

## UK Association of Forensic Nurses & Paramedics

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### **Response to recent BMA article title 'Undercut and undermined'**

The UK Association of Forensic Nurses and Paramedics (UKAFNP) is a professional body who represent nurses and paramedics working in both Police Custody suites and Sexual Assault Referral Centres across the four countries of the UK.

The aims of UKAFNP are to lay foundations for best practice countrywide and to enable the delivery of quality care to individuals, also to provide accessible resources, including a knowledge base on issues relevant to forensic healthcare practitioners. At UKAFNP we are committed to:

- Raising the awareness and profile of Forensic Healthcare Practitioners
  - Custody Nurses & Paramedics
  - Forensic Nurse / Paramedic Practitioners
  - Sexual Assault Nurse Examiners (SANE)
  - Forensic Nurses / Paramedic Examiners (FNE)
- Working together to develop, improve and maintain a high standard of forensic evidence collection
- Providing high-quality practitioner care for all individuals in a holistic manner
- Working in partnership with relevant government bodies and all forensic collection specialists, including physicians and the police.

Since its inception 19 years ago UKAFNP has worked tirelessly to achieve our aims, we have ensured the voices of our members are represented in the relevant national committee's, meetings, boards and other decision-making

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forums to allow gold standard of care delivery for our patients. UKAFNP has collaborated with many healthcare bodies, including the Royal College of Physician's Faculty of Forensic and Legal Medicine (FFLM) and others to guarantee national standards were fit for purpose, primarily for the patient but also for the workforce delivering care.

We created a structured educational programme encompassing competency frameworks and assessments to ensure the highest standards around knowledge, behaviours and skills for forensic healthcare practitioners. We delivered this programme in conjunction with a higher educational institute and provided structure and licenses for other higher education institutes to deliver this programme to our standard, allowing national opportunity for all forensic practitioners to gain this learning.

Quality and standards in care delivery is at the forefront of everything we do, which includes person specifications, experience, knowledge and training. Given that our Steering Group and our members predominantly work for private providers we are in a position to work with our employers to ensure this translates to their delivery in everyday practice. Despite UKAFNP not being a commercial organisation, we do understand the UK tendering process and are aware that tenders do have a quality vs cost element, with the quality expectation weighing more significantly in each contract, up to 70-80% in some. Confirming that private providers do have to illustrate robust quality parameters to secure contracts.

Both nurses and paramedics are professionals in their own right, and a profession is defined as one which involves special training and is respected due to the high level of education required (1). One of the key features of a profession is their communities respect and trust in their expertise, in this case patients or detainees specifically (1). Professions require highly knowledgeable and competent individuals and being a professional is due to knowledge and skill (2, 3). This has significant implications for rapport building and care provision in custody when getting as much medical history as possible will improve outcomes.

Indeed, since the addition of nurses and paramedics to the forensic workforce there is clear evidence to show a decline in deaths following police custody and police contact. This is also, albeit on a smaller scale, borne out in the decline of apparent suicides following police contact.

Fig 1. Data extracted from the IOPC Deaths during or following police contact statistics (4)

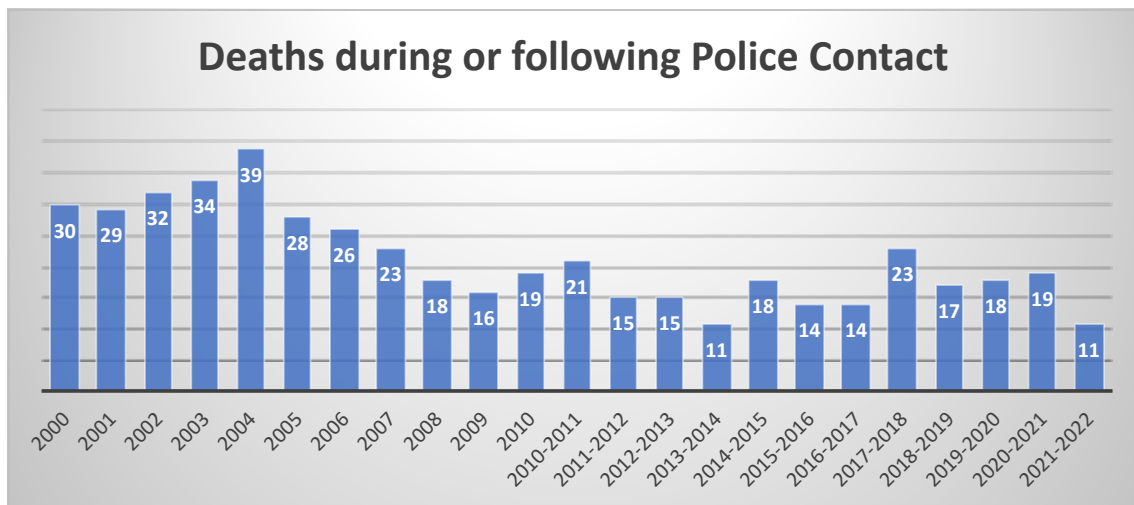
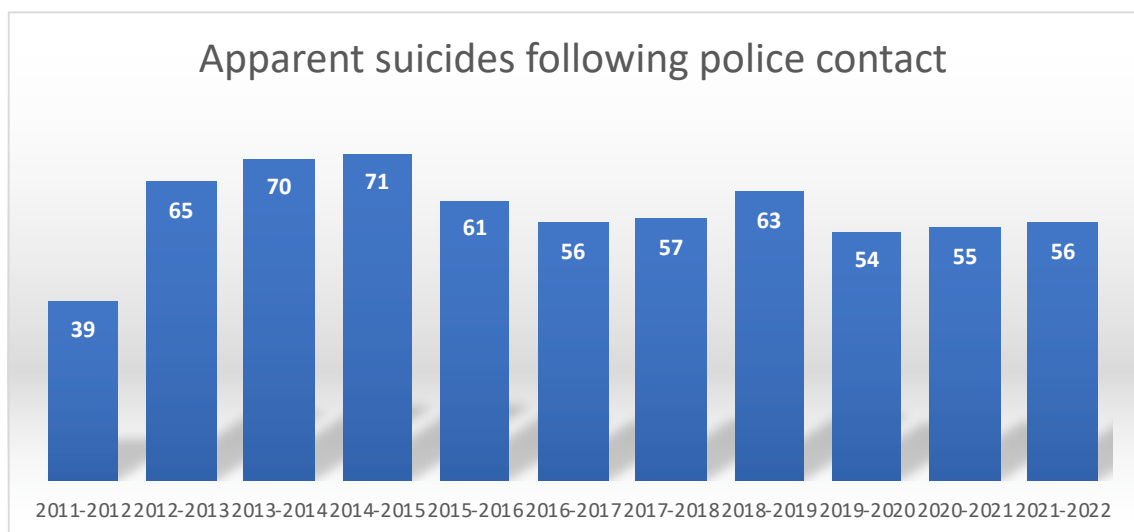


