

Patient Experiences of Proactive Care in Wandsworth

April 2026



Delivered by Wandsworth Care Alliance

Contents

Executive Summary	3
What we did.....	3
Findings and Recommendations.....	3
Communication.....	3
Accessibility	3
Patient Independence and A&E visits.....	4
Information, Advice and Guidance	4
Introduction	5
Healthwatch Wandsworth.....	6
Proactive Care	6
Methodology.....	8
Findings	8
About Our Sample (Patient Demographics).....	8
Key findings.....	9
Recommendations	12
Communication	12
Accessibility	13
Patient independence.....	14
A&E visits	14
Information, Advice and Guidance.....	14
Limitations	15
Conclusion	15
Glossary	16

Executive Summary

What we did

South West London Integrated Care Board (SWL ICB) commissioned South West London (SWL) Healthwatch to review community services across six SWL boroughs. Healthwatch Wandsworth focused on proactive care.

Healthwatch Wandsworth developed a survey to gather patient experiences of proactive care that was carried out by staff at Central London Community Healthcare Trust (CLCH). Healthwatch Wandsworth analysed the anonymised responses to include the findings in this report and the wider [SWL report](#).

Findings and Recommendations

We found that most patients had a positive experience of proactive care. Our findings highlight ways to improve and better understand the benefits of proactive care.

Communication

- Patients reported good communication between GPs and District Nurses (DNs), but that communication could be improved amongst other professionals within multidisciplinary teams (MDTs)
- Most patients reported that they did not understand what proactive care was, compounded by the fact that most patients reported that they did not receive an opt-in letter describing it.

Our recommendations:

- o Further research is needed to **understand where gaps in communication lie and how this can be improved**. This will highlight specific gaps in communication and how to better facilitate information sharing between teams. This may lower the need for patients to reshare information with different professionals, improving experiences
- o Ensuring that letters are received and **confirming patient understanding at their first contact when admitted on the pathway** may improve patient understanding of proactive care and their involvement in their care

Accessibility

- Older patients, patients with physical disabilities, and vision impairment reported having difficulty filling in forms and using e-consult services, which led to delays in care

- When asked how proactive care can be improved, 17% of patients made suggestions to improve accessibility (the most common theme mentioned)
- 9% of patients reported needing further information, advice and guidance around accessibility

Our recommendation:

- o Proactive care should ensure that the **Accessible Information Standard** is adhered to and patients are offered multiple ways to engage with services

Patient Independence and A&E visits

- 41% of patients agreed that proactive care helped them to regain or maintain independence
- 71% reported that it helped them to avoid unplanned A&E visits
- Most patients felt that they have an active role in their care

Our recommendation:

- o Further research is needed to **identify factors that impact patient independence**. Services could ask more questions at the beginning of the pathway to understand achievable goals for independence. They should ensure this is discussed by the multi-disciplinary team and included in follow-up with patients. Questions could include whether accessibility is related to patient independence. Additionally, they may want to ask if factors related to the type of care offered may inadvertently restrict patient independence
- o Further research is needed to **identify factors that enabled 71% of patients to avoid unplanned A&E visits** to help services increase the proportion of patients avoiding A&E and provide learning to be used more widely

Information, Advice and Guidance

- 89% of patients reported knowing who to call if they had questions about their care. 50% of these respondents reported that they would call their GP
- 61% of patients said they did not require further information, advice or guidance to support their health, but 39% of patients said that they did.

Our recommendation:

- o It may be useful for CLCH to understand what information, advice and guidance patients may need, and barriers preventing them from receiving information.

Introduction

Community services are provided by several different organisations which include: the NHS, local authorities, voluntary and community sector organisations and other independent organisations; normally delivered by a multidisciplinary team (e.g., community nurses, specialist nurses, advance practitioners, allied health professionals etc.). The services aim to provide out-of-hospital healthcare and support services in settings such as homes, schools, care homes and clinics and are accessed by people of all ages to support them to remain independent and healthy.

