

National Institute for Health and Care Excellence

Consultation on an Enhanced British National Formulary from NICE

Consultation Comments Table

Consultation dates: 3 February – 31 March 2014

"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."

Comments received from Organisations

Organisation	Consultation question 1: What are your views on the vision for an enhanced BNF as described?	Consultation question 2: What do you think are the most important elements of an enhanced BNF?	Consultation question 3: Do you think we have overlooked anything?	NICE Response
ABPI	We are fully supportive of the BNF exploiting the advantages offered by digital media and the vision to 'provide the right information in the right format at the right time'. It is wholly appropriate that modern digital technology platforms and functionality should be employed for a medicines information resource that is so important to prescribers and NHS personnel with an interest in medicines. The use of rigorous, open and transparent processes that meet NICE accreditation standards will be a substantial enhancement and should ensure content is of the highest possible quality.	The enhanced BNF must be up to date. A key source of new information, and a check on whether the information contained in the BNF is accurate, is the marketing authorisation holder of the medicine. It will be essential that processes are in place that enable pharmaceutical companies to highlight areas of factual inaccuracy so that changes can be made where necessary. It is currently very difficult for companies to make any inaccuracies known, which does little to serve prescribers or their patients, and we would call on the developers to ensure that an appropriate and open process is in place.	The vision describes 'authoritative medicines information and fully referenced clinical evidence such as NICE guidance' as underpinning the content. We believe that, as the British National Formulary, it would be appropriate to acknowledge in the vision similar sources of medicines information in Scotland (SMC and SIGN) and Wales (AWMSG) to avoid perceptions of any bias towards NICE and/or English sources of information. Paragraph 3.3 covers addressing conflicting advice. We would ask whether the intention is to develop a hierarchy of evidence sources.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

