



Original Communication

## Provision of forensic medical services to police custody suites in England and Wales: Current practice

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### ARTICLE INFO

*Article history:*

Received 16 August 2008

Accepted 3 September 2008

Available online 21 November 2008

*Keywords:*

Forensic medical services

Custody healthcare

Police surgeon

Forensic physician

Forensic medical examiner

Police services

Constabularies

Costs

Outsourcing

### ABSTRACT

**Introduction:** Police services within England and Wales are required under the Police and Criminal Evidence Act 1984 to ensure appropriate healthcare to those detained in police custody (forensic medical services). Traditionally doctors have been used by police services to provide an appropriate level of care. Changes within the Act allowed other healthcare professionals (nurses and paramedics and emergency care practitioners) to be included in the provision of such services. The aim of this appears at least in part to have been to reduce the costs of providing such a service. In recent years police services within England and Wales have been outsourced to assorted commercial providers. There are now several different modes of delivery of forensic medical services, which are determined locally by separate police services. **Aims:** This study aimed (a) to determine the different modes of delivery of forensic medical services in England and Wales; (b) to determine the healthcare workload caused by Police and Criminal Evidence Act 1984 Codes of Practice; (c) to determine the relative costs of different service models and (d) to determine availability of such information from the police services.

**Methods:** The study was undertaken in two parts – (a) a telephone survey of all police services, and (b) an application to each police service utilising the Freedom of Information Act 2000.

**Results:** All police services ( $n = 43$ ) in England and Wales were contacted. Of the 41 forces that furnished detailed information; 13/41 had a doctor only service; 20/41 had a doctor/nurse service; 6/41 had a doctor/nurse/paramedic service; 1/41 had a doctor/emergency care practitioner service (who may be nurses or paramedic); 1/41 had a doctor/paramedic service. 23/43 services were outsourced to private commercial providers. Mean cost per patient contact (in 17/43 services which supplied data) was GBP 97.25. The cheapest cost per patient contact was the Metropolitan Police Service – a doctor only service (GBP 56.4), the highest Lincolnshire – a doctor only service (GBP 151.1). Mean cost for a doctor only service was GBP 97.1; for a doctor/nurse service – GBP 91.56 and for a doctor/nurse/paramedic service – GBP 115.76. There was no significant difference in costs per patient contact between a doctor only versus mixed HCP delivery of service. Relative costs and 95% confidence intervals expressed as a percentage show that a doctor only model was on average 3.4% lower than a mixed HCP provision, and that a non-outsourced service was on average 9.9% less than an outsourced service. No outsourced service in this study uses a doctor only model.

**Conclusions:** The study shows that there was a complete lack of consistency in the recording and availability of information regarding forensic medical services for police services in England and Wales. The information that was obtained suggested that usage of such services varied greatly between police services and that costs of forensic medical services appear to be increased by the use of mixed healthcare professional service delivery and by using external commercial providers.

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## 1. Background

In England and Wales, healthcare provision to detainees in police custody suites has traditionally been provided by forensic physicians (previously known as police surgeons) who would often be general practitioners (GPs – primary care physicians) in the community working in the custody setting on a part-time basis in addition to his or her GP work. In the last two decades, the terms forensic physician (FP) or forensic medical examiner (FME) have replaced the term police surgeon, in order to clarify and emphasise the independent role that such medical practitioners must undertake in the custody setting. The recent formation of the Faculty of Forensic and Legal Medicine, of the Royal College of Physicians, recognises the need to develop professional standards further for forensic physicians. Individuals in England and Wales detained in police custody for the investigation of criminal matters may require the services of a healthcare professional (HCP) for two main reasons. Firstly, for forensic issues (for example, determination of fitness to interview, forensic sampling, or assessment of injuries) and secondly for general healthcare issues – which may influence the forensic issues. A recent study<sup>1</sup> has identified a high rate of both general and forensic healthcare issues that may be of relevance whilst an individual is detained in police custody. The care of an individual in police custody within England and Wales is determined by the Police and Criminal Evidence Act 1984 (PACE). This details all issues concerning an individual's detention and also provides the framework by which referral of a detainee to a healthcare professional is determined. In particular, issues of health and related medical issue are referred to in Code C of the Codes of Practice of that Act.<sup>2</sup> Within PACE, Codes of Practice define situations in which custody officers (police officers tasked with the role of care of detainees) must seek the advice of a doctor. The Codes of Practice originally specified 'a police surgeon', but the Act later made provision such that the term 'police surgeon' was replaced with 'healthcare professional' – defined as 'a clinically qualified person working within the scope of practice as determined by their relevant professional body.'<sup>3</sup> Whether a healthcare professional is 'appropriate' depends on the duties they carry out at the time. Police services within England and Wales are under pressure, as are all public bodies, to review costs and provide best value.

