

FACULTY OF FORENSIC & LEGAL MEDICINE



Faculty Consultation on NSPIS

1 Background

1.1 Following the development of the NSPIS Custody Management system in late 2005, NSPIS has been steadily rolled out to several forces throughout the country. Members have made several informal expressions of concern about the medical safety of the system and following one formal letter from a member, the Academic Committee decided to launch a formal consultation exercise via the Faculty's members only forum. This was the Faculty's first on line consultation exercise. Four of the responses arrived shortly after the closure of the consultation exercise by separate email but were still incorporated into this paper.

1.2 NSPIS have indicated they are prepared to review the issues we raise. The NSPIS Custody Product Manager for the National Policing Improvement Agency is Trevor Lisk (Tel 01249665831, Mob 07817845978 and Email: Trevor.lisk@npia.pnn.police.uk).

2 Responses

2.1 The Faculty received 15 written responses in a 4 week on line consultation period. Most responses were detailed and highlighted a few good aspects but most also highlighted several serious shortcomings. The responses have been collated and issues discussed in relation to each. It has never been clear what medical advice was sought when the system was designed.

2.1 There are benefits in that any advice given is now legible (two responses) and focuses the mind on inputting appropriate instructions.

2.2 The system is slow and cumbersome and increases time, resulting in increased costs. General problems include:

- An inability to minimise a screen – it has to be closed.
- Some screens only show a limited amount of the A4 page, not 100%.
- Many free text boxes are too small, particularly the medical advice box. When the text is then saved some words at the end of a line are then split in two.
- It is not possible to print out one page. Many doctors want to take copies of their advice but end up having to print out many unnecessary pages.
- The fields do not automatically move to the next box after a key stroke return but require a mouse action to move the cursor.

2.3 Two responses commented about the fact that custody staff sometimes failed to create a medical log. This can be overcome by allowing the doctor or HCP to open a log if it has not been done.

2.4 Clarity on the reason for the request from the custody officer (two responses). This could be improved by having a series of drop down requests or radio buttons e.g. for FTD, FTI, Injuries, Forensic Samples etc.

2.5 There is no facility to edit a document once it has been saved (two responses); it is necessary to open a new medical form which makes continuity of care difficult to follow.

2.6 Medical pages:

- The radio button system of Recommendations does not recognise the complexity of many patients/recommendations (five responses). It is necessary to give a yes/no response to all recommendations before the record can be saved. For example if a person is not fit to be detained (FTD), all entries of fit for interview (FTI), need for an appropriate adult, fit to charge still have to be completed. Similarly for a person detained under a warrant, FTI may not have been assessed but the recommendation still needs to be completed. Additionally, if the person is not FTI, a time has to be stated when the person will be. This problem could be overcome by having a series of buttons with an option of not applicable/unable to assess/after medical review. In addition, date and times should auto fill or have menu options.
- Previous medical record forms from the same detention are difficult to access from the current medical page. It would be helpful to open up and reduce in size to ensure that all relevant information is available.
- There is no system for incorporating medical information from other sources e.g. a letter from the hospital, into the medical pages
- Two doctors commented that they had to make ad hoc changes to the intended use of the form to get round the inflexibility of the system.
- One doctor commented that risk of self harm should be just increased or standard.
- There is no warning if too much narrative is written in the text box, it just does not appear when saved.
- There could be drop down boxes created for levels of observation e.g. Level 1 etc.

2.7 Prescribing module:

- There is no facility to correct a mistake when the record has been saved (two responses). It is necessary to completely delete the whole prescribing module and create a new one. This can be time consuming, particularly if a patient is on several medicines. Similarly, it is not possible to remove a drug from the prescription page when it is no longer required; the whole prescription module has to be deleted. If a medicine change were then put on the detention log, this could lead to confusion and the risk of error.
- The boxes on the prescribing module have a character limit that is too small (three responses). Thus it is not possible to always write the correct dose e.g.

two puffs four times a day. It is essential to be able to be specific about medicine instructions and abbreviations should not be used as they may not be understood by lay people.

- The prompt for the next dose has to be inserted by the person giving the current dose. If the next time is inserted incorrectly, the wrong reminder time will be made.
- Seven doctors commented that the prescribing forms were unsafe to use.
- Two anecdotal reports to the author indicated that the doctors had refused to use the prescribing system.
- The prescribing module is unsafe because there are no interactive prescribing warnings.

2.8 Two doctors commented that NSPIS was not currently being used in their Force.

3 Conclusions

3.1 The on line consultation exercise appears to be a good way of seeking members views. An increased response rate may be achieved by group email reminders e.g. at the start of the consultation exercise, a week before it closes and a day before it closes.

3.2 NSPIS should consider obtaining medical advice from Forensic Physicians before any redesign of the medical pages.

3.3 The NSPIS system is slow, cumbersome and inflexible. Some very simple changes could improve this:

- Clarity on the reason for the request for the medical examination by the use of a series of drop down boxes.
- Removing the space restriction on free text boxes in the medical pages.
- Allowing further options for FTD, FTI etc other than yes/no such as not applicable.
- Creating a series of drop down boxes for common levels of observation e.g. Level 1 etc.

3.4 Of concern are the repeated comments about the safety of the prescribing system. There should be a redesign of the Prescribing module using advice from doctors who are experienced in designing safe prescribing systems which could incorporate a Formulary, alerts that can identify contraindications and drug interactions and times medicines due etc.