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www.secamb.nhs.uk

10th June 2026
Internal Reference: 260518
Email:

Dear,

Thank you for your request for information, which we received on **18/05/2026**.
We have considered your request under the Freedom of Information Act 2000.
Please ensure you quote the Internal Reference number above in any future correspondence.

Your Request and our Formal Response

I am writing to request information under the Freedom of Information Act 2000 regarding specialist and advanced clinical roles within your ambulance service.

Specifically, I am interested in clinical staff typically employed at Band 7 or Band 8 (or equivalent), such as (but not limited to) Specialist Paramedics, Advanced Paramedics, or Advanced Clinical Practitioners.

Please could you provide the following information:

1. Roles and Structure

- Do you employ Band 7 or Band 8 (or equivalent) clinical staff in roles such as Specialist Paramedic, Advanced Paramedic, Advanced Clinical Practitioner, or equivalent?

Yes

- If so, what titles are used within your organisation?

- **Advanced Paramedic Practitioner (Urgent & Emergency Care) B7 (APP)**
- **Critical Care Paramedic B7 (CCP)**
- **(both roles also have Team Leader variants)**
- **Area Clinical Leads (from APP and CCP Backgrounds) 8a (ACL)**

2. Prescribing Capability

- Are these clinicians qualified as independent prescribers?

Some clinicians are qualified independent prescribers, almost all from other parts of their portfolio careers. The Trust is currently putting 12 APPs through Non-Medical Prescribing (NMP) as a pilot project.

- If yes:
 - How is prescribing undertaken in practice (e.g. face-to-face, remote prescribing, use within EOC/control room, etc.)?

Face to face only currently

- If no:
 - Do they utilise Patient Group Directions (PGDs), please supply a copy of any additional PGD's over and above that used by a regular paramedic PGDs?

Yes. However, the Trust is withholding the additional Patient Group Directions (PGDs) requested over and above those used by regular paramedics under section 31(1)(a) and section 31(1)(g) of the Freedom of Information Act 2000.

These exemptions apply where disclosure would, or would be likely to, prejudice, the prevention or detection of crime and the exercise of the Trust's functions for the purposes set out in section 31(2), including protecting people against risks to health and safety and supporting the Trust's regulatory and operational responsibilities.

The withheld information is the detail of any additional PGDs used by these specialist roles beyond the standard PGDs available to regular paramedics. The Trust considers that disclosure would create a real and significant risk of prejudice because it would reveal more detailed information about specialist medicines, clinical interventions, operational arrangements and associated decision-making thresholds used within enhanced clinical response models.

The Trust considers that making this information publicly available could increase risks to the safety of staff, patients, and services including the

potential misuse of such information. For these reasons, the public interest favours maintaining the exemption.

Any additional PGDs over and above those used by regular paramedics. Disclosure would, or would be likely to, prejudice the interests protected by section 31 because it could assist individuals seeking to understand, exploit or circumvent aspects of the Trust's specialist clinical capability and operational response. In particular, disclosure would be likely to:

- **Provide greater insight into the medicines, interventions and specialist treatment options available within the Trust's enhanced clinical response model.**
- **Reveal information about specialist operational capability, deployment practices and the circumstances in which higher-level interventions may be available.**
- **Increase the vulnerability of staff and services by exposing controlled drug and medicines-related processes that could be misused or targeted.**
- **Undermine the Trust's ability to deliver critical care and urgent response services safely and securely by placing sensitive operational information into the public domain, where it could be combined with other information to build a wider picture of specialist capability.**

Section 31 is a qualified exemption and the Trust has therefore considered the public interest test. The Trust recognises the public interest in transparency, accountability and understanding the scope of medicines and clinical practice used within specialist ambulance roles. However, there is a stronger public interest in preventing the real and significant risk of harm that could arise from disclosure, including prejudice to the prevention or detection of crime, the protection of staff and the public, and the Trust's ability to carry out its health and safety and operational functions effectively. For these reasons, the public interest favours maintaining the exemption.

3. Deployment and Dispatch

- **How are these clinicians dispatched to incidents?**
 - **For example: via standard dispatcher allocation, clinician-led triage within EOC, self-dispatch, or other methods such as particular triage outcome codes?**

APP and CCPs have their own dispatch procedure documents. Broadly, it is a self-dispatch model, supported by Urgent and Emergency Care (UEC) Hubs and Critical Care Desks. All APP and CCPs have iPads with CAD Online access for dispatch list monitoring.

- **Are they primarily dispatched to emergency incidents, referrals, or a mixture?**

APPs attend all grades of 999 calls and referrals.

CCPs only attend emergency calls, either as the primary response or based on ambulance crew request from the scene for enhanced care.

4. Referral Pathways

- Do you provide direct referral pathways to these clinicians for external services, such as:
 - Care/residential homes
 - GP surgeries
 - Prisons
 - Other healthcare providers
 - No
- If so, please briefly describe how these referrals are accessed and managed.

Not applicable to the Trust as the service does not provide direct external pathways to these clinicians from care or residential homes, GP surgeries, prisons or other external healthcare providers.

5. Role Activity and Responsibilities

- How is their working time typically divided between:
 - Patient-facing duties (face-to-face or remote)

APP – Approximately 40% operational response and 40% within UEC Hubs

CCP – Approximately 80% operational response (with rotation into EOC Critical Care Desk)

- Emergency Operations Centre (EOC) or control room work

CCPs contribute to the Critical Care Desk

- Training and supervision

Approximately 20% of time is allocated to training, clinical supervision and leadership and management (broadly the same across APP and CCP)

- Leadership or management responsibilities

- Do these roles include formal leadership or supervisory responsibilities? If so, please outline.

Yes, the roles include responsibilities for clinical and educational supervision.

6. Utilisation and Workload

- What are the average utilisation figures for these clinicians across the Trust?
- Specifically, on average:
 - How many patients are seen face-to-face per shift by these clinicians?
 - (If easier, please provide equivalent workload metrics used internally.

Please refer to the table below:

Year	AvgResponsesPer12HrShift
2025	2.7

Date Range: 01/01/2025

Average response per 12hr shift: The average count of responses to incidents attended by (Advanced Paramedic Practitioner, Critical Care Paramedics, Consultant Paramedic) over the above time period.

Next steps

Some information held by the Trust is routinely published on our [website](#) and may be of assistance.

If you are dissatisfied with the Trust's response to your request, you have the right to ask for an internal review.

Requests for an internal review should be submitted within **40 working days** of the date of this response and should be sent to:

Richard Banks, Head of Corporate Governance at FOI@secamb.nhs.uk

The internal review will be conducted by an individual who was not directly involved in handling your original request, ordinarily the Trust's Data Protection Officer. We aim to complete internal reviews within **20 working days** of receipt.

If you remain dissatisfied following the outcome of the internal review, you may complain to the Information Commissioner's Office (ICO). The ICO generally expects complaints to be raised promptly following the completion of an internal review.

The easiest way to raise a complaint is via the ICO's website:

www.ico.org.uk/foicomplaints

Alternatively, you may write to:
Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
SK9 5AF

Yours sincerely,

Corporate Governance Team
South East Coast Ambulance Service NHS Foundation Trust