



Trust Headquarters
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Crawley
West Sussex
RH10 9BG

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www.secamb.nhs.uk

8th August 2026
Internal Reference: 260754
Email:

Dear ,

Thank you for your request for information, which we received on **27/07/2026**.
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.

Your Request and our Formal Response

I am interested in understanding your use of Community First Responders to enable compare as to how other Trusts utilise volunteers responding to 999 emergency calls.

I'd be grateful if you could oblige with the following information, breaking down across the last 3 full calendar years (2023, 2024, 2025), and the first half of the current calendar year (1 January 2026 up to and including 30 June 2026) on a year by year basis

1. Total Number of Emergency Calls responded to by your trust, where a patient has received a Face to Face resource – so excluding, for example, any telephone triage resulting in alternate pathways avoiding a physical trust response.

Please refer to the enclosed supporting document.

2. From those calls where a Face to Face resource attended, the number of calls attended by a Community First Responder



Please refer to the enclosed supporting document.

3. Please break the answers to (1) and (2) down in spreadsheet format, separating by both call acuity, (Purple, Red, Amber, P1, P2, P3 etc) AND BY Chief Complaint, (Cardiac/Resp Arrest, Chest Pain etc.)
If your service has an “Other” or “Sick person” Chief Complaint code please break this down into subsets as far as practical.

Please refer to the enclosed supporting document.

Please also provide the below information where applicable:

1. Recognising some Ambulance Trusts are trialling what is commonly labelled as “Emergency Responders” – volunteers responding on behalf of the ambulance service under emergency conditions – if this applies to your Trust please provide this breakdown clearly separated attendances by First Responders and Emergency Responders.

Please refer to the enclosed supporting document.

2. Please also detail any differences in clinical skillsets between your First Responders and Emergency Responders. NOTE – Within the reporting for Emergency Responders I am not interested in clinicians responding through schemes such as BASICS, purely any expansion of what has historically been labelled Community First Responders.

Community First Responders and Emergency Responders operate within the Trust’s approved volunteer responder scope of practice and clinical governance arrangements. The Trust’s Volunteer Community First Responder model currently operates as a single patient-facing volunteer skill set. Our Volunteer Emergency Responders use a marked Trust vehicle with emergency warning devices. Holding the same Clinical Qualification (Future Quals: First Responder on Scene – Community First Responder) as our Community First Responders, both must remain current to remain in practice. To be eligible to drive under emergency conditions (lights and sirens) our Volunteers must hold a Trust-approved emergency driving qualification, generally the Level 3 Certificate in Emergency Response Ambulance Driving and current section 19 driving assessment, complying with the Trust’s Driving Standards Policy.

The main operational distinction is therefore the mode of response and vehicle arrangement, rather than a separate clinical role. Community First Responders respond in their own vehicles from their homes under normal road conditions and do not use emergency warning devices. Our Emergency Responders may respond under emergency conditions in a marked Trust vehicle but are not authorised to convey patients under emergency or routine conditions. Both roles must operate within the scope of their training, competence, and Trust policies. Clinical practice is governed by the Trust’s Scope of Practice and Clinical Standards Policy and associated volunteer responder procedures.





3. Whether your First Responders and Emergency Responders attend all ages, if not, what age are patients required to be before a volunteer is dispatched.

Community First Responders and Emergency Responders may attend patients of all ages where the incident is suitable for deployment and the responder is operating within their training, competence, and Trust policy. The Trust does not apply a single minimum age threshold in the manner described in the request. Deployment is determined by the nature of the call, incident suitability, responder availability, and any applicable dispatch criteria or exclusions. Where a patient's needs are outside the responder's scope of practice, or where the incident requires a higher clinical skillset, an appropriate Trust clinical resource would be deployed in accordance with normal dispatch arrangements.

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,
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Chair: Colin Dennis, Interim CEO: Jen Allan