Since these changes were initiated a number of commercial providers have been contracted to provide forensic medical services to police services. Such commercial providers are represented by public, private and not-for-profit companies. This appears to have accelerated the introduction of other healthcare professionals (HCP – nurses, paramedics and emergency care practitioners) in a number of police services. Each police service acts autonomously and a large range of models of delivery of forensic medical services is now active. Standards appear variable. There appear to be little or no data that address quality of service and relative costs of the provision of forensic medical services between police forces. Anderson undertook a survey of service delivery and identified the range of service delivery models.<sup>4</sup> The financial burden of such services to the police is high and the management of such services can be complex. This complexity may act as a driver to move to outsourced services with commercial providers, in the expectation that they may utilise HCPs and other doctors at lesser cost. Other drivers may include uncertainty about costs and difficulties in retaining forensic physicians. Comparisons of delivery models, the range of HCPs utilised and determination of the costs – despite being borne from public funds have not previously been studied in detail in England and Wales.

This study aimed (a) to determine the different modes of delivery of forensic medical services in England and Wales; (b) to determine the healthcare workload caused by PACE Codes of Practice; (c) to determine the relative costs of different service models and d) to determine availability of such information.

## 2. Method

The study design was undertaken in two parts. Firstly, a structured email and telephone-based enquiry was undertaken of all police services in January 2008 and secondly a Freedom of Information (FOI) Inquiry under the Freedom of Information Act 2000 was made to all police services requesting detailed information concerning forensic medical services. The questions asked in the FOI Inquiry letter are shown in Fig. 1. Practising forensic physicians or police forensic services managers in each of the 55 constabularies in United Kingdom police services were contacted and identified and described the forensic medical services delivery in their

### Request for Information under the Freedom of Information Act

The request is:

1. for provision of your constabulary/force/service total costs for the provision of custody healthcare services (sometimes know as forensic medical services) annually since 2000 until now;
2. a breakdown of the numbers of examinations undertaken in this setting;
3. a breakdown of what type of healthcare professional has undertaken the examination (eg doctor, nurse, paramedic)
4. the total number of detainees processed through custody

For the avoidance of doubt these figures should include:

- (a) the detail of costs for healthcare of detainees (as determined by PACE Codes of Practice) provided
- (b) healthcare professionals (doctors, nurse or paramedics) employed by yourselves and/or any outsourced provider;
- examinations of victims (to include the cost of sexual assault victims);
- examination of injured police officers or examination of police officers against whom a complaint has been made;
- administrative costs to manage the custody healthcare/forensic medical service (and in the case of outsourced providers, the cost to the constabulary to manage that contract).

Fig. 1. Request for Information under the Freedom of Information Act.

**Table 1**  
Police services in England and Wales England

England	
1. Avon and Somerset Constabulary	21. Lincolnshire Police
2. Bedfordshire Police	22. Merseyside Police
3. Cambridgeshire Constabulary	23. Metropolitan Police Service
4. Cheshire Constabulary	24. Norfolk Constabulary
5. City of London Police	25. Northamptonshire Police
6. Cleveland Police	26. Northumbria Police
7. Cumbria Constabulary	27. North Yorkshire Police
8. Derbyshire Constabulary	28. Nottinghamshire Police
9. Devon and Cornwall Constabulary	29. South Yorkshire Police
10. Dorset Police	30. Staffordshire Police
11. Durham Constabulary	31. Suffolk Constabulary
12. Essex Police	32. Surrey Police
13. Gloucestershire Constabulary	33. Sussex Police
14. Greater Manchester Police	34. Thames Valley Police
15. Hampshire Constabulary	35. Warwickshire Police
16. Hertfordshire Constabulary	36. West Mercia Constabulary
17. Humberside Police	37. West Midlands Police
18. Kent Police	38. West Yorkshire Police
19. Lancashire Constabulary	39. Wiltshire Constabulary
20. Leicestershire Constabulary	
Wales	
1. Dyfed-Powys Police	3. North Wales Police
2. Gwent Police	4. South Wales Police

