



Trust Headquarters
Nexus House
4 Gatwick Road
Crawley
West Sussex
RH10 9BG

10th August 2026
Internal Reference: 260724
Email:

Tel: 0300 123 0999
www.secamb.nhs.uk

Dear ,

Thank you for your request for information, which we received on **10/07/2026**.
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.

Please accept the Trust's apologies for the delay and inconvenience you have experienced regarding your FOIA request.

Your Request

In 2022, you kindly supported us to gather valuable information about the role of ambulance trusts in respecting people's end-of-life wishes. By way of follow up and to ensure that we share the most up-to-date information with callers to our free nurse-led information line, I am writing to request your support once again.

Compassion in Dying is a national charity that supports people to plan ahead for the end of life so that their wishes can be known and followed in the event they lack capacity to make decisions for themselves.

We frequently receive enquiries from people who have completed an Advance Decision to Refuse Treatment (ADRT) and/or have a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decision and/or have appointed a Lasting Power of Attorney for Health and Welfare and are concerned about whether their wishes would be respected in an emergency situation or when being transported between care settings. We also continue to receive enquiries from people wanting support to die at home and to avoid being admitted to hospital if they deteriorate.



To ensure that we signpost correctly, give out the most up-to-date information and to inform our policy work I am writing to kindly request the attached information under the Freedom of Information Act (2000).

Formal Response

1. Does your Ambulance Service have a system for enabling attending crew to access copies of an individual's advance care plans (as listed in the table below)?

Advance care planning document	Yes, the crew has access to the full document – please explain the system in place	No, the crew only has partial access to the document – 'e.g. the crew can see if someone has completed a document, but not the form itself. Please explain the system in place	Please include any further information that may help individuals understand the extent to which their care preferences will be known to paramedics	
Advance Decision to Refuse Treatment (ADRT)	Yes, the crew has access to the full document (in some situations)		SECAmb crews can access ADRT documentation through the Intelligence Based Information System (IBIS), where available. In addition,	





			access to local Shared Care Records is being expanded through the Kent and Medway Care Record and other regional Shared Care Record programmes, which may provide access to relevant documentation where it has been shared by participating health care organisations.	
Treatment escalation plans (e.g. ReSPECT forms)	Yes, the crew has access to the full document (in some situations)		ReSPECT plans where shared are available through IBIS. Access to Shared Care Records through Graphnet platforms may also provide access to these documents when contributed by participating health and care organisations.	





Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order	Yes, the crew has access to the full document (in some situations)		DNACPR documentation is available via IBIS where shared and recorded. Additional access to records is available through local Shared Care Records and national interoperability services where implemented.	
Lasting powers of attorney for health and welfare (LPA)		No, the crew does not routinely have access to this document	There is currently no dedicated system providing routine ambulance crew access to Health and Welfare LPA documentation. Crews may become aware of the existence of an LPA through information supplied by patients, relatives, carers or healthcare professionals.	



Any other document setting out a person's care plan (please provide the name of the document below: Name:				Crews have access to patient-specific instructions and clinical information through IBIS. All crews also have access to GP Connect, which provides detailed GP record information but not attached documents. Access to additional care plans varies depending on document availability within local Shared Care Record systems.
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2. If you do have a system for holding and accessing a person's advance care planning documents, who can provide you with these documents and how would they do so (e.g. via an internal system, by email, by posting a copy, by handing you a copy in person)? If an internal system and/or an email are to be used, please give details.

SECamb currently uses the Intelligence Based Information System (IBIS) to provide crews with access to key end-of-life and advance care planning information, including ReSPECT plans, DNACPR orders, ADRTs and patient-specific instructions.

SECamb crews also have access to the Kent and Medway Care Record (provided by Graphnet). Work is underway to extend access to Shared Care





Records in Thames Valley and Surrey, with testing currently in progress.

Discussions are also ongoing with Sussex partners regarding access to the Plexus Shared Care Record through the National Record Locator Service (NRLS), although no implementation timescale has yet been agreed.

All crews have access to GP Connect, which provides detailed GP clinical information but does not currently provide access to attached documents. National work is progressing to support central availability of documents such as ReSPECT plans, DNACPR orders and ADRTs through the National Record Locator Service (NRLS). Further information on national developments should be sought from NHS England.

