allowing the combination of search terms in database searches. The initial search took place from November 2023 to February 2024 for the university project. It was repeated in November 2025 to evaluate and include any new research for publication. The databases included in this project were PubMed, ScienceDirect, and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) Ultimate using EBSCOhost.

Key Word from PEO	Synonym
Oncology	Cancer, Living with and Beyond Cancer (LWBC), Chemotherapy/ Systemic anti-cancer therapy (SACT), Radiotherapy, Radiation Therapy, Cancer Treatment.
Social Prescribing or Supported Self-Management	Community Referral, Lifestyle Support, Making Every Contact Count (MECC), Personalised Care.
Patient experience	Patient Pathway, Patient need, Patient unmet need, Healthcare Professionals (HCPs).

Table 1. Development of the search strategy and keywords

Eligibility criteria

Strict inclusion and exclusion criteria were defined and applied (Table 2). The publication date was set in line with the NHS Long Term plan[5] and the country in which the research was undertaken was not limited to allow for a broader literature search, however there was requirement for it to be published in English.

Inclusion	Exclusion
English Language	Not published in English
Published since 2014	Published before 2014
Participants ages 18yrs+	Paediatric studies
	Surgery only studies

Table 2. Inclusion and exclusion criteria.

Critical Appraisal

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklists [17] and a flowchart were created to demonstrate study inclusion. The full texts of eligible studies were sought, and the Joanna Briggs Institute (JBI) checklist [18] was used as the critical appraisal tool, completed for each publication that met the PRISMA process. Relevant data was extracted from publications and stored in an Excel spreadsheet for further critique.

Risk of bias

The pre-defined inclusion and exclusion criteria, and the use of the JBI and PRISMA critical appraisal tools, were additional measures that reduced selection bias and ensured consistency across the review.

