Social prescribing can be an essential way to support people living with cancer (PLWC) in the community, from the time of their diagnosis right through their cancer experience.

Social Prescribers should be considered a vital member of the Primary and Community care teams, linking regularly with the GPs, Nurses and admin staff.

PLWC have described feeling like they have ‘fallen off a cliff’ when they’re discharged from regular follow up. Having the opportunity to be seen by such a key role working in Primary Care can provide the support they need.

We know that almost a quarter of PLWC are suffering from loneliness as a result of their cancer. Social prescribers can help people identify community groups, activities or support that may alleviate this. The Macmillan Online community can also be a way for people to connect with others who’ve had the same experience.

Over 70% of PLWC need emotional support, with 2 in 5 people suffering from depression and 1 in 10 troubled by anxiety. Social prescribers can contribute to identifying these needs, asking what matters to the person and signposting/referring to appropriate support, such as identifying sources of support in the community or referring the individual back to their GP/CNS where appropriate.

4 in 5 PLWC experience a negative financial impact as a result of their cancer with the average PLWC being £570 a month worse off. Social prescribers can ensure PLWC are getting the financial support they are entitled to. It is also possible for PLWC to speak to a Macmillan welfare rights adviser by calling 0808 808 00 00.

Getting back to work after a cancer diagnosis can be difficult, but we know that 87% of PLWC who were employed at the time of diagnosis would like to return to work. Over half of PLWC don’t know where to go to get help with this; a social prescriber could provide vital support. Get Macmillan’s ‘Work Support Route’ guide and Top Ten Tips for Primary Care Professionals to help with these discussions.

Appropriate advice and support regarding physical activity can be essential for PLWC from the time of being diagnosed, through treatment and recovery, and to prevent effects of treatment or recurrence of cancer. Social prescribers can signpost PLWC to services that are available locally. Further information can be found here.

PLWC can have multiple physical consequences of their cancer and its treatment that may need medical intervention. Having a close relationship with the Primary Care Team and understanding and developing links back into and from secondary care can ensure these problems are identified early, and that people are offered appropriate support.

Over 70% of PLWC will be living with at least one other co-morbidity. We are already seeing how social prescribers can help Primary Care teams provide individual personalised care to meet people’s physical, social and practical needs.