Fig 2. Data extracted from the IOPC Deaths during or following police contact statistics (5)



This may, in part, be attributed to the predominantly embedded healthcare services that are now in place, at the request of the commissioning Police Forces across the UK. The embedded service was not delivered historically as many forensic medical examiners worked primarily as general practitioners and 'fitted in' their forensic obligations between patients or clinics. Which one might argue was fraught with danger and clinical risk and an increased need for hospital admissions. The way in which modern forensic healthcare services are designed affords the Police on site 24/7 cover.

All private forensic healthcare providers are different however from the personal experience within the UKAFNP Steering Group and our membership

we can attest to high calibre induction and training programmes for their healthcare professionals. This includes focused and intense induction programmes, followed by periods of ongoing learning, formal teaching, organisational competency frameworks and much more. To suggest any provider is not equipping their staff to perform and endure the rigours of the forensic environment is churlish and unnecessary, and more basically an inaccurate representation of the current workforce in the UK. UKAFNP is aware that providers regularly scrutinise their staff's performance, through quality assurance measures around clinical notes, incidents and also hospital admissions.

Furthermore, we have seen an increase in the use of technology following the introduction of private providers in forensic healthcare. Including the use of SystmOne and summary care record which allows access to current community healthcare records, with patient consent. This fundamentally allows forensic healthcare professionals the ability to manage the healthcare of patients thoroughly and comprehensively, including administration and continuance of their medications, as they would in any other healthcare setting.

This technology allows for data collection and UKAFNP approached one of the large providers for some data and they kindly provided six months' worth of numbers illustrating their hospital admissions from custody. The figures showed that between October 2022 and March 2023 their healthcare professionals attended 73,996 detainees across the UK. Of those only 4247 were sent out to hospital Accident and Emergency departments, equating to 5.7% in total. Whilst this is only one provider it does show how competent the healthcare professional workforce is at managing healthcare in custody. Another provider informed UKAFNP the lion's share of their hospital admissions were patients with either active chest pain, overdose or head injury with active symptoms. All presentations which would require A&E referral no matter which service they attended. Highlighting that in the main this provider's HCP's are recognising and appropriately referring their patients to the correct onward service. Further data collection is necessary generally in this field.

Sadly, what we don't have is formal data showing the impact of having nurses and paramedics providing statements and court testimony, however UKAFNP has not been made aware of any direct negatives this change in workforce has

had on the criminal justice systems and court hearings. We feel certain any negative impact would have been raised at national level.

Currently NHS England provide national support and oversight to the healthcare being delivered in police custody, as we do not have any authorised and approved standard setting body. This standpoint was confirmed to UKAFNP in recent correspondence from the Rt Hon Chris Philip, Minister of State for Crime, Policing and Fire. The remit of NHS England is wide and varied, with forensics being a very specialist area, so UKAFNP feel that a formal standard setting group including key stakeholders, would be a sensible and necessary move forward to ensure quality and standards are set, achieved, maintained and delivered now and for the future.

The face of forensic healthcare has changed significantly in the past 20 years, and from both anecdotal feedback and more formal figures and statistics, very positively. Patients are receiving high quality of care from a highly trained and knowledgeable workforce who continue to grow and improve. One that UKAFNP is very proud to represent.

## References

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