	<p>Summaries of Product Characteristics and other information on medicines are subject to frequent change, and change is continuous over the entire lifecycle of a medicine. Digital media should offer the most cost effective means to keep information up to date if effective processes, including company engagement, are put in place to enable this. We would recommend that a link to the SmPC of the medicine is a routine inclusion in the information provided.</p>	<p>We believe the BNF should remain as an information resource and that it should not develop, deliberately or unwittingly, into a decision-support tool that advises on which medicine to select. The BNF should be an enabler of good decision-making by providing comprehensive and up-to-date information, leaving the clinician free to make a choice that is in the best interests of the individual patient. As said above, we would recommend that a link to the SmPC of the medicine is routinely included in the information provided.</p>	<p>If so, this should be explicit and will need to be done with the engagement and support of stakeholders, and may need to be the subject of a future consultation.</p> <p>It will also be important to consider how “general” prescribing information can effectively be communicated to users of the enhanced BNF, alongside specific information about individual medicines. For example, it is necessary for all biological and biosimilar medicines to be prescribed by brand name in order to avoid automatic substitution and to support pharmacovigilance and monitoring requirements or that the patient must be involved in any decisions about treatment switching made by physicians. It will be important that this general prescribing information can be “connected” and displayed alongside information about specific medicines where necessary.</p> <p>Finally, we would ask that an explicit statement be made that access to the BNF will continue to be available to industry, including pharmaceutical companies.</p>	
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<p>Ambulance Pharmacists Networks</p>	<p>o Digital is obviously the right direction of travel but not entirely at the expense of a hard copy which needs to be updated at least as regularly as is the case currently. This is to ensure resilience (IT failure) and also access in those locations where internet and telephone (app) access is limited or unreliable.</p>	<p>o Accessibility, cost (to ensure cost doesn't limit access), concise yet remain a comprehensive medicines resource, easily searchable (using medicines and disease states as search terms), useful links, expert opinion where evidence is inconclusive or insufficient (but noted as such).</p>	<p>o Brief interactions 'management' advice added to the current ratings of frequency and seriousness such as those offered in Stockley's Alerts; o Dose calculations – based on weight and/or age – with a sense checker; o Interface/Link/Inter-operability to 'high quality information' for healthcare professionals as well as for patients such as the Injectable Medicines Guide (Medusa), Over The Counter Medicines, Palliative Care Guidelines / information and Toxbase, as well as the NICE Guidelines/TAs. Some sections of the BNF are not very comprehensive due to the desire for the BNF to be concise but it would be useful for links to more comprehensive resources; o More information about unlicensed dosing (adults); o Download to "local" formulary to include links to local policies; o An e-learning training pack on 'how to navigate and use the BNF'.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Association of Scottish Medicine Information Pharmacists</p>	<p>Better digital platforms for the BNF offer the opportunity to provide significant new functionality over and above that currently available. As a first step, they might improve integration of information, for example improving linkages and presentation between contextual text, information in appendices, and information in individual monographs. In addition, they could allow better control of revisions and updates with potentially positive impacts on patient safety. They might also enable embedding of BNF content in e-prescribing systems as decision support directly, which should be considered. However, whilst the overall vision is to be welcomed, it should also be noted that a valued attribute of the BNF currently is its ability to reflect both an assimilation of the evidence-base as well as practical and pragmatic interpretation of the data and clinical advice. It would be a significant loss if this clinical advice function were to be lost or had less prominence. Similarly, the BNF has a potentially crucial role in operationalizing the evidence-driven recommendations of others: for example, providing guidance on appropriate alternative courses of action</p>	<p>The suggestion of providing new functionality and improving the BNF through updated and revitalised digital platforms is to be welcomed. However, the BNF is a successful brand because it is concise, authoritative, and accessible. These core values must not be threatened either by addition of new functionality or by the work involved in achieving them. It is therefore essential for the success of this initiative that future digital platforms, that, as well as adding functionality and provide updates in a timely manner, the BNF continues to provide safe information in an easy to use and concise readable format. The ability for continuous updating of products on digital platforms is to be welcomed, and if such platforms were the universal access point to BNF information in the future, this would represent a real change with patient safety benefits. Also particularly welcome is the suggestion that the BNF is enhanced such that it is a resource aimed not only at professionals but also at patients. For the BNF to link to information that enables healthcare professionals and patients to reach decisions together would be potentially hugely beneficial, particularly as healthcare professionals evolve their approaches to thinking about choices between treatment options.</p>	<p>The importance of integration of guidance from NICE & other NICE accredited sources is recognised but as the BNF is used by healthcare professionals throughout the UK, it should be recognised that in NHS Scotland Scottish Medicines Consortium Advice & SIGN guidelines have precedence. National guidance from NICE, SMC & SIGN should have equal prominence on the digital platform to ensure best UK clinical practice is equally accessible to all. It is also important that, to have maximum relevance to healthcare professionals, clinical opinion and advice within the BNF takes cognisance of expert opinion from across the UK. A move to digital only platforms for delivery of BNF content is the right way forward. However, from a users perspective, the ability to achieve this; in particular the barriers, both cultural and practical, to achieving such a switch need to be identified and understood. These include the implications for rural communities, where internet access may not be as reliable. Notwithstanding this, providing appropriate education and support is in place, a complete switch to digital only delivery within 5 years seems potentially feasible. The BNF book has a</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. The uptake of digital formats and distribution of print formats of the BNF will be subject to ongoing monitoring by the NICE Board.</p>
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	where the regulator identifies safety concerns for an individual medicine.		number of useful spin offs, e.g distribution and use in the developing world through the Pharmaid programme. It would be a shame if the Pharmaid programme & other worth while uses were affected detrimentally by the switch to digital versions only.	
British Medical Association	<p>The concept of advanced digital functionality to the BNF is to be largely welcomed. Integration of interactive medicines information, with access to latest guidelines from NICE and other accredited sources, into existing clinical systems can only help to build on the benefits of the print version. It is a powerful tool for patient safety as well as an aide memoire and up to date resource, and these key features must persist in any new iterations.</p> <p>The printed edition is within arm's reach of almost all UK GPs every day, and a move to an electronic version should complement but not necessarily replace this option. Although portable and desktop technology use is widespread, it is not always universal, and uptake is variable.</p>			<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	<p>Adoption should be user led and not technology led. As the recent floods have demonstrated, we cannot take internet, hosted clinical system, or mobile internet access for granted.</p> <p>There is a lack of cross platform communication between devices and systems which would serve to hinder adoption e.g. access via a clinical system in the consultation room would leave an audit trail, however access via a smart phone or tablet on a home visit would not usually integrate with the clinical system, and so the BNF would be no different to a paper copy.</p> <p>As the technology and functionality evolves and improves this should drive the adoption of the electronic version, and until and even beyond a critical mass of use, the paper copy must remain available in its new annual version. It is also very important for an enhanced BNF to be available to GPs in all settings, and not just face to face consultations. Locums, out of hours GPs, and those working in other urgent care settings would need equal access to the enhanced services available, as well other prescribing and non-prescribing staff members.</p> <p>The effect on the consultation</p>			
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	<p>needs to be considered also. Patients often feel alienated by GPs making use of computers - the unwanted third party in the consultation room. Patients are familiar with GPs using the BNF to help guide their therapeutic decisions and ensure patient safety, and the loss of this ritual as another computer database is consulted would have an impact. The views of patient groups would be helpful in this area.</p> <p>Aggregation of clinical guidance from a variety of sources would be welcome in order to support decision making, but as is stated in the consultation document, conflicts of advice need to be clearly flagged. Evidence based medicine is not absolute in all areas, and where authorities differ clinicians need to have access to a variety of resources. Guidance should not be restrictive and allow clinicians to take the individual circumstances of the patient, and their own clinical judgement into account and if necessary make prescribing and clinical decisions that are outside guidelines.</p> <p>Incorporating commonly used medical devices and other items into the enhanced BNF would be a useful development. There are many widely used items that clinicians may not be completely</p>			
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	<p>familiar with the use of, and accredited guidance linked to their prescription would be a helpful adjunct.</p> <p>Regular update of the enhanced BNF, incorporating most up to date safety information, guidance, and prescribing information would be a beneficial enhancement. It is vital to ensure that clinicians are kept up to date with these changes as well as additions to the formulary to support development and adoption of best practice in a timely way. Simply making 'under the hood' changes to the BNF without notifying clinicians would be insufficient to enable this to take place, and a regular digest detailing changes, as well as contemporary notices of important changes would be vital.</p>			
<p>British Dental Association</p>	<p>The development of an updated digital format for the BNF has many advantages but a complete switch to a digital format appears premature. Wifi or mobile signals are often unavailable in a ward setting and there will be the need to have up to date printed copies as a backup system in case of unreliable or non-existent internet access. The number of monitors located in many clinical areas is already insufficient to allow for rapid access for many uses</p>	<p>The integration of point of care decision making tools would be useful and could be used for CPD purposes but only if mechanisms for verification are made available. Easy identification of the most significant drug side-effects and interactions, alongside the drug listed and described would be very helpful for practitioners.</p>	<p>The complete switch to a digital format may lead to infection control issues where a single computer or tablet is used by many clinical staff. The incorporation of fully referenced evidence could lead to an unmanageable expansion in the printed copy. The introduction of a simple grading system for the evidence base should be considered rather than adding all the relevant references to the BNF. The incorporation of</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	<p>including patient appointments, digital radiography, haematological results and pathology reports. Adding the additional requirement for prompt access to a digital BNF will make the situation worse. This is particularly true in hospitals and during student/staff training. Digital formats need to be carefully designed to duplicate the rapid overview currently possible from viewing a printed copy. In a clinical setting, speed of access to a printed version as compared with an electronic version can be a significant issue. In rural settings available internet connections often lack sufficient speed to allow effective access. The integration of NICE guidance is sensible but the BNF needs to retain editorial independence. There will be instances where NICE guidance has become outdated and the BNF should reflect the latest most up to date guidance. The BNF as a UK guidance should also reflect evidence from relevant national bodies for example the Scottish Dental Clinical Effectiveness Programme (SDCEP).</p>		<p>common medical devices should initially be limited to the online versions to prevent over-expansion of the printed version.</p>	
<p>British Pharmacological Society</p>	<p>Generally, feedback from members of BPS, as clinical pharmacologists working in the NHS, has been largely positive and supportive of the vision for</p>	<p>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</p>	<p>BPS is working with the Medical Schools Council (MSC) on the Prescribing Safety Assessment (PSA). We have submitted a joint response with MSC specifically</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced</p>

