



British Pharmacological Society's response to 'a vision for an enhanced BNF from NICE'

What are your views on the vision for an enhanced BNF as described?

Generally, feedback from members of BPS, as clinical pharmacologists working in the NHS, has been largely positive and supportive of the vision for the enhanced BNF. A key concern has been ensuring the enhanced BNF meets the needs of prescribers on the wards.

While the potential benefits of an enhanced electronic version of the BNF are noted and very encouraging, there has been a general consensus that prescribers value and often use the paper copies. This is due to familiarity with the format, provision of user-friendly information and reliability in all situations (i.e. no concern about losing internet coverage etc.). The electronic BNF should be considered to an excellent additional tool for prescribers, but we feel strongly that it should not be a replacement for the paper copy. The electronic versions and paper copies should have a similar look and feel, so that prescribers feel confident in using all versions.

What do you think are the most important elements of an enhanced BNF? Please think about how you or others would want to use an enhanced BNF or BNFc in your practice

The importance of providing information in a way that is focussed on enabling practical usage in a busy clinical environment is crucial. This means providing the necessary information succinctly and providing further information via links. There is a need to balance the provision of best information with the risk of providing an unwieldy mass of information and a maze of hyperlinks. This balance will be crucial to the vision of providing the right information in the right format.

In terms of usage, it is important to ensure the electronic version works seamlessly. Some suggestions for steps for improved user experience are:

- Ensuring log in requirements are minimal (e.g. eliminate the need to log in mid-search due to time out)
- Updating the app automatically (rather than running the monthly updates when the app is open) so information is provided quickly
- Ensuring good searchability – providing the BNF as 'searchable and browsable in multiple ways' will be a very useful functionality.
- Ensuring the level of information 'pushed out' does not damage the user friendliness of BNF by overloading healthcare professionals with a huge amount of information.

Do you think we have overlooked anything?

BPS is working with the Medical Schools Council (MSC) on the Prescribing Safety Assessment (PSA). We have submitted a joint response with MSC specifically regarding PSA. We would like to take this opportunity to re-iterate support for this joint response and to highlight the importance of ensuring the BNF is able to integrate with other systems (such as the PSA). The PSA is an important assessment of medical students prescribing competencies, and is a useful means for students to become familiar with use of the BNF prior to getting onto the wards as Foundation doctors.

The need to avoid reiterating or reinventing current resources has been somewhat overlooked. There is a role in bringing together information and giving prescribers easy access to further information. To this end, integration with useful databases such as ToxBase, Electronic Medicines Compendium (summary product characteristics) etc. would be beneficial.

This consultation does not look to the role of the BNF outside of the NHS and UK. The BNF is a highly regarded resource and is utilised internationally. There may be scope to consider the wider world potential of an enhanced BNF, and the contribution to medical care in developing countries particularly.

Some specific suggestions for means to achieve the vision for the enhanced BNF include:

- Provision of brief summaries of the mechanism of action of each drug class
- Including information on mechanisms for individual drug interactions
- Provision of a refined grading system plus practical advice on management of interactions would be helpful – a useful feature could be ‘inputting’ drugs into the eBNF that a patient is on and then receiving a list of potential interactions. The current system of investigating potential drug interactions is crude.
- Ability to input diseases and current medications that a patient is on so BNF could highlight any potential omissions or treatment changes. This could be a particularly neat mechanism to refer to NICE guidelines.
- Ability to compare drugs and formulations e.g. to allow clinicians to identify a least costly alternative without having to navigate through hyperlinks

About BPS

BPS is the primary UK learned society concerned with research into drugs and the way they work. Our members work in academia, industry, and the health services, and many are medically qualified. The Society covers the whole spectrum of pharmacology, including laboratory, clinical, toxicological and regulatory aspects.

Clinical pharmacology is the medical speciality dedicated to promoting safe and effective use of medicines for patient benefit. Clinical pharmacologists work as consultants in the NHS and many hold prominent positions in UK Universities.