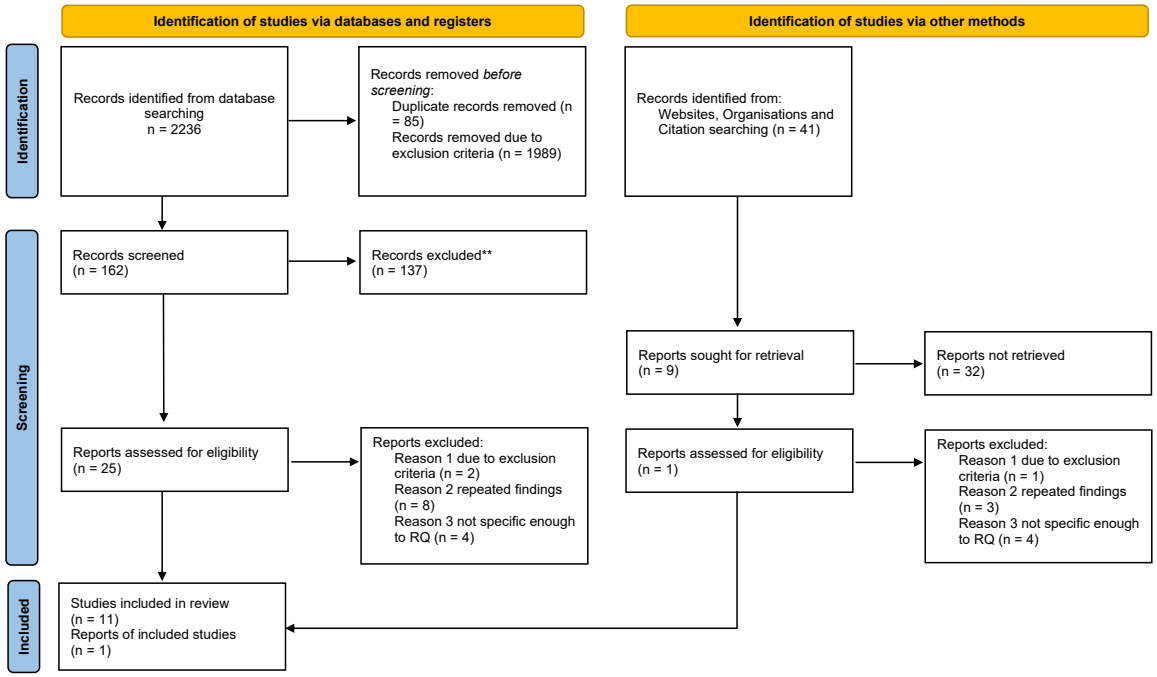
Ethics

Since the primary author was conducting the study for a master's dissertation, Sheffield Hallam University undertook an ethical review in accordance with the protocol for the master's dissertation. All studies within the review demonstrated adherence to ethical research practices by clearly informing participants of their rights, including voluntary withdrawal, data collection and storage protocols, and the intended use of data in dissemination outputs.

Results

Study Selection

From the search, 12 studies were identified (Figure 1) that met the inclusion criteria, yielding common themes.



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).
**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: http://www.prisma-statement.org/

Figure 1 PRISMA diagram

A range of methodologies were included in the selected papers, resulting in varied sample sizes across the studies, ranging from 17 participants to 1198 participants.[20] Five countries were represented in the final selection of papers, most studies were

carried out in the UK, with the United States of America, Canada, Australia, and the Netherlands represented. Including a range of countries allows for breadth and depth in the literature search and the opportunity to acknowledge health inequalities between countries, resulting in a collaborative approach to healthcare change that incorporates various clinical experiences. A range of cancer diagnoses has been represented, including breast, colorectal and prostate cancers. However, it is acknowledged that different diagnoses may lead to differing patient needs from SP and SSM. A wide range of perspectives should be considered to help shape future clinical practice, rather than focusing on a single cancer diagnosis, which may not represent overall patient needs, LWBC. Details of each included paper can be found in the supplementary information.

Discussion

The needs of healthcare professionals and current clinical practice

The SSM and SP methods highlighted in these papers were based on promoting healthy behaviours, such as exercise promotion, healthy eating, survivorship care and providing support as patients transition to LWBC. Several barriers that HCPs identified regarding SP and SSM promotion recurred throughout the chosen papers: lack of knowledge or training, limited time, lack of referral pathways and lack of evidence-based guidelines.

Pallin et al. 2020 [14] found radiation therapists (RTs) well-placed to deliver advice on SP and SSM due to their ability to build relationships with patients through regular and consistent contact over weeks. However, RTs acknowledged that conversations regarding SP and SSM were often missed due to a lack of experience and training. To address this, a follow-up study was conducted, [21] finding that suitable online training

resources were reported to be beneficial educational aids, boosting confidence and knowledge and enabling RTs to have improved LWBC-based conversations.

Veal et al. 2019,[22] studied adults with colorectal cancer receiving systemic anti-cancer therapy. Opportunities to promote exercise were missed at various points along the patient pathway, despite identifying exercise as a method for managing treatment side effects. A lack of exercise promotion by HCPs was also acknowledged by Schmidt et al. 2023, [23] who found that despite HCPs having a positive attitude towards exercise promotion, improvements in knowledge and training were needed to improve engagement in promotion. Minimal promotion by HCPs is a missed opportunity to highlight the benefits of exercise in managing side effects and a method of maintaining fitness for further treatment, therefore highlighting the need for SSM recommendations during the treatment pathway.

Schmidt et al. 2023, [23] found an overall positive attitude towards exercise promotion. However, they also found that HCPs lacked knowledge and confidence in exercise promotion, and a perceived lack of patient interest was also identified as a barrier to advice-giving. HCPs reported that exercise-related guidelines would be beneficial in increasing exercise promotion with non-surgical oncology patients.

The papers by Pallin et al. (2020) and (2021), [14, 21] considered the training needs of RTs about SP and SSM referrals. Pallin et al. 2020 [14] did find that RTs felt well-placed to promote healthy behaviours as part of their role. However, they thought they should only provide lifestyle advice on managing radiation therapy side effects. Online training courses found in the Pallin et al. 2021 study [21] supported RTs to improve exercise and nutrition promotion and increased awareness in the benefit of having these conversations. Online courses may not be sufficient as standalone resources; cultural

and organisational change, embracing a more holistic approach to clinical consultations, is also necessary.