	<p>the enhanced BNF. A key concern has been ensuring the enhanced BNF meets the needs of prescribers on the wards.</p> <p>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.</p>	<p>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.</p> <p>In terms of usage, it is important to ensure the electronic version works seamlessly. Some suggestions for steps for improved user experience are:</p> <ul style="list-style-type: none"> • 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 	<p>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.</p> <p>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.</p> <p>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.</p>	<p>BNF. The uptake of digital formats and distribution of print formats of the BNF will be subject to ongoing monitoring by the NICE Board. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.</p> <p>NICE's role in providing access to the BNF in all formats is limited to the UK.</p>
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		professionals with a huge amount of information.	<p>Some specific suggestions for means to achieve the vision for the enhanced BNF include:</p> <ul style="list-style-type: none">• 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.	
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			<ul style="list-style-type: none"> Ability to compare drugs and formulations e.g. to allow clinicians to identify a least costly alternative without having to navigate through hyperlinks 	
British Pharmacological Society and Medical Schools Council	<p>The BNF is a valued and recognised brand for all prescribers (and increasingly those learning to prescribe). The Prescribing Safety Assessment (PSA) is an online assessment developed by the British Pharmacological Society and Medical Schools Council that provides a reliable and valid assessment of prescribing skills for final year medical students allowing them to demonstrate that they are safe and competent prescribers. This obviously includes being able to utilise the BNF and therefore the BNF is available to all candidates during the assessment – either via hard copy or online.</p> <p>We believe that the PSA, in particular, has strengthened recognition of 'BNF searching' as a key skill for new graduates. The PSA has been piloted since 2010 acting as a lever to ensure Medical Students become familiar with the BNF before they enter Foundation School. Feedback from the current PSA sittings</p>	<p>The BPS/MSC believe that the look and feel of the product should be as familiar as possible whether accessed by the web, App or otherwise. In the current system the core data is derived from print, consequently its functionality is constrained largely by the parameters of the print version. By moving the foundations of the service into an electronic core system, the interaction and functionality of the formulary is open to reimagining and BPS/MSC would be keen to feed into the scope, specification and design of the new system. We would also suggest including young health care professionals in this reimagining, a recent feedback comment from one of our students:</p> <p><i>The online BNF system is very poorly laid-out. The information is all there but it's difficult to access and can take up a lot of time unnecessarily. It needs a more intuitive design.</i></p> <p>Students also mentioned struggling to locate and identify drug interactions easily. Including this cohort help NICE ensure it is fit for its users.</p>	<p>For the BNF to be an authoritative source, its format should be reliable enough to enable using it in high-stakes assessments. Therefore it would be important that all BNF and NICE guideline pages are securely encrypted on https.</p> <p>The BNF should be readily accessible free of charge to medical students (and students of other healthcare professionals). Any supplement to the BNF that aids transparency regarding that advice given is to be welcomed but must be thought out carefully to avoid the risk of over complexity.</p> <p>Those charged with teaching students about the BNF should be supported with educational resources if the format changed.</p> <p>Ensuring that NICE/BNF establishes elastic architecture that will exceed required capacity for large scale events as the PSA plans to try to reduce the number of delivery dates therefore</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p> <p>Thank you for your offer to be a test case to see how the BNF data can be integrated with other systems, it will be kept on record.</p>