The South West London Integrated Care Board (SWL ICB) recognised the important role that community services play in the health system and how they contribute to local neighbourhood health. The SWL ICB, therefore, commissioned SWL Healthwatch to review the delivery of specific community services in all six SWL boroughs (Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth). They aimed to gather feedback from service users and their unpaid carers across a variety of adult and paediatric community services to understand what is needed to provide the best quality care.

The services explored include:

- Intermediate services
- Reablement services
- Community nursing services
- **Proactive care**
- Services for frail people
- End of life care (in hospital and community)
- Services for socially isolated adults with physical disabilities

Feedback was gathered by the six independent Healthwatch organisations (Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth). The report on this can be found [here](#).

Healthwatch Wandsworth focused on proactive care in Wandsworth which is led by CLCH (Central London Community Healthcare). This report will lay out the methodology and findings for the insights gathered.

Healthwatch Wandsworth

Healthwatch was founded in 2012 under the Health and Social Care Act to ensure the experiences of local people are heard by health and social care services.

We are the local patient and public champion for health and social care services in the Borough of Wandsworth. Although we are funded by the Department of Health and Social Care, Healthwatch Wandsworth is delivered by a local charity called Wandsworth Care Alliance. We are not part of the NHS or a Council service.

Proactive Care

Proactive care refers to personalised and co-ordinated, multi-professional support for people living with complex needs and frailty to improve health outcomes and patient experiences. It is part of a wider programme in Wandsworth called Planning All Care Together (PACT).

Aims of proactive care:

- Delay the onset of health deterioration where possible
- Maintain independent living
- Reduce avoidable exacerbations of ill health, thereby reducing unplanned care, including visits to A & E

The proactive care approach can be categorised into 3 stages:

1. Patient Identification and Clinical Validation:
 - Patients are identified for proactive care by services (currently GPs and Adult Social Care teams) if they meet the proactive care criteria. This is usually adults living with 2 or more long term physical conditions with frailty indicated and if they will benefit from stronger co-ordination across services.

- Health professionals then check patient diagnoses to ensure they are suitable for the pathway and patients are sent an invitation letter giving them a choice to opt-in.
2. Holistic Assessment and Personalised Care & Support Plan:
- Once an invitation has been accepted by the patients, they will have a holistic assessment covering: information about personal circumstances, their health history and current physical and mental health needs, mental capacity to ensure deprivation of liberty (reduction of independence) is limited, socio-cultural factors and a comprehensive geriatric assessment.
 - The personalised care and support plan generated addresses the patient's health and wellbeing goals and interventions to be taken to empower patients to have an active role in their health and care.
3. Support and Review
- Proactive care provides support for patients through multiple services working as a multi-disciplinary team (MDT) that meets to:
 - Have a clear idea of the patient's current health and social circumstances
 - Understand if the patient is being seen regularly by the GP
 - Discuss which patients should be prioritised so that more time can be given to the ones who need it most
 - Ensure they have reviewed the patient's care plan and MDT assessment
 - Discuss a patient with the lead service and visit the patient if needed
 - Once the MDT meeting is held, the outcomes should be recorded and shared with the patient. More complex patients may need multiple MDT meetings, whilst others may not.

Methodology

Work started in December 2024 when we decided to focus on proactive care. We contacted the Head of Clinical Services at CLCH and their information and governance team to arrange for the sharing of patient data and staff support in gathering insights. It was agreed that CLCH staff would call patients to ask survey questions.

Healthwatch Wandsworth designed the survey which was sent to CLCH staff in March 2025. The process for the Data Sharing Agreement between CLCH and Healthwatch Wandsworth began in January 2025, and due to the length of time needed for this to be processed, we received approval in January 2026. CLCH collected the data by completing the survey with patients over the phone and 46 anonymised responses were sent to Healthwatch Wandsworth for qualitative analysis.

Data analysis and findings were completed in February 2026 and were included in the wider [SWL Healthwatch Community Services Report](#).