Papadakos et al. 2022, [24] reported that time constraints are the most significant barrier for primary care providers and non-surgical oncology HCPs when discussing cancer survivorship with patients, resulting in a focus on physical side effects rather than on emotional or psychological support. A lack of evidence-based guidelines for patient-led cancer survivorship care was highlighted by all HCPs in the study, as was the uncertainty of how to refer patients, identifying a further knowledge gap experienced by HCPs. This is consistently reported across studies. [14, 23, 24] Across the studies, non-surgical oncology HCPs were well placed to refer and recommend SP and SSM to patients, with additional support and training, this service provision can be more consistent.

The patient experienced an unmet need.

Four studies [19, 20, 24, 25] were identified that discussed patient experiences and unmet needs in relation to SP and SSM, incorporating a range of countries, cancer diagnoses, and treatment modalities.

Mansfield et al. 2017, [25] compared the needs of breast cancer patients to colorectal cancer patients, identifying similarity in the level of need for SSM across both diagnoses. Differences existed in the priorities of these patient groups, with breast cancer patients seeking support with exercise. In contrast, colorectal cancer patients sought support with nutrition and knowing who to contact for advice. The needs of colorectal cancer patients were confirmed by Hoedjes et al. 2017, [20] who also reported that dietary support was the most required. Personalised information at diagnosis rather than at the end of treatment was also requested to enable informed decision-making regarding lifestyle changes. Confirming the need for HCPs to have

conversations with patients throughout the treatment pathway, supporting the principles of values-based care.[26]

Patient Representation

Studies predominantly included female participants, suggesting women may be more likely to seek support when LWBC. Wright et al. 2021, [27] identified male reluctance to seek support, which could be improved with targeted marketing emphasising independence and factual information. Other studies [19, 28] agreed with this need, Pembroke et al. 2020 [19] had one male participant who reported feeling isolated due to lack of male presentation in both literature and support groups and Connelly et al. 2025 [28] confirmed the need for diversity in information provision throughout the cancer pathway and tailoring support programs to improve inclusivity to improve uptake in those groups that may be missed.

Miller et al. 2016, [29] found that SSM strategies can target vulnerable populations, including those who feel isolated, lack confidence, or live in rural areas. None of the included studies made specific observations regarding the benefit of SSM for culturally and linguistically diverse groups, however Wright et al. 2021[27] recommended project development to improve engagement from different ethnic groups and socioeconomic backgrounds. Online resources empower individuals to engage on their terms. As seen in the Help to Overcome Problems Effectively (HOPE) course, [30,] the personalised approach to interventions leads to better engagement, retention, and goal completion.

Pembroke et al. 2020,[19] reported a sense of loss among participants when radiation therapy ended, due to the cessation of daily support from RTs. Wright et al. 2021, [27] found early support interventions during treatment reduced isolation, suggesting oncology centres should link with local primary care networks for cancer-related

support groups and programs. This would provide continued and consistent support, minimising the need for patients to seek support independently post-treatment. Government guidelines and research show SP is better established in primary care than in non-surgical oncology, suggesting collaboration with established services to optimise resource utilisation.

Papadakos et al. 2022,[24] identified a discrepancy between the needs of prostate cancer survivors and HCPs perceptions. Prostate cancer survivors prioritised managing long-term side effects, which HCPs lacked knowledge about. Transportation issues and a lack of communication with doctors were significant barriers to SSM engagement.

Overall, SP and SSM may hold value for patients during cancer treatment; however, further research is needed to support this. While patients across different cancer diagnoses have similar levels of need post-treatment, support packages could be suitable across diagnoses rather than tumour site-specific.

Current strategies in practice and future directions

Acknowledging existing clinical practices related to SP or SSM within non-surgical oncology and across many countries allows strategies to be adapted and adopted if changes to practice are deemed appropriate by clinical settings.