	<p>indicate this is something that resonates with students too:</p> <p><i>"I think this was a useful exam and helped me get used to using the BNF" and "Good exam. very useful to have an assessment on our use of the BNF before getting on the wards."</i></p> <p>The current success of the PSA suggests that it could be expanded to assess other prescribing disciplines increasing the exposure of the BNF. As an online assessment we welcome and embrace the move to online technologies especially ones that we believe will, in the not too distant future, reflect the day to day experience of healthcare professions on the ward.</p> <p>We hope that NICE/BNF will therefore facilitate collaboration with those endeavouring to deliver prescribing assessments so that it can be made</p>	<p>Specific points:</p> <p>Include high quality prescribing information to help improve patient outcomes by supporting health professionals to choose the right medicine, at the right time for the right patient, including patients with more than one medical condition – this element reflects the mission of the PSA and therefore ensuring that the BNF is suitable for our platform and that there is a mechanism for BNF content to be updated is crucial and will be of benefit to health professionals.</p> <p>Enable download to local formularies – we would strongly support this move and would welcome discussing this with NICE and would gladly offer to be a test case to see how the BNF data can be integrated into other systems. In previous discussions with RPS/BNF we started to explore the XML data to try and implement an offline model but time constraints scuppered this plan. We'd be keen to test this mode again – we did attempt a PDF based version but the file was too big to be easily navigable within the assessment architecture/delivery. This is particularly pertinent for exam delivery – if you cannot download the formulary it means access to the online version is required, compromising exam security. Any facility to avoid this would be greatly appreciated. The BPS/MSC with</p>	<p>increasing the number of students who will be accessing the resource, thus affecting bandwidth requirements.</p> <p>We would like to reassert our support of the BNF vision and actively invite NICE to collaborate with the BPS/MSC on the PSA to ensure that we can raise the profile of the BNF further amongst prescribers and ensure its readiness to be used in assessments for all healthcare professionals.</p>	
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MHRA	<p>The vision describes a positive move to ensure digital technology is exploited providing timely, accurate and relevant information to healthcare professionals (HCPs). The suggestions further go to meet the Government's Digital Strategy. A move to a digitalised BNF will need to ensure that its new format will be compatible with the hardware or technology available to its main customers eg NHS. Are there opportunities for the BNF to learn from other similar operations, determine whether there are any synergies and potentially identify opportunities for joint working, skill/knowledge sharing and collaboration? A full consideration could be given on what additional data can be linked and/or made available as part of the move towards digital. To include such ideas in the BNF's vision would also demonstrate</p>	<p>Clearly a key element is ensuring timely availability of accurate, authoritative and relevant information on medicines. The MHRA clearly endorses the weight which BNF attaches to regulatory decisions and communications e.g. via the MHRA's Drug Safety Update which is accredited by NHS Evidence) Additionally, evolving with advancing technology is important, but as highlighted, will present challenges. These challenges must be explored and addressed. The BNF has actively advanced into new technological areas. The BNF should continue its forward look approach and explore/exploit opportunities to improve its services and product portfolio. Engagement with the users, customers and stakeholders is essential to ensure that the transition to digital is successful. There should be careful consideration on what effective implementation would look like and how it will be measured. The</p>	<p>Collaboration - The BNF could take a wider look to assess whether other similar operations (such as the British Pharmacopoeia) could provide opportunities, for example support, skills, information or technology sharing or joint working. - Collaboration could present mutually beneficial initiatives and outcomes or indeed opportunities for shared learnings which could improve the services or product(s). - Engaging with wider stakeholders could improve and streamline services, contribute toward the timely availability of information and build a strong knowledgeable network. Data - The BNF could consider what other data might be available to strengthen its future digital product portfolio. For example, if detailed prescribing data were available at the BNF online user interface, the</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	<p>commitment to investigate and potentially participate, in the Government's Shared Services Strategy and Transparency Agenda.</p>	<p>BNF should build on its successes and determine where and how it can grow or contribute to other activities which provide authoritative information and/or protect and safeguard public health. Finally, it is of course important that the BNF is produced by a streamlined, efficient and cost effective operation.</p>	<p>prescriber could drill down to determine the frequency and nature of the medicinal product prescribed in their area. The BNF should consider all possible data sets available and see how they might be incorporated or linked through to the online user interface. - The enhanced digitalised BNF could potentially support other regulatory functions. Product Portfolio - The product portfolio could be increased, for example the introduction of a European NF could be considered. - The BNF could consider different mechanisms to support HCPs and to publish its product on electronic platforms available, for example, the BNF could be fully incorporated and integrated into the NHS prescribing systems.</p>	
<p>Faculty of Pharmaceutical Medicine of the Royal College of Physicians</p>	<p>The comments herein are provided on behalf of the Faculty of Pharmaceutical Medicine (FPM). The FPM is in broad agreement and approval of the plans outlined in the consultation document. The plans sound ambitious, and take into account the changing ways for how people routinely access information and generally reflect the requirements and needs of users. The consultation indicates strong support from NICE for the BNF and sets out the advantages of</p>	<p>The FPM recommends that being searchable and browsable are the most vital elements for the enhanced BNF. It should be easy to use and accessible – especially as IT systems in the NHS are not coordinated. It should be rigorously checked for accuracy and completeness of information, and updated regularly – including information on drug interactions and unwanted effects (this is extremely important for all those physicians and other health professionals working in the area pharmaceutical medicine, especially</p>	<p>We recommend that industry is not involved in and responsible for updating the information contained within the BNF. However, we believe that some consultation with industry be maintained to ensure the usability and reliability of information. We believe that the electronic medicines compendium is better than the BNF in some ways, including; providing specific guidance about individual drugs e.g., excipients, can the tablets be halved, the sorts of questions that</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. The uptake of digital formats and distribution of print formats of the BNF will be subject to ongoing monitoring by the NICE Board. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with</p>