Advance care planning document	Who can provide a copy and how would they do so?			
	Health or social care professional (Yes/No)	If yes, please detail the mechanism used for sharing the document (e.g. by email to xx@xx.gq)	Individual (Yes/No)	If yes, please detail the mechanism used for sharing the document (e.g. send by email to XX@XX.XX , call # to find more information)
Advance Decision to Refuse Treatment (ADRT)	Yes	Documents are typically made available through IBIS, Shared Care Records or other integrated clinical systems by participating	Yes	SECAmb allows individuals to currently email documents for adding to our IBIS system. this process is being phased out in line with national shared care records Email: patient.alert@Secamb.nhs.uk





		healthcare organisations.		
Treatment escalation plans (e.g. ReSPECT forms)		Documents are shared by participating healthcare providers through IBIS and local Shared Care Record systems.		SECAmb allows individuals to currently email documents for adding to our IBIS system. this process is being phased out in line with national shared care records. Email: Respect@secamb.nhs.uk
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order		DNACPR forms are generally provided through healthcare organisations and made available via IBIS or Shared Care Records where integrated.		SECAmb allows individuals to currently email documents for adding to our IBIS system. this process is being phased out in line with national shared care records Email: dnacpr@secamb.nhs.uk
Lasting powers of attorney for			No routine mechanism currently	No formal submission process exists. Individuals should





health and welfare (LPA)			exists for healthcare professionals to upload LPAs into systems routinely accessed by ambulance crews.	ensure copies are available to family, carers and treating professionals.
Any other document setting out a person's care plan (please provide the name of the document)		No formal direct submission route exists, although information may be provided at the point of care.		No formal direct submission route exists, although information may be provided at the point of care.

3. Does your service recognise and act on the Lions Club "message in a bottle" scheme?

	Comments
Yes	Yes. The Trust recognises the Lions Club "message in a bottle" scheme, and these are still routinely found by crews.
No	





4. Does your service recognise and act on any medical jewellery alerts for end-of-life decisions? If you only recognise a particular brand, e.g. MedicAlert please specify.

	Comments
Yes	Our crews are trained to check for medi-alert (or similar jewellery) as standard. Whether or not they are for EOL.
No	

5. Does your service give any information or support to someone at the end of life who wishes to remain and die at home? (e.g. complete ReSPECT/ DNAR forms, obtain anticipatory medication, call a specific number for support). If so please outline this. If there are common circumstances in which transfer to hospital is mandatory/unavoidable please explain below as this will help individuals and their families manage expectations.

SECamb does not create or complete ReSPECT plans, Advance Care Plans, Do Not Attempt Cardiopulmonary Resuscitation decisions or equivalent Treatment Escalation Plans for patients in the pre-hospital setting. Although these documents are used by ambulance clinicians daily to inform care and decision-making, there is no mechanism for them to be created within SECamb. These plans should be developed by clinicians who know the patient and their family well, usually over a series of conversations and in advance of an emergency. This is not something that can appropriately be undertaken by ambulance clinicians during a single emergency attendance, particularly where patients and families may already be distressed.

All Trust clinicians receive education on treating patients at the end of life. This includes listening to the patient's voice, supporting their wishes where clinically appropriate, and considering whether the patient wishes to remain at home. Crews utilise all available information, including care plans, ReSPECT plans, Do Not Attempt Cardiopulmonary Resuscitation decisions and Advance Decisions to Refuse Treatment, to support clinical decision-making. Clinicians are encouraged to share decision-making with specialist teams and with teams who know the patient well.

SECamb clinicians use the NHS-supported Service Finder app, which provides a directory of services for a range of conditions, including hospices, district nursing services and other appropriate community teams. These services may be contacted to support patients and families at home, and referrals to hospices may be made where the patient is not already known to them. Within SECamb, specialist paramedics may carry Just in Case medicines for symptom control at the end of life. These are one-off doses that may be





administered in an emergency, or where a patient's condition has deteriorated very rapidly and community or GP teams have not yet been able to put medicines in place. A referral for ongoing care is always made when these medicines are given, as further ongoing symptom control is recognised as being outside the continuing scope of the ambulance service.

There are no circumstances where conveyance to hospital is mandatory. However, there may be occasions where a patient's condition cannot be managed safely at home and the patient may wish, or clinically need, to attend hospital for assessment or treatment. This may include situations where further tests or scans are required, where injuries such as fractures are suspected, or where medicines such as intravenous antibiotics are required. Each situation is assessed individually, and a plan is developed in collaboration with the patient wherever possible.

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



Saving Lives,
Serving Our Communities

Chair: Colin Dennis, Interim CEO: Jen Allan