respective police services. The results were collated in a Microsoft Excel 2003 Database. This study only reports the findings for England and Wales where the two relevant statutes (PACE and FOI) apply.

Names of all England and Wales police services are shown in Table 1. For the purposes of this study only the predominant and current model of forensic medical service delivery (in January 2008) for each police service is listed, so that actual (as opposed to pilot) practice is identified. Changes may have occurred between data collection and publication of this study.

### 2.1. Statistics

The relative costs between doctor only delivered services and doctors plus (Doctors+) others and between outsourced and non-outsourced contracts were compared using one way analysis of variance. The data were log transformed before analysis and the mean and 95% confidence intervals were antilogged to give the mean and 95% confidence intervals of the relative costs, expressed as percentages, for Doctors versus Doctors+ and Not Outsourced versus Outsourced.

### 3. Results

Tables 2a and 2b show the combined results within England and Wales. These show the responses to the questions posed in the letter asking for information under FOI. The most recent data are identified for years 2006 and 2007. Different police services have different annual reporting times (e.g. May–April, or January–December) and thus the responses from different services may reflect slightly different time periods. Data provided under the FOI application were variable between police services. Some police services (e.g. City of London Police, Gloucestershire Constabulary) provided responses to all questions; others (e.g. Greater Manchester Police, North Wales Police) provided responses to only some questions or none. Three main reasons were given for not providing information under FOI. These were (a) under s43 of the FOI Act which can give exemption under Commercial Interests, (b) under s12 (1) of the FOI Act which provides that public authorities do not have to comply with the Act if the cost of complying would exceed the appropriate limit and (c) the information re-

quested was just not recorded. Of those police services able and/or agreeing to provide information requested, the following results were obtained. The mean percentage of total detainees entering custody suites and assessed by an HCP was 26.9%. The range varied between 12.3% (Humberside) and 47.7% (Cheshire). There was no consistency of recording of data (e.g. some would run from 1 January to 31 December, others from 1 April to 30 March, others provided monthly data, some were electronic data, some were by handwritten records), and so we have attempted to provide the data that reflected for each police service its most recent year of complete records. These may vary between 2006 up to study enquiry in 2008. The way in which data are stored or provided may differ. We have attempted to report data in as comparable way as possible, based on the specific responses to the questions asked. All police services ( $n = 43$ ) in England and Wales were contacted. Twenty one police services reported a total of 428,434 patient contacts in 2006. Of those 13/41 (two services did not respond to this question) had a doctor only service, 20/41 had a doctor/nurse service and 6/41 had a doctor/nurse/paramedic service, 1/41 had a doctor/emergency care practitioner service (who may be nurses or paramedic), 1/41 had a doctor/paramedic service. Of those services 22/43 was outsourced to private commercial providers. 17/43 services were able to provide data to make an estimate of overall mean cost per patient contact (total cost of forensic medical services/number of contacts by HCP) and the mean cost was GBP 97.25. Mean cost for a doctor only service was GBP 97.1; for a doctor/nurse service – GBP 91.56 and for a doctor/nurse/paramedic service – GBP 115.76. The cheapest cost per patient contact was within the Metropolitan Police Service (GBP 56.4), with the highest being Lincolnshire (GBP 151.1). Cumbria Constabulary provided data but emphasised that the number of patient examinations may not be complete, and was thus excluded. Fig. 2 shows a dot-plot of costs between the different modes of delivery. Fig. 3 shows a dotplot of costs comparing outsourcing and not outsourcing. Fig. 4 examines relative costs and 95% confidence intervals expressed as a percentage and shows that a doctors only model is on average 3.4% lower than a mixed HCP provision, and that a non-outsourced service is on average 9.9% less than an outsourced service. No outsourced service uses a doctor only model.