	<p>greater use of digital technology. Also, the attention to detail e.g. utilising national and international sources of information, continuously updating the information and being fully searchable and browsable are particularly good points. The BNF and app is widely available now but it should be available and used by non-medical prescribers, nursing homes, dentists, optometrists, pharmaceutical physicians, those working in drug regulation and all those in training to be health workers. The FPM recommends a reduced reliance on print but cautions against concentrating too much on the electronic version, as many healthcare professionals may not have such immediate access to computers and mobile technology, so the reduction in the availability of the print version must proceed with care. Continual updating is desirable but should not be overstated and sometimes a short period for digesting new information and allowing time for critical comment helps.</p>	<p>pharmacovigilance). Currently BNF/BNFC does not fully exploit advantages offered by digital media: i.e. being searchable in multiple ways, frequent updates, providing links and explaining conflicting advice from another authoritative source/s would be appreciated by users and is likely to benefit patients. This change to the guide should use the opportunity to link to other sources of information e.g. adverse events, and especially genetic/genomic data which affects prescribing. One potential concern is about it allowing quick comparison of resource implications, which depend upon the perspectives (GP, NHS, Society, short term vs. long-term etc).</p>	<p>patients ask. We suggest that links could be made from individual drugs in the BNF to the relevant pages of the EMC. We presume that the new BNF would still include information on contraindications, warnings and precautions for each drug (not just the interactions and unwanted effects). We recommend that the electronic system should incorporate automatic warnings if drug interactions are known for combinations with red (do not prescribe), amber (need to consider alternative medicines or change dose) and green (no known problems). In the case of amber it would also be possible to collect what the prescriber actually did (e.g. dose changes) and what the outcome was in terms of efficacy and safety. The system should also build in a warning for genetic/genomic data. Finally, it would be excellent if the key OTC (over the counter) drugs could be included within each section as appropriate (by active ingredient). It would also be a good idea to include commonly prescribed medical devices.</p>	<p>user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Greater Glasgow and Clyde Area Pharmaceutical Committee</p>	<p>The group has some concern regarding the move towards an entirely digital BNF. As mentioned in the consultation the success of this is reliant on access to IT. In community pharmacy, available computers are normally continuously in use for the process of dispensing and there is unlikely to be sufficient computer availability to facilitate the necessary frequent access required to the BNF. In the hospital setting major areas of concern would be times where the healthcare professional cannot leave the patient bedside to check something on a computer, for example when nursing staff are doing medication administration rounds or when medical staff are dealing with a sick patient. In addition, in the primary care setting when healthcare professionals are visiting patients in their homes they may have no facility to access digital based resources. Unless there was available mobile technology i.e. tablet devices or investment in more computers in community pharmacy there is a risk in all these scenarios that out of date paper copies of the BNF are used or healthcare professionals have no facility to check a drug dose, interaction etc. In addition if IT systems fail or are down for a</p>			<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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	<p>period of time there would be no paper BNF back up.</p> <p>While the enhancements and additional information sound interesting and are likely to be beneficial we think it would be important to ensure that the core information for which the BNF is commonly used such as checking the dose or indication for a drug is still easily accessible. If short of time, users may be put off from using the resource if the core information is difficult to find.</p> <p>The consultation document mentions incorporation of NICE guidance, for users in Scotland will there also be incorporations of SMC advice and SIGN guidance?</p>			
<p>Guild of Healthcare Pharmacists</p>	<p>We completely support the vision for an enhanced BNF which will utilise digital media to provide the right information, regularly updated, in the right format, in the right place, at the right time as well the ability to download to local formularies and integration with other clinical systems.</p>	<p>When the access issues are resolved the most important elements of the enhanced BNF must be:</p> <ul style="list-style-type: none"> • to become the single authoritative source of medicines information, integrated with guidance from NICE and other NICE accredited sources to ensure it has the interactivity, mobility and integration with other systems to enable point of care decision making; • continuously updated with content updates pushed out to inform continuing professional development; • searchable in multiple 	<p>We have concerns that the variable access to IT to view and utilise the digital information appears to have been overlooked. Until access to the proposed digital delivery of this information is more widespread, the switch to the annual provision of the print version of the BNF should be postponed. Additionally, in some organisations the use of such mobile technology is prohibited or is prevented by policies in place.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the</p>