Due to the coronavirus pandemic, significant changes to clinical practice occurred in 2020. This shift included delays and postponements to cancer screening, changes to cancer treatments, and limited access to cancer support. Cancer centres and cancer charities adapted resources to a virtual format to ensure cancer support was still available. This was vital for patients, particularly because social distancing rules meant

patients were facing appointments alone, resulting in increased anxiety, fear, and social isolation.[31]

As mentioned, 2020 was a significant year for changes in clinical practice; two papers discussed in this theme were published pre-2020. [29, 32.] These studies may not be entirely representative of current clinical practice. However, it still provides insight into strategies that have successfully supported patients through SP and SSM workshops, both of which offered a hybrid approach. Hybrid resources were found to be beneficial for patients, enabling peer support and a programme that patients can complete at their own pace. With many clinical settings reintroducing face-to-face workshops and support, patients' needs and accessibility must be considered to ensure access for all. Therefore, a hybrid approach may be the most appropriate.

Wright et al. 2021, [27] was a preliminary study to assess the feasibility and suitability of the HOPE online course, ensuring it was fit for use. The HOPE course was initially established as a face-to-face programme but was adapted into a virtual resource during the coronavirus pandemic. The digital version of the course enabled a personalised approach, which would be harder to achieve in a face-to-face setting. It was concluded that the digital version of the intervention could supplement in-person support, increasing accessibility, offering greater choice and flexibility of cancer support for those with LWBC. Papadakos et al. 2022,[24] identified a need for hybrid support and highlighted barriers experienced by LWBC when trying to attend in person, including transportation and finances. Online resources can provide a solution for some people; a need remains for in-person courses, as not everyone has the skills and confidence for online-based support. Therefore, giving flexibility through a hybrid approach is best practice. The personalised nature of this online course matches the need for individualised patient support identified across studies. [19, 20, 25]

A recent study by Connolly et al. 2025, [28] explored the feasibility of SP when LWBC. They found that SP strategies led to improvements in mental, physical and social health, and study participants felt an increase in motivation and confidence to explore other activities. Similarly to Papadakos et al. 2022[24], the study also confirmed that the success of SP is dependent on accessibility to appropriate services, transportation, activity capacity and mobility access, which were all found to be factors in participation dropout. This small study confirms that SP is an appropriate intervention for those LWBC. Repeating this study with a larger cohort of patients, including a wider demographic of cancer diagnoses, would further confirm these findings.

Van Djick et al. 2016 [32] focused on exercise, finding that implementing self-managed physical activity following cancer treatment improved QoL. The included studies compared home-based interventions and supervised interventions. Supervised interventions had the additional benefits of improved accountability and motivation, and the opportunity to interact with peers during group sessions. Overall, Van Djick et al. 2016 [32] established that any exercise intervention was better than no exercise participation, confirming the use of exercise as a SP and SSM tool.

Van Dijck et al. 2016 [32] and Miller et al. 2016, [29] recommended a minimum amount of exercise for noticeable benefit, with improved adherence and accountability to exercise when keeping an activity log or using wearable technology. Both studies were published eight years ago; SSM awareness and activity promotion for the general population is likely to have developed in this time. It may be that if these studies were re-evaluated, the results would draw different conclusions.

Community-based SP and SSM programmes have been discussed, highlighting the benefits of these strategies for LWBC patients and improvements in physical and

mental health. Additionally, Miller et al. 2016, [29] highlight the need to initiate SSM interventions as early as possible to improve overall patient well-being. Geographically, these programmes may not be widely available. Still, they set an example of what is achievable for cancer patients and survivors and should serve as models for future implementation of the SP and SSM strategy.

Limitations

This review has a broad demographic scope, including all cancer diagnoses and several countries, and a strict inclusion criterion minimised selection bias. Including a second reviewer in this review was impossible; the researcher acknowledges this is a significant limitation. Many studies included results based on patient or HCP opinion, providing insight into clinical practice and patient experience. Recognising that the views and experiences included may not represent all non-surgical oncology patients is essential.