Findings

About Our Sample (Patient Demographics)

There were 46 responses to the survey. Participant demographics are shown below:

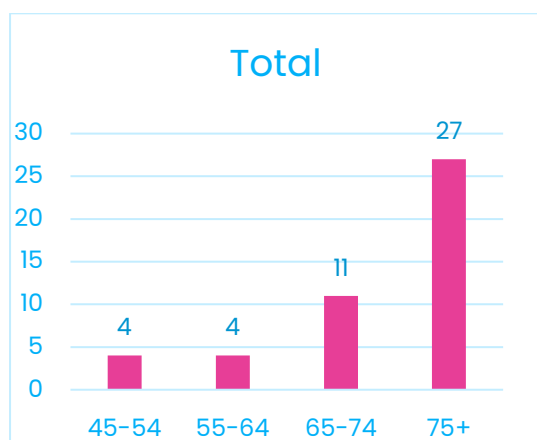


Figure 1: Age

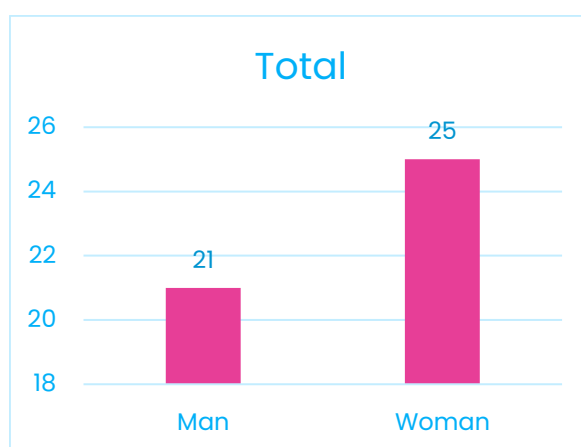


Figure 2: Gender identity

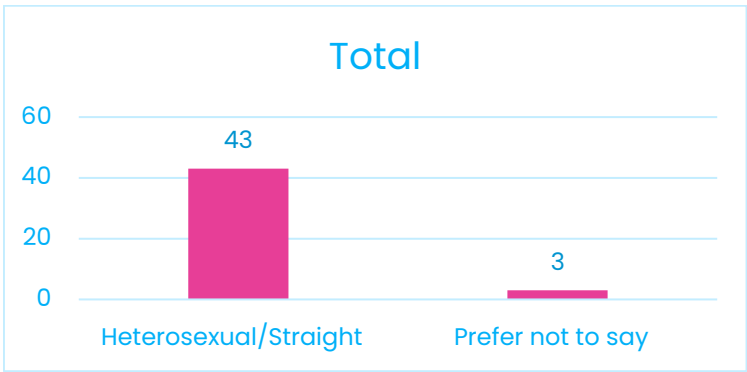


Figure 3: Sexuality

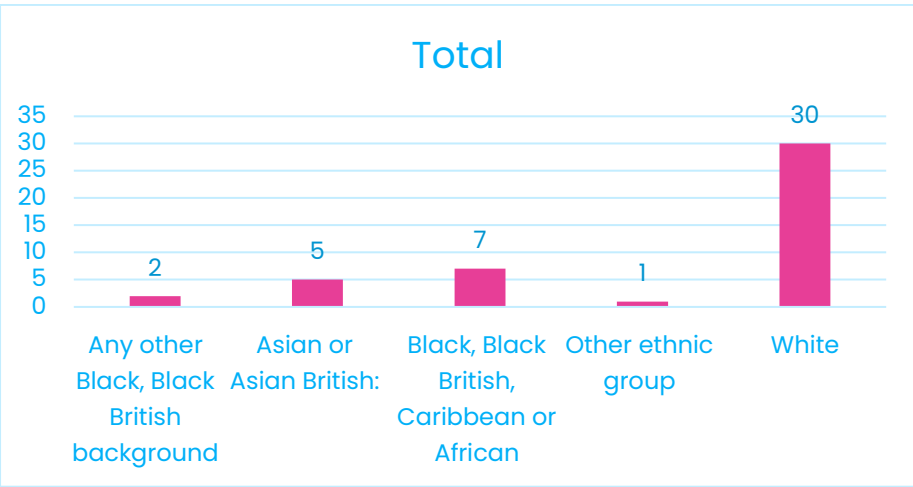


Figure 4: Ethnicity

Key findings

Patient knowledge of proactive care and their condition: Overall, most people reported not understanding what proactive care is (70%) and only 9 people (20%) answered that they had at least some understanding. Alongside this, most people (91%) said that they did not receive an opt-in letter (which normally includes a description of proactive care). It is likely that not receiving or remembering receiving this letter is a factor in the reported lack of knowledge of proactive care.