		<p>ways; • able to link into local formularies; • accessible on multiple formats and devices.</p>	<p>Our concerns are that in organisations with less favourable accessibility to the digital version, patients and healthcare professionals will be put at risk by reducing the availability of the print version of the current format of the BNF as they will have reduced access to up to date information. As you state in the consultation 'digital formats are dependent on the availability and penetration of appropriate technology for users, such as easily accessible computers with internet capability, clinical decision support systems, smart phones and tablet devices. Use of this technology is now widespread, but not yet comprehensive in the NHS'. This is the key issue behind our concerns. Withdrawing the 6 monthly print distribution will not ensure that transition from print to digital format happens in a timely manner, which puts both patients and healthcare professionals at increased risk.</p>	<p>NICE Board.</p>
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<p>Haringey Clinical Commissioning Group</p>	<p>1. What are your views on the vision for an enhanced BNF as described? [To hope that the ideal for “prescribers have timely access to accurate and up to date information on medicines” is achievable and sustainable.]</p> <p>[Would be very helpful if indeed the enhanced BNF will: Be a single authoritative source of medicines information, providing information from a wide variety of nationally and internationally recognised sources, integrated with guidance from NICE and other NICE accredited sources.]</p> <p>[We hope that the full benefits of digital delivery of medicines information such as interactivity, mobility and integration with other systems is such so that prescribers can make point of care decisions which is sustainable also.]</p> <p>[This is a positive move embracing technology with functionality. Whilst this is a move forward the principles and content of the BNF in its current form i.e. independent evidence summaries must be maintained. This is why the BNF has stood on good ground with healthcare professionals over the years as a</p>	<p>[Ensuring evidence summaries are updated with latest information.] [Ensuring prescribing information are updated with latest information.] [Changes to existing monographs should be highlighted clearly to enable user to pick up without overlooking.] [Ensuring web links are up to date and are provided only where necessary.] [Ensuring quick connectivity and ease of access to eBNF. Sometimes it is a struggle to access eBNF which can be off putting to use as a resource or reference source.] [Ensure positive features of BNF (hardcopy and eBNF) are maintained such as ease to navigate between monographs. In the BNF app this is not apparent].</p>	<p>[Consider options for alternative means of BNF access if a user cannot access enhanced BNF e.g. power failure, web browser issue, no smart phone access, home visits, travelling outside home/office etc....] [Recycling of BNFs (hardcopies) to other countries will no longer occur. This is recognised as a positive social, educational and environmental use of being able to benefit others] [Some professional entrance exams (e.g. GPhC) require use of BNF for open book exams. Students are informed in advanced which version of BNF to use for exam preparation, this then enables them to tag, digest and familiarize with that version ready for the exam. Removing the hardcopy will mean another way of approaching this under both exam preparation and exam room conditions.]</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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	<p>trusted source of prescribing information.]</p> <p>[The user's experience of navigation through enhanced BNF must be logical in layout with ease of use. If the platform is full of links and extended file paths the user may disengage.]</p> <p>[Whilst links to original sources of evidence is welcome, the summaries of the evidence (as per current BNF monographs) are important to maintain an independent and impartial stance.]</p>			
Merck Serono	MSD is in agreement with the ABPI response.	MSD is in agreement with the ABPI response.	MSD believes that a consultation with stakeholders to discuss the sources of evidence to be considered for inclusion in the enhanced BNF and the methods by which any conflicting guidance will be aggregated is essential to ensure that the BNF remains a robust source of information.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Medicines Management Team of the Cambridgeshire and Peterborough Clinical Commissioning Group</p>	<p>The Medicines Management Team supports the vision set out in the consultation. The BNF is a reputable source of medicines information and despite the developments planned must not lose its core purpose which is to aid the safe, effective and optimal prescribing of medicines.</p>	<p>The Medicines Management team believes that the most important elements of an enhanced BNF are its accessibility to all healthcare professionals wherever they are working. This is dependent on IT infrastructure within the NHS but access should be whenever and wherever it is needed by the individual. The BNF must be easily searchable linking to authorised sources of medicines information.</p>	<p>The processes used to inform the continual development of the BNF must be clear and transparent and available to scrutiny. Where there are concerns or questions raised about the content there must be a clear process for raising these. These comments/questions must be responded to in a timely way by the BNF.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Pharmacy Voice</p>	<p>We support the need to improve the BNF and BNFC and to be able to keep it up to date and as accessible as possible. Our comments are made from the perspective of community pharmacy; for reasons covered in detail in this response, we support the continued provision of hard copy versions of this vital resource; we hope our views will be fully considered.</p> <p>For community pharmacists and their staff the BNF/BNFC is the reference source they refer to first, typically many times a day:</p> <ul style="list-style-type: none"> • When dispensing prescriptions – to check dose, indications, contra-indications, side effects, formulations, brand name, 	<p>The ability to find information quickly is of paramount importance. Pharmacists and their teams are familiar with the layout of the hard copy of the BNF and can find and interpret the information they require quickly and easily. The current electronic BNF is more cumbersome to use, with many clicks required to reach the required information. Each click can also take several seconds to refresh.</p> <p>In a typical pharmacy, the ability to access required, up to date information in a timely manner is essential to its smooth and efficient running. Unfortunately, for many patients speed is of the essence, whether it is the time waiting for a prescription to be dispensed or the time a pharmacist takes to find information to answer a query or support a patient to self-care. The enhanced BNF needs to offer clear improvements in speed to</p>	<p>We believe the way community pharmacy operates and the usage requirements for the BNF in community pharmacy have been largely overlooked. The electronic BNF and BNF Apps have limited use in community pharmacy currently. Community pharmacies should continue to receive, free of charge, hard copies of the BNF twice a year in March and September as was the case before the changes in distribution were announced last December, without any consultation. We believe that community pharmacists will continue to use the most recent hard copy version they have, while other versions gradually replace them as technology facilitates the transition, and as the speed to information of electronic versions improves.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. The uptake of digital formats and distribution of print formats of the BNF will be subject to ongoing monitoring by the NICE Board. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Annual distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>All pre-registration pharmacists who are registered with the Royal Pharmaceutical Society are supplied with free editions of BNF and BNFC.</p>