### 4. Discussion

The care of detainees in police custody is an important area of healthcare and police function. This is recognised in the publication Guidance on The Safer Detention and Handling of Persons in Police Custody.<sup>5</sup> This document states 'Many people who come into custody or police contact often do so with physical or mental vulnerabilities or both. There are often problems around alcohol or drug-related abuse or misuse. The Police Service often provides the gateway to healthcare services for those that come into custody, but a police station is not the most appropriate place for diagnostic assessment or healthcare treatment. The guidance recognises this and strongly promotes and advises on the engagement of the right healthcare professional at the right time and in the right place'. Previous studies of detainees in police custody have highlighted the problems that arise from the high incidence of drug and alcohol misuse.<sup>6</sup> These and other issues such as mental health diagnoses and intentional self-injury are frequently associated with both near miss incidents and deaths in custody. Thus the assessment, diagnosis and management can be crucial for the safety of those in custody.<sup>7–9</sup> General medical diagnoses may also result in death or near misses. A recent study has also shown a very high incidence of general medical problems for detainees in police custody with a high incidence of non-compliance with medication regimens.<sup>1</sup> This may in part be due to a chaotic lifestyle. There will therefore be a clear need for

**Table 2a**

Summary of findings regarding modes and costs of delivery of forensic medical services in police services in England and Wales: Summary responses to Q1 and Q2 of FOI enquiry

Name of police service	Total cost of forensic medical services (£)		Total number of examinations		Cost per patient contact - £ (total cost/ number of examinations – using figures for total cost and total number of examinations for most recent complete year data)
	2006	2007	2006	2007	
Avon and Somerset	1364325	1 348 460	12 603	16 458	81.9
Bedfordshire	482 520	630 075	4139	5255	119.9
Cambridgeshire	674 919	698 385 (April–Oct)	6173	4117 (April–Oct)	109.3
Cheshire			9914	13 815	
City of London	179 655	151 308 (11 months)	1984	1951 – 11 months	90.6
Cleveland					
Cumbria	715 000	505 000 (not complete)	2506 – but may only be a partial response	255	
Derbyshire	1 000 000	1 040 000	10 715	6468 (June–Jan)	93.3
Devon and Cornwall	1 406 414	Not provided s43(2)	22 652	Figures exclude contracts manager and other costs	62.1
Dorset	731 668	870 588			
Durham					
Dyfed-Powys	411 697	s43 exemption	3000	3000	137.2
Essex			16 513	18 271	
Gloucester		650 000		5573	116.6
Greater Manchester					
Gwent	462 902				
Hampshire			17 833	19 207	
Hertfordshire	785 000	800 000			
Humberside		296 767.11		3565	83.2
Kent	1 355 715		17 391		78.0
Leicestershire			11 518	8065 (Mar–Jan)	
Lancashire	800 000	1 000 000	12 500	15 000	66.7
Lincolnshire	459 088	529 070	3038	3031 (to date)	151.1
Merseyside	1 487 912	1 479 995	20 000		74.4
Metropolitan	12 627 128		223 999		56.4
Norfolk				1416 (Nov–Jan)	
North Wales					
North Yorkshire	591 219				
Northamptonshire	607 694		5379	4541 (April–Jan)	113.0
Northumbria	1 777 690	1 718 860			
Nottinghamshire	1 088 610	682 613 (April–Jan)	10 374	7967 (April–Jan)	104.9
South Yorkshire			10 959	12 637	
South Wales					
Staffordshire	888 000				
Suffolk	619 000	717 000	5244	4820 (to date)	118.0
Surrey	273 043	275 760			
Sussex					
Thames Valley	1 940 000	(169 500 – 10 months)			
Warwickshire	267 116	225 446 (April–Dec)			
West Mercia	1 012 427	(773 774 – 10 months)			
West Midlands					
West Yorkshire				39 332	
Wiltshire	896 000 (first supplier)	541 000 (2nd supplier)		7074	