Although most people did not report having a good understanding of proactive care, most (72%) suggested that they have a better knowledge of their condition because of the support received from proactive care.

Communication amongst professionals: We asked patients if they thought that there is enough communication amongst the healthcare professionals in their multidisciplinary team. However, it is worth noting that there seemed to be some confusion about what this question was asking because some responded regarding the level of communication between themselves and professionals, e.g., some reported not being able to book a GP appointment. Responses such as this have been removed.

Of the remaining 43 responses we found that most people responded positively, saying that there was good communication between professionals (60%). Good communication between GPs and district nurses (DN) was specifically mentioned by two people, '**communication between GPs and DN is good, not so good hospital...**'.

Although responses were mostly positive there was still some negativity with 9 people (21%) responding that they do not feel that there is enough communication. Some commented on professionals not being up to date and the lack of continuity of care as a result, '**professionals very disconnected**', '**no one knows what's going on**'.

Overall, there seems to be good sentiment around communication between the multidisciplinary teams of the proactive care service, with some room for improvement as it is not consistent.

Inclusion in care: Most people (81%) reported that they did feel like they had an active role in their care. There was some dissatisfaction, with 13% of people noting that they did not feel involved in their care with some citing specific incidents where their needs were not taken into consideration, '**the DN [District Nurse] didn't want to visit due to him having a dog, DN proposed to him since he's capable to walk the dog, he's also capable to attend the clinic for wound care. Based on this, DN stopped visiting**'. This suggests that people mostly feel involved in their care and that their needs are being considered, however, this is not the case for over 10% of patients.

Information, advice and guidance: 89% of patients were confident that they would know who to call if they had any questions about their care. 50% of patients reported that they would contact the GP and of the two patients that stated they did not know who to call, both guessed they would call the GP. This suggests that people largely know how to find out about support, and this is often the GP.

Additionally, when asked if they did need further information, advice or guidance to support their health, 61% of people reported that they did not need anything further. This suggests that most people were generally satisfied with the level of information they have been given.

Independence and A&E visits: 41% of people agreed that proactive care has helped them to regain or maintain independence. 20% of people disagreed suggesting that there is still room for improvement for proactive care to help people remain independent. It should, however, be noted that 71% of people agreed that proactive care helped them to avoid unplanned visits to A&E. This suggests that, although there is mild agreement with proactive care's ability to maintain independence, most patients have been able to avoid unplanned visits to hospital or A&E.

It would be interesting to understand if patient independence is related to decreased A&E visits, e.g., does proactive care provide a level of care for patients who do not feel independent that decreases the need for A & E, or do patients who are less independent have less opportunities for accidents that result in A&E admissions? Could increased independence have an impact on reducing unplanned visits to hospital?

Suggestions for improvement: When asked how proactive care could be improved, 46 people responded, however one response was not clear enough for inclusion. Of the 45 respondents, 41% stated that they had no concerns and did not believe that the services needed improvement. 56% of people made suggestions for improvement with accessibility being the most common suggestion (17%). Here people mentioned challenges making appointments due to physical difficulties, '**as a housebound [person] you [have] great difficulty filling up forms.**'; and issues using

technology, 'e-consult not suitable for everyone, specifically if no have a smart phone. In my case, I have to wait 3 days for the GP to call back'. Accessibility was also mentioned by 9% of people when asked what they would like further information, advice and guidance about.