Throughout, the definition of cancer survivor varied; this limitation makes it difficult to make direct comparisons between studies, as patients may be at different stages of survivorship, therefore having different supportive needs.

Several countries were included; within these, there are different healthcare practices, economic status, and social determinants of health. While this provides insight into practice worldwide, it is difficult to compare clinical practice directly and to implement existing strategies in non-surgical oncology settings in the UK.

Breast cancer patients were the largest diagnosis included in this review. At the same time, this is expected as breast cancer is one of the most common cancers worldwide; it should be acknowledged that the needs of another cancer diagnosis may not be represented.

Funding

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Recommendations

This review has identified:

- There may be a need for both SP and SSM within non-surgical oncology for cancer patients; patient representation in the co-creation of services should be considered.
- A project could be undertaken to identify whether non-surgical oncology HCPs require further education to improve confidence in having conversations relating to nutrition, exercise and psychological support.
- A collaborative approach should be considered between RTs and the wider oncology team so that SP and SSM strategies can be encouraged before, during and after treatment to ensure full potential and support of these strategies can be reached.

Conclusion

Early implementation of SP and SSM strategies for non-surgical oncology patients may be more successful than waiting until treatment completion. The current strategies used in clinical practice highlight that SP and SSM methods can allow for the adjustment and rehabilitation of cancer patients as they transition to LWBC. Identifying which resources can be shared across different patient groups and cancer diagnoses ultimately makes SP and SSM for non-surgical oncology patients more accessible.

This review has confirmed that non-surgical oncology HCPs, inclusive of RTs, are well-placed to recommend and encourage SP and SSM. Although some HCPs are aware

of the benefits of these methods, their education and training must be improved to support them in feeling confident in holding these conversations with patients. By supporting HCPs, non-surgical oncology patients may feel encouraged to take ownership of their rehabilitation through SP and SSM methods.

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Supplementary information

Results tables, separated by themes

Table 4a: Healthcare Professionals need and current clinical practice

Publication summary	Aims	Results	Conclusion
Pallin et al. (2020). *United Kingdom*, *Healthcare Professional participants,* *Online survey*	- Identify current practice, knowledge, barriers, and opportunities of therapeutic radiographers (TRs) when encouraging healthy behaviours for cancer patients. - Training needs and preferences were also explored.	- Delivery of information on healthy behaviours by TRs was low. - Key barriers were lack of knowledge, resources and training. - Desire to improve knowledge and deliver health behaviour advice was high amongst TRs.	- Provision of health behaviour information is minimal. TRs want the training to deliver this practice. - Increasing training and confidence in TRs will allow greater numbers of cancer patients to receive appropriate advice on healthy behaviours.
Pallin et al. (2021). *United Kingdom, Healthcare Professional participants,* *Online survey and semi-structured interviews*	- Does TRs self-reported knowledge to deliver health behaviour advice improve, following completion of publicly available online courses.	- The online courses were deemed acceptable and appropriate forms of training. - TRs reported improvements in confidence to deliver advice on healthy eating and exercise.	- Online courses on health behaviour advice can improve TRs knowledge and encourage TRs to provide advice to those LWBC.

		- Guidance on how to start these conversations with patients was also noted as being a valuable aspect of the course.	
Papadakos et al. (2022). *Canada,* *Prostate Cancer,* *Radiation therapy,* *chemotherapy,* *Survey.*	Develop an understanding of: - Survivorship care offered by HCPs. - Attitudes on the role of self-management by prostate cancer survivors (PCSs). - Ways collaborative relationships can be improved between HCPs and PCSs.	- Almost 80% of HCPs reported a SSM training programme would be effective for PCSs. - The perceived reasons of HCPs that PCSs did not engage related to lack of medical knowledge, absence of take-home resources and other medical conditions. - A high proportion of HCPs felt PCSs could individually engage in managing physical side effects although this proportion was higher than the number of PCSs who were willing to learn to manage these symptoms.	- The study supports the need to update practice for PCSs to improve relationships and develop sustainable survivorship models. - Identified a need for improved collaboration between HCPs and PCSs.
Schmidt et al. (2023) *Worldwide* *No specific diagnosis or treatment modality* *Scoping review*	- Establish which factors influence exercise promotion by oncology physicians and nurses.	- A positive attitude towards exercise with knowledge or own interest in exercise, influencing its recommendation. - Lack of time, knowledge and referral pathways seen as biggest barriers to promotion.	- Varied results across studies in this scoping review, an overview of current knowledge and practice has been captured. - Overall, unclear to what extent the identified barriers influence HCPs engagement in exercise promotion.