those involved in the assessment and management of such individuals to have appropriate skills and training and the ability to diagnose, manage and prescribe drugs. The Guidance on the Safer Detention and Handling identifies the limitations of functions with regard to healthcare and forensic duties of the different healthcare professionals working in police custody and emphasises 'Any healthcare professional working in a custodial environment must be adequately trained before undertaking any of the procedures listed [in Appendix 12]. ...This applies equally to doctors, nurses and paramedics. Some of the procedures and duties listed will also require specialist competencies or statutory powers. Healthcare professionals should not be required to work outside the scope of their professional competency or clinical guidelines'.<sup>5</sup> All doctors are trained to assess, diagnose, manage and prescribe. There is huge variation however in the skills of nurses and paramedics and thus not all can fulfil the functions that may be required of them in the delivery of forensic medical services. The results of the study show that currently there are five models of healthcare provision in police custody suites in England and Wales: – doctors; doctors/nurses; doctors/

paramedics; doctors/Emergency Care Practitioners (ECP – who may be nurses or paramedics); and doctors/nurses/paramedics. The range of different healthcare models may have an impact on the quality of care provided to detainees detained in different police services. There appears to be no standardised approach between police services with regards to delivery, utilisation, monitoring, audit and clinical governance of service. There are currently no professional standards that are applied to determine the competence of those HCPs providing forensic medical services. There appears to be little dependence on an evidence-based approach to providing care and in some cases it may be questionable as to why particular systems are used. One example is the procurement of lifesigns monitoring devices for cells, which have been installed in police cells in a number of police areas, without any proper assessment or analysis of effect or operational requirements.<sup>10</sup> A recent inspection has emphasised the need for appropriate mental health experience<sup>11</sup> which will not generally be within the skill set of registered general nurses and paramedics. Thus local decisions of sometimes relatively junior personnel with

**Table 2b**

Summary of findings regarding modes and costs of delivery of forensic medical services in police services in England and Wales: Summary responses to Q3 and Q4 of FOI enquiry and telephone survey

Name of police service	HCPs used in delivery of forensic medical services (FOI responses – including breakdown of type of HCP where information supplied)	HCPs used in delivery of forensic medical services (telephone survey responses)	Outsourced contract (yes or no)	Total number of detainees processed per annum		% of detainees in custody seen by HCPs (total number of detainees processed per annum/total number of examinations – does not take into account detainees seen more than once)
				2006	2007	
Avon and Somerset	Prior to 2006 doctor only – cost per contact 78.35	Doctors and nurses	Yes	48 624	49 613	33.2
Bedfordshire	2005–2007 – doctor, nurse, paramedics	Doctors, nurses and paramedics	Yes	22 339	22 457	23.4
Cambridgeshire	2006–7 - doctor - 4858, nurse - 304, paramedic 1636	Doctors, nurses and paramedics	Yes			
Cheshire	Doctors and nurses - no breakdown	Doctors and nurses	Yes	25 945	28 982	47.7
City of London	Doctors only	Doctors only	No	5 436	5 368 (11 months)	36.5
Cleveland		Doctors and nurses	Yes	30 075	33 185	
Cumbria	Doctors and nurses	Doctors and nurses	Yes	22 614	23 893	
Derbyshire		Doctors and nurses	Yes	32 328	35 664	33.1
Devon and Cornwall	From 2005 doctors + nurses predominantly doctors -	Doctors and nurses	Yes	51 207	43 237 (April–Feb)	44.2
Dorset			Yes	28 934	28 899	
Durham	Doctors only (nurses were used in pilot)	Doctors and emergency care practitioners	No	32 160	25 743	
Dyfed-Powys	Doctors (Dec 2007 nurses dealt with 17 calls)	Doctors and nurses	Yes	19 156	20 134	14.9
Essex	Data not held	Doctors, nurses and paramedics	Yes	52 850	62 722	29.1
Gloucester	Details not kept	Doctors, nurses and paramedics	Yes	19 036	18 368	30.3
Greater Manchester		Doctors	No			
Gwent			No			
Hampshire	Doctors and nurses	Doctors and nurses	No	46 274	71 753	26.8
Hertfordshire	Doctors	Doctors and nurses	Yes	Jan 1 2000–Dec 31 2007 – 216 496		
Humberside	Doctors	Doctors and nurses	No		28 969	12.3
Kent	Forensic nurse practitioner' (doctors called out ~ 10 × per month)	Doctors and nurses	No		39 247 (April–December 2007)	
Leicestershire	Doctors and nurses	Doctors and nurses	Yes	51 984		
Lancashire	s12 refusal	Doctors and nurses	Yes	75 867	70 067 (March)	16.5
Lincolnshire	Doctors only	Doctors only	No	21 870	21 740	13.9
Merseyside	Doctors only	Doctors only	No	54 737	63 673	36.5
Metropolitan	Doctors only	Doctors (one custody suite with nurses)	No		395 000	