In addition to accessibility, communication was the second most reported area that needed improvement with 11% of people stating there is a need for better communication, both between professionals, and professionals to patients. Other areas for improvement include:

- Suitable appointment times – (n=3, 7%)
- Standardised and more consistent care – (n=2, 4%)
- Better staff training – (n=2, 4%)
- Continuity of care (seeing the same professionals) – (n=1, 2%)
- More consideration of patient needs and concerns – (n=1, 2%)
- More holistically responsive care e.g., housing concerns – (n=1, 2%)
- Better follow up after discharge – (n=1, 2%)

Recommendations

The insight we gather at Healthwatch Wandsworth aims to focus on patients' experiences of care. Overall, proactive care sees positive patient experiences with many people satisfied with the care received. However, there is some patient dissatisfaction around certain elements and therefore room for improvement.

From our qualitative patient survey, the following recommendations could be considered to improve patient experience.

Communication

- Improve communication from the service to patients from day one. Many patients reported that they do not recall receiving an opt-in

letter and do not have a good understanding of exactly what proactive care is.

- **Our recommendation:** ensure that opt-in letters are received and that patients are also asked about this at the first point of contact with professionals to ensure they have a clear understanding of proactive care.
- Although there was good feedback on the level of communication between professionals, especially between GPs and District Nurses, there were reports of a lack of information sharing between teams.
 - **Our recommendation:** further research is needed to understand where the gaps in communication lie and they can be improved. This may also be improved by prioritising continuity of care, where patients are seen by the same professionals, lowering the need for resharing of information.

Accessibility

- Accessibility was noted as one of the main areas for improvement by respondents, which included comments on both the accessibility of online services such as e-consult for older patients and general accessibility for those with physical disabilities such as vision impairment/blindness.
 - **Our recommendation:** ensure that the [Accessible Information Standard](#) is being adhered to so that patients are offered multiple ways in which they can book and attend appointments, fill in forms, and have their accessibility needs met.
 - Read more about improving service accessibility
 - [Healthwatch Wandsworth GP Access Report](#)
 - [User Feedback on British Sign Language Interpretation Services in South West London GP Practices](#)

Patient independence

- The lowest patient satisfaction reported was around patient experiences of regaining or maintaining independence whilst under proactive care. We saw that most patients either did not have an opinion on this (responding 'neutral') or disagreed that their independence was being maintained or reestablished.
- **Our recommendation:** further research is needed to identify factors that related to maintaining or gaining independence. This may be related to patients not feeling like the services are accessible enough.
- **Our recommendation:** services could ask more questions at the beginning of the pathway to understand achievable goals for independence. This can then be discussed by the multi-disciplinary team and included in follow-up with patients. They may also want to ask if factors related to the type of care offered may inadvertently restrict patient independence.

A&E visits

- Patients reported proactive care had helped them to avoid unplanned A&E visits.
- **Our recommendation:** further research is needed to identify the factors that help up to 71% of patients to avoid hospital and A&E to provide further learning to boost these numbers within proactive care and more widely (nearly 30% of patients that we heard from did not agree that proactive care has helped them to avoid this).

Information, Advice and Guidance

- 89% of patients reported knowing who to call if they had any questions about their care. 50% of these respondents reported that they would call their GP
- 61% of patients suggested that they did not require any further information, advice or guidance to support their health, but 39% of

patients said that they did. CLCH has a single point of access (SPA) for their community services patients and leaflets and information that include the contact details for the SPA.

- **Our recommendation:** It may be useful for CLCH to understand what information 39% of patients might need and the barriers preventing them from receiving that information.

Limitations

As Healthwatch Wandsworth were unable to call patients, staff at CLCH collected insights by calling patients and conducting the survey over the phone. Although, we were provided with good insights, we are unable to be sure of the context within which patients provided information about their experiences. This means that as we interpreted the data, assumptions were sometimes made about the feedback provided by patients, especially in open answer questions. Additionally, the notes provided were paraphrased patient responses rather than direct quotations. Therefore, it is difficult to say that all patient responses have been interpreted correctly.

20% of patients that completed the survey identified as being of a Black ethnicity, 11% as Asian and 65% identified as White. This is largely reflective of the ethnic makeup of Wandsworth, even with an overrepresentation of Black patients. However, this still means we only heard from nine Black patients and five Asian patients, which overall is a small sample size that is difficult to draw conclusions from. The responses and findings, therefore, largely reflect the experiences of patients who identify as White which may not be generalisable to other racial and/or ethnic groups.