		- Patients interest in exercise and health characteristics were found to be influencing factors.	- More research needed to understand what influences oncology HCPs engagement in promoting exercise.
Veal et al. (2019) *United Kingdom, Colorectal Cancer (CRC), Chemotherapy, Observational interview study*	- How and when exercise is promoted throughout SACT treatment pathway among CRC survivors.	- Throughout the pathway, opportunities missed by HCPs to promote exercise for wellbeing or to improve side effects. - Exercise mainly discussed to assess fitness for future treatment. - Exercise promotion was commonly discussed on completion of treatment by HCPs.	- Exercise promotion largely missing during treatment despite being key to self-management following treatment. - Missed opportunities for HCPs to support and encourage CRC survivors with exercise interventions. - Further research is needed to identify how best to ensure exercise is promoted throughout the pathway.

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Table 4b: Patient experienced unmet need

Publication and methods	Aims	Results	Conclusion
Hoedjes et al. (2017) *Netherlands, Colorectal cancer (CRC), Radiation therapy, chemotherapy,*	- Explore the number of CRC survivors who recognise a need for dietary support.	- Main reason for dietary support was being unable to adapt to lifestyle changes. - Living alone, being young, having a stoma and being overweight were some of the factors with the above.	- 1/5 of CRC survivors perceived a need for nutritional support. - This support should be individually tailored and made available after diagnosis to

Surveys and focus groups	- Which socio-demographic and health-related characteristics are linked with this need. - Identify any reasons for (not) needing support. - Explore specific needs and preferences regarding lifestyle.	- Generally, CRC survivors wanted to receive individually tailored information soon after diagnosis in a supported environment with inclusion of family and other CRC survivors.	encourage CRC patients to make informed decisions on lifestyle changes. - Research can be used to identify which CRC survivors need tailored lifestyle information including nutritional advice to improve uptake, adherence and effectiveness.
Mansfield et al. (2017) *Australia,* *Breast cancer, Colorectal cancer (CRC),* *Radiation therapy, Chemotherapy* *Survey*	- Compare patients with breast cancer with those of CRC who have at least one unmet self-management need. - Is cancer type associated with reporting at least one unmet self-management need after considering socio-demographic, psychological, disease and treatment factors. - Compare the percentages of patients with unmet needs across areas of self-management.	- Unmet need of breast cancer patients and CRC was not significantly different. - Age, education, chemotherapy, and reason for visit were all factors in having at least one unmet need. - Breast cancer patients were more likely to report an unmet need relating to exercise, whereas CRC patients were more likely to have an unmet need relating to alcohol intake.	- Overall, cancer type was not associated with the unmet need. - Further research is needed to establish differences in the type and significance of unmet need across different cancer diagnosis, which may establish whether self-management models can be modified across cancer types to improve overall support.