	<p>manufacturer</p> <ul style="list-style-type: none"> • When responding to queries from patients, when supporting self-care or during service delivery e.g. medicines use reviews or the new medicine service for the same reasons • When discussing a medicine with a prescriber or another healthcare professional, typically away from their record system whether face to face or by telephone • When responding to requests for information from another healthcare professional either on the telephone or face to face • As independent or supplementary prescribers, when checking information before prescribing • When undertaking domiciliary visits or visiting care homes, prisons or other residential settings. In some instances, hard copy information is 	<p>information and meet the access requirements of community pharmacy if it is to supplant the hard copy of the BNF as the version pharmacists use in accessing the information they need to provide effective patient facing care.</p> <p>It is essential that the new enhanced electronic BNF functionality is road tested with groups of all practitioners who might use it before the system goes live. We would suggest tester groups of sufficient size to make the results meaningful.</p>	<p>Pre-registration pharmacists are another group who need access to the BNF; they need the current BNF for both study and for the open element of the pre-registration assessment. All students should use the same format of the BNF, which should remain the hard copy. They should be supplied with two hard copies of the BNF, free of charge, in September and March, during their training year.</p> <p>A move to wholly electronic would leave a gap in outages of computer networks. Investment in the infrastructure necessary to support the widespread use of the electronic BNF (twenty four hours a day seven days a week) does not appear to have been considered as part of this consultation and is necessary to support the electronic solutions proposed.</p> <p>In short, we believe that a paper copy of the BNF is the easiest and quickest reference source to use and is still fundamental to the day to day running of a community pharmacy.</p>	<p>The move to annual distribution was supported by extensive user research undertaken by NICE. We recommend users access digital formats where possible and user the print format as a backup.</p> <p>The spring editions of BNF are available to purchase here:</p> <p>http://www.pharmpress.com/bnf</p>
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	<p>essential: electronic communication devices are not allowed into prisons</p> <ul style="list-style-type: none"> • For study. Pre-registration pharmacy graduates use the BNF for study, and for the open question part of the pre-registration assessment. <p>The average community pharmacy dispenses over six thousand prescription items per month¹. Community pharmacies work to standard operating procedures to ensure that the supply of medicines is as safe as possible. No other part of the health service manages as many transactions with so few errors and incidents.</p> <p>Community pharmacies use a computer programme to record all patient information regarding prescribed and dispensing medicine and service delivery – the patient medication record (PMR). The PMR may also include other pertinent information where available such as a patient's allergy status. Some PMR systems allow access to the BNF through the user interface, although this is not the case for all systems on the market. If the PMR system doesn't allow direct access to the BNF, then it may</p>			
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	<p>still be accessed online, although that may involve closing the PMR system first, depending on the set up of the local IT solution. Community pharmacy owners may ensure that information governance and, where appropriate, corporate IT security requirements are complied with before enabling pharmacy computers to access external websites.</p> <p>Many pharmacies currently operate a single PMR terminal, which can restrict access to the electronic BNF when processes – dispensing, performing the pharmaceutical check, running a medicines use review – are happening simultaneously. Dispensaries are designed for the safe dispensing of medicines and to make the most efficient use of space. There may not be space to install extra terminals, while safety may be compromised if the dispensing process is interrupted, for example if a member of the pharmacy team needs access to the computer to refer to the BNF.</p> <p>The consultation document refers to the BNF Apps. Current use of Apps in the community pharmacy setting is extremely limited and for the majority of pharmacies will not replace a hard copy BNF any time soon. The reasons for their limited</p>			
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	<p>use are:</p> <ul style="list-style-type: none">• Community pharmacy staff members are not routinely supplied with smart phones (or other suitable electronic devices) by their employers.• Some pharmacy companies have a policy of not allowing the use of mobile phones, tablets• and other electronic devices in the dispensary in order to limit the opportunity for Information Governance breaches or risks to system security. The use of such devices is also discouraged since they can disrupt work flows and increase the risk of errors.• Users may need an Athens password to download. As registered healthcare professionals, community pharmacists and registered pharmacy technicians are eligible for Athens passwords, but most are not aware of this. Those that have tried			
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	<p>to obtain an Athens password have told us that as pharmacists and registered technicians working in community pharmacies they are not classed as NHS employees and have been deemed ineligible.</p> <ul style="list-style-type: none"> It is not clear from the eligibility criteria whether other pharmacy staff who may use the BNF from time to time are eligible for an Athens password. <p>The consultation states that the BNF Apps will only be available free of charge to NHS employees. We believe that free access should be available, explicitly, to those contracted to provide NHS services, not just those employed by the NHS. Currently hard copies of the BNF are provided free of charge, with one per registered pharmacy. We believe that the BNF (hard copies and electronic versions) should remain available free to all those providing NHS services; at present both the electronic and Apps versions have limited use in community pharmacy.</p>			<p>Community Pharmacists who are employed by a Pharmacy which has an NHS contract to supply medicines to answer FP10 prescriptions are eligible for an Athens password. Information on how to register for Athens can be found here:</p> <p>http://www.evidence.nhs.uk/about-evidence-services/journals-and-databases/openathens</p>
Public Health England	Public Health England (PHE) endorses the proposed vision for	The most important elements of an enhanced BNF would include the	From a vaccination point of view, links to the Green Book would be	Thank you for your comments, they have been considered along

