

Ambulance commissioning: a statement from national ambulance volunteer leads

We welcome the inclusion of ambulance Community First Responder (CFR) volunteers in the [guidance](#) to support the commissioning and delivery of ambulance services in 2025/26. As the leaders of CFR programmes at ambulance services across the UK, we daily see the positive impact of our volunteers on patient care and ambulance performance.

We see a variety of opportunities for CFRs and volunteers more generally to support trusts with saving lives, improving patient experience, improved patient care, supporting lower acuity patients, community resilience, and reducing health inequalities. With ongoing investment to ensure appropriate levels of resource, these opportunities could include:

1. Further implementation of new and existing technology such as Good Sam or Luscii to enable CFRs to establish a “live feed” to clinical colleagues in the EOC. The CFR acting as “eyes and ears” will enable clinicians to make quicker, better-informed decisions based on more information. This will lead to more effective utilisation of ambulance resource. This could include the use of camera feeds and more monitoring equipment.
2. The development of a CFR-linked low acuity (Category 3, 4, 5 or Welsh equivalent) responder role. For example, this could be in line with the Community Welfare Responder role at WAST or the low acuity CFR pilot project at NWAS. This role will focus primarily on supporting lower acuity patients than are typically seen by CFRs. To work, it is essential that there is dedicated support and despatch situated in the EOC. It is also important that a framework is created to release volunteers from being on scene, so that they are not kept on scene for long periods.
3. Growing the scope and ability of CFR and other ambulance volunteers to deliver community engagement. This includes training on basic life support and using defibrillators, healthy lifestyles, and advising on how to access different health services in different situations. This could lead to development of other volunteering roles such as the Positive Action project at NEAS as well as better utilisation of non-ambulance volunteers in the wider community sector. This will support community resilience, reduce demand on ambulance service and reduce health inequalities.
4. Better realising the ability of the CFR role to reduce health inequalities. This includes widening participation in the CFR role by making it more accessible and appealing to a wider demographic. It also includes deploying CFR services to areas of high need, including areas of higher deprivation.

We understand each trust is different and makes decisions based on its own strategic and operational priorities, and its existing volunteering infrastructure. By making this statement we hope to realise greater alignment between trusts, whilst respecting their unique trust contexts.

We understand that funding is an ongoing issue across the ambulance sector. We believe that there is a strong return on investment in volunteering services. The measures we have outlined above would require appropriate investment and support. Spending on enhancing the CFR role



could realise significant gains in other parts of the ambulance service, by relieving pressure, freeing up resources, and allowing for more targeted use of resources to areas where they are most needed.

Joe Crook, National Volunteering Lead, Association of Ambulance Chief Executives

Mark Evans, Chair, National Ambulance Service Responder Managers Group