Conclusion

Overall, the findings show that proactive care in Wandsworth provides a positive experience for most patients. Most service users reported: good communication among certain healthcare professionals; feeling included

in their care; good understanding of where to get information and guidance; and proactive care being effective at avoiding unplanned hospital and A&E visits.

However, improvement is still needed with issues around accessibility and perceived level of independence, alongside limited overall knowledge of proactive care. More can be done with a better understanding about to what extent the services are preventing ill health, supporting people to manage their health and remain as independent as possible.

Communication between patients and healthcare professionals and across MDTs requires some improvement. We recommend that when patients are sent invitation letters for the pathway, that it is confirmed that they understand the letter and what it entails. Additionally, communication between professionals could be improved as patients have mentioned feeling like staff are not aware of their conditions and healthcare needs.

It is also necessary to understand the factors that contribute to the limited perception of independence and, as accessibility was also reported as limited, it would be useful to know if this impacts patient independence. We recommend that patient accessibility needs are considered and guidance set out in the [Accessible Information Standard](#) are followed.

Glossary

A&E – Accident and Emergency hospital department that provides 24/7 care for serious, life-threatening injuries and illnesses.

Care Plan – a written personalised document detailing why a person is receiving care, their medical history, personal details, expected and aimed outcomes and how, when and by whom care will be delivered.

Central London Community Healthcare Trust – NHS trust providing health services to more than four million people across 14 London boroughs and Hertfordshire.

Clinical Validation – the process of using clinical data to ensure that a medical solution will achieve its intended purpose and provide accurate output.

Community Nursing Services – service utilising district nurses to care for housebound patients with a physical healthcare need by providing support and encouragement for those with disabilities and long-term health conditions.

Data Sharing Agreement – document setting out the purpose of the data sharing, covering what happens to the data at each stage, and setting out clear roles and responsibilities for a parties involved.

Demographics – the number and characteristics of people who live in a particular area or form a particular group

District Nurse (DN) – nurse providing care for patients with disabilities and long-term conditions at home and in residential care services

End of Life Care – support for people who are in the last months or years of their life

Frailty – describes a particular state of health and resilience to health conditions. It is generally characterised by issues like reduced muscle strength and fatigue.

General Practitioner (GP) – a doctor specialising in primary healthcare for individuals, families, and communities dealing with all ages and health conditions.

Holistic Assessment – evaluation of patient's overall well-being, including emotional, physical, social and practical needs.

Information Sharing – exchange of patient information between people, departments, or organisations to improve efficiency.

Insight Gathering – process of collecting and analysing information gathered from communities to better understand their needs.

Integrated Neighbourhoods – programme supporting the delivery of holistic care within communities, focussed on co-ordinating care across different services for patients to best meet their care needs

Intermediate Services – service providing multidisciplinary rehabilitation to patients in their own home for a maximum of six weeks following care admission.

Local Authority – an administrative body responsible for delivering public services, governing local areas, and planning in a specific part of the UK.

Multi-disciplinary Team – a group of professionals from different health and social care backgrounds who work collaboratively to plan care for individuals.

National Health Service (NHS) – the UK’s publicly funded healthcare system.

Opt-in Letter – letter requesting formal permission from patients to be included in care pathway.

Personalised Care – care provided people with the choice and control over the way their care is planned and delivered.

Proactive Care – personalised and co-ordinated multi-professional support and interventions for people living with complex needs and frailty

Reablement Services – short term care that help you to relearn how to do daily activities, like cooking meals and washing after an illness or injury

South West London Healthwatch – a collaborative of six independent Healthwatch organisations (Healthwatch Croydon, Merton, Kingston-Upon-Thames, Richmond-Upon-Thames, Sutton and Wandsworth), working to gather insights across the South West London Integrated Care Board’s footprint.

South West London Integrated Care Board – a statutory organisation bringing together the NHS to improve population health and establish shared priorities for local people.

Voluntary and Community Sector Organisations – not formally defined, often used to refer to organisations that aim to fulfil a specific social purpose including charities and community groups.