Pembroke et al. (2020) *United States of America,* *Breast Cancer, Radiation therapy, Semi-structured interviews*	- Explore the unmet needs of breast cancer patients treated with radiation. - Evaluate areas of concern for breast cancer survivors after radiation treatment was completed.	- Identified themes included: emotional health and relationships, adapting to body image changes, fear of recurrence, unexpected impact of radiation therapy skin reactions and information need to help prepare for radiation treatment. - One male participant was included, his identified needs differed in some areas compared to female participants. They felt excluded as written information and support groups focused on female patients.	- Study used patient perspectives to identify the common unmet needs of breast patients following radiation therapy. - Areas for improvement included: better preparation for treatment and improvements to information on skin reactions. - Creating an educational programme for breast cancer patients may help meet the physical, emotional and financial needs resulting in a patient centred model of care.
Papadakos et al. (2022). *Canada,* *Prostate Cancer, Radiation therapy, chemotherapy,* *Survey.*	- Develop an understanding of PCSs educational needs and potential for survivorship self-management.	- PCSs reported their greatest barriers to be transportation to appointments and lack of communication with doctors. With 86% of PCSs reporting visiting a HCP for survivorship care. - Most discussed topics: screening, fear of recurrence and managing physical and emotional side effects.	- Identified a need for improved collaboration between HCPs and PCSs. - With the right support, PCSs can be empowered to holistically address some of their own concerns.

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Table 4c: Current strategies in practice and future directions			
Publication and methods	Aims	Results	Conclusion
Connolly et al. (2025) *Ireland,* *Any cancer diagnosis* *Treatment modalities not defined,* *Interviews*	- Establish the feasibility of social prescribing as a community-based intervention to improve the mental, physical and social health of individuals living with and beyond cancer.	- Majority of participants were women with breast cancer - Difficulty sleeping and fatigue improved following participation in physical based activities such as dance and yoga - Improvements were seen in participants physical, mental and social health following engagement with community-based activities and meetings with link workers.	- The study highlighted that social prescribing is an appropriate intervention for cancer survivors. - Further investigation of social prescribing for those living with and beyond cancer is required.
Miller et al. (2016) *Australia,* *Any solid tumour cancer diagnosis,* *Radiation therapy, chemotherapy,* *Interviews*	- Establish the feasibility, acceptability and effectiveness of nutrition and exercise based self-management for cancer survivors. - Use a self-management exercise and nutrition programme as an intervention for cancer patients during	- Higher recruitment rate was noticed in patients post treatment compared to those still receiving treatment. - At the start of the programme, those who were receiving treatment appeared to be better conditioned than those who joined the programme after treatment had completed.	- The programme is effective in delivering nutrition and exercise to cancer survivors with no barriers to early implementation during chemotherapy. - The personalised approach to this study helped survivors choose strategies most important to them to achieve their nutrition and exercise goals.

	treatment and for those who have completed treatment to establish the optimal timing of intervention.	- Greater improvement in exercise capacity was reported for those post treatment when comparing baseline to week 12 of the programme.	
Van Dijck et al. (2016) *Worldwide,* *Breast cancer, radiation therapy, chemotherapy, systematic review*	- Evaluate the evidence of different physical self-management techniques on QoL of breast cancer patients.	- Several different techniques were identified including booklets, multimedia, brochures and recommendations. - Regardless of intervention, most outcomes found a positive effect of physical activity on QoL including improvements to fatigue, physical functioning, and social wellbeing. - All interventions either starting during treatment or on treatment completion found an improvement in QoL.	- Different methods of physical self-management provide benefits to QoL for breast cancer patients. - Regardless of the timing of intervention (during treatment or after) QoL improved and therefore no self-management technique can at present be favoured or recommended over another.
Wright et al. (2021) *United Kingdom,* *Any cancer diagnosis,* *Treatment modalities not defined,* *Feasibility* *Randomized* *Controlled Trial*	- Test the feasibility of a digital self-management programme for cancer survivors. - Assess the impact of the Help to Overcome Problems Effectively (HOPE) programme.	- Engagement rates of programme content during the sessions were between 50%-75%. - Engagement was based on pages viewed, the decline in engagement could relate to fatigue or unrelating content where participants may have only chosen to view topics of personal interest, a follow up study would supplement this.	- The HOPE programme has potential to have positive benefit on mental wellbeing, depression, and anxiety in people LWBC. - The digital version of this program could supplement in-person support improving accessibility, offering greater choice and flexibility for patients.

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