	<p>an enhanced BNF as described, which would be the most efficient way to ensure that clinicians are referring to the most up-to-date information. However, the organisation recognises the challenges presented, particularly in ensuring users have adequate internet access. In many Trusts this may be a considerable challenge with a single available terminal on a ward. Clinicians working in the community may also not have readily available internet access when in patients' homes or working in schools and currently are often reliant on print versions. By supporting this, prescribing clinicians would benefit from having a Smartphone, iPad or similar device, which will have resource implications.</p>	<p>following:</p> <ul style="list-style-type: none"> • Medicines information going beyond what is in the manufacturer's datasheet. • Integration with NICE guidance where available, and/or an explanation of important omissions e.g. why a drug is not licensed for use in pregnancy which may be because the evidence is not available or it is too expensive to license rather than the reason being that it is dangerous. • Key references would be useful. • Users being able to sign up for changes and side effect alerts for drugs of interest. When changes happen this is the best way to keep up-to-date. Having an efficient alert system is endorsed. • Good search facilities - the Smartphone app is quite cumbersome at present. • The Smartphone app being more widely and easily available. • Data presented by individual 	<p>helpful. Although this is the definitive guide on the use of vaccines it is not on the list of NICE accredited guidance and does not appear to be referred to in the links provided by the current online BNF.</p>	<p>with the other comments received in the consultation, to inform the development of the enhanced BNF. The uptake of digital formats and distribution of print formats of the BNF will be subject to ongoing monitoring by the NICE Board. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.</p>
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		<p>drug e.g. penicillin and by disease for common conditions, which the BNF already does to some extent.</p> <ul style="list-style-type: none"> • Ensuring the information is quick to download. • Any digital format obviously needs to be easy and intuitive to use. • It would be helpful if there are links from specific sections to broader sections or for all the material to be contained on one page for each drug, e.g. if the drug has interactions or renal/liver/pregnancy cautions then this should all be linked or listed in one place rather than having to look up each section individually as is apparently the case at the moment. 		
Royal College of Anaesthetists	<p>Members of the Royal College of Anaesthetists are generally in favour of an on line version of BNF and indeed some of our members already use this facility. However our members advise caution in doing away completely with the hard copy version of the BNF, as there have been instances where the online version has not been accessible, due to poor internet connection in some hospitals/departments and limited access by NHS staff to</p>			<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. The uptake of digital formats and distribution of print formats of the BNF will be subject to ongoing monitoring by the NICE Board. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print</p>

	OpenAthens for NHS, where the app for the BNF is available			<p>formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.</p> <p>All NHS staff are eligible for an OpenAthens password, information on how to register can be found here:</p> <p>https://www.evidence.nhs.uk/about-evidence-services/journals-and-databases/openathens/registration-process</p>
Royal College of Nursing	<p>We are broadly supportive of the proposals to enhance the information offered by the BNF publications. It would be particularly helpful for those who have access to effective IT resources. Access to a digital or mobile application based version could be useful.</p> <p>The idea of having access to multiple functions such as interactivity, mobility and integration with other systems to enable point of care decision making makes sense, and would make the BNF more user friendly.</p>	<p>We agree that it will be useful for medication information to be linked with “easy to read” patient information. This will be helpful when, talking with patients about their medication and ensuring that they leave the consultation with accurate and evidence based literature about their treatment that is accessible for them.</p> <p>We agree that any instances of conflicting advice need to be addressed through open, transparent processes of guidance development. It is helpful to note that users of an enhanced BNF would be able to see the reasoning for any differences from</p>	<p>Careful thought should be given to how healthcare staff are able to access this resource as not everyone has good access to IT when prescribing.</p> <p>If this is not addressed there is a risk that out of date print versions will remain in circulation because staff do not have access to online resources.</p> <p>We would also urge NICE to explore how the proposed system will connect to related software systems such as ‘SystemOne’ and any other relevant clinical information</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. The uptake of digital formats and distribution of print formats of the BNF will be subject to ongoing monitoring by the NICE Board. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by</p>

	<p>The idea of linking high quality information for patients, is an excellent one, and means that there is a higher chance of concordance during prescribing sessions with patients.</p> <p>We agree that it will be important for the enhanced BNF to explain any points where BNF guidance conflicts with NICE guidance. This should be presented in a clear and unambiguous way to enable practitioners to make safe and evidence based decisions in practice settings.</p> <p>We are however, concerned that a situation where a digital version of the BNF publications is the only option available, as the vision proposes, will not meet the needs of those nurses who do not have the luxury or access to digital technology.</p> <p>We would be concerned that staff working in remote settings or areas without adequate Internet access would be prevented from accessing this resource. Print versions should be made available and updated within specified timelines for those who cannot rely in access to the internet.</p>	<p>NICE guidance, which they currently are unable to do. This will help healthcare professionals make a more informed judgement.</p>	<p>system.</p> <p>NICE will need to ensure that the proposed system is integrated with existing platforms to maximise accessibility for healthcare staff.</p>	<p>the NICE Board.</p>
<p>Royal College of Paediatrics</p>	<ul style="list-style-type: none"> • The concept – of moving from ‘BNF’ to a drug- 	<ul style="list-style-type: none"> • The ability to one accessed on multiple electronic interfaces 	