(continued on next page)

Table 2b (continued)

Name of police service	HCPs used in delivery of forensic medical services (FOI responses – including breakdown of type of HCP where information supplied)	HCPs used in delivery of forensic medical services (telephone survey responses)	Outsourced contract (yes or no)	Total number of detainees processed per annum		% of detainees in custody seen by HCPs (total number of detainees processed per annum/total number of examinations – does not take into account detainees seen more than once)
				2006	2007	
Norfolk	Doctors, nurses, paramedics	Doctors, nurses and paramedics	Yes	20869		
North Wales		Doctors and nurses	No			
North Yorkshire	Doctors only	Doctors only	No	25978	24666	
Northamptonshire	Doctors only	Doctors only	No	21275	20863	25.3
Northumbria	Doctors and nurses under external contract finished in 2006/7	Doctors only	No	97726	74985 (Jan)	
Nottinghamshire	Doctors and nurses	Doctors and nurses	Yes	53585		19.4
South Yorkshire	Doctors only	Doctors	No	51243	54996	23.0
South Wales		Doctors and nurses	Yes			
Staffordshire	Doctors	Doctors	No			
Suffolk	Doctors until 2003/4 (cost per call then £85.52) – Doctors/nurse/paramedic from 2005/2006	Doctors, nurses and paramedics	Yes	26222		20.0
Surrey	Forensic medical examiners and trained custody medics	Doctors and paramedics	No	24476	20272 (Apr–Jan 2008)	
Sussex		Doctors and nurses	Yes			48781
Thames Valley		Doctors only	No			78696
Warwickshire	Doctors only	Doctors only	No	14330	14950	
West Mercia	Doctors only	Doctors only	No	42284	44567	
West Midlands		Doctors and nurses	Yes			
West Yorkshire	Data held by service provider	Doctors and nurses	Yes	185630	160115	24.6
Wiltshire		Doctors, nurses and paramedics	Yes			15786

police services may have an impact on both the medical management and the forensic assessment of the detainee; the number of referrals to secondary care; the possibility of increased death rates or near misses in custody; and ultimately the outcome of criminal cases in court. There is a clear postcode lottery element to the standard of forensic medical services, dependent on the police area in which an individual is arrested. The recent collapse of a commer-

cial company contracted a few months earlier to provide forensic medical care to seven police services must raise questions about the contract awarding and procurement processes and whether or not the quality of forensic medical care was compromised.<sup>12</sup> Further research is required and any studies need to be designed to determine whether different models have real beneficial or detrimental effects on healthcare outcomes in custody. Unfortunately

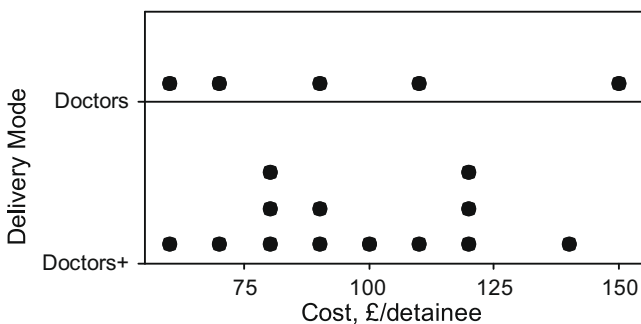


Fig. 2. Dotplot of costs of forensic medical services – doctors vs doctors + other HCPs.

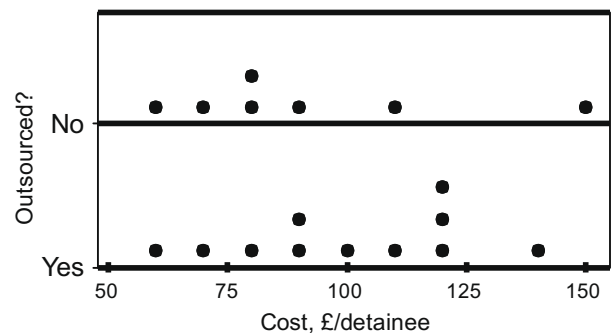
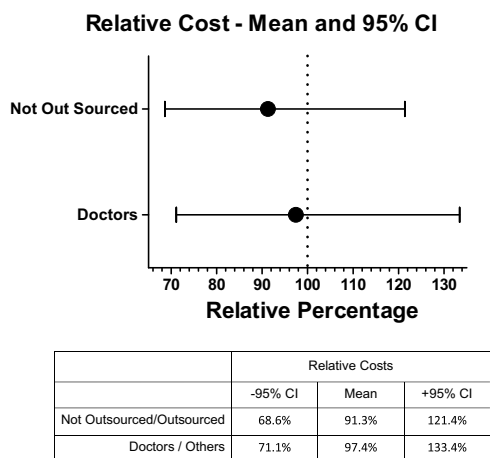


Fig. 3. Dotplot of costs of forensic medical services – outsourced vs not-outsourced contracts.



**Fig. 4.** Relative costs of not-outsourced and doctors only mode of delivery of forensic medical services.

such studies are complex and it is simpler to address issues that are quantifiable and easily measurable. This approach is reflected in a funded research study<sup>13</sup> which compares a doctor vs doctor/nurse delivery of service – but only addresses response times and consultation times without any attempt to determine what the outcomes of consultations were.<sup>14</sup> This type of study has little or no value in attempting to address or improve the healthcare needs of the vulnerable police detainee population.

Any changes in the healthcare model that is employed should ensure that there will be no detrimental effect on the medical safety and management of the detainee and that there will be no influence on the outcome of court cases. Issues such as consent, confidentiality and independence of the healthcare professional – whether doctor, paramedic or nurse – are extremely important in the criminal justice process. These may all be influenced by the professional setting (employed vs self-employed, employed by commercial company vs employed by police). Multi-professional working is standard practice in all areas of healthcare and it is right that a mixed skill-base of practitioners is utilised. It cannot however be correct that all modes of service delivery that currently exist can all provide the most appropriate and safest service to detainees. Concern must be raised that changes to the delivery of forensic medical services which in part may have been initiated to reduce costs – have in practice, increased costs. The data provided by police services in this study suggest that this strategy has resulted in a more expensive service. In addition the overall costs to the taxpayer vary widely, dependent on how the services are delivered. Using the total detainee figures provided (by 22 police services) for 2007 (1573778) – the number of detainees undergoing healthcare assessment would be (assuming 26.9% are seen) 423346. Applying the value for cheapest cost per patient contact

(Metropolitan Police Service) the cost to the taxpayer per annum if applied to all police services would be GBP 23876730; applying the mean cost per patient contact would be GBP 41276262; and applying the most expensive cost (Lincolnshire Police) would be GBP 63967623. It might be considered a matter of concern that police services as public bodies interpreted the information they considered appropriate to release under the Freedom of Information Act in different ways, and suggests there is some confusion within police services about the duties imposed by the Act. The authors did not choose to follow the various routes of seeking further disclosure of data, but that option remains available. It would seem appropriate that the widely varying modes of forensic medical services delivery to police services in England and Wales should be reviewed as a matter of urgency by an independent assessor such as the Audit Commission to ensure that public funds are being most appropriately used.

### Conflicts of interest statement

J.J.P.-J., W.A. and P.G. are all practising forensic physicians whose work may be affected by any changes in forensic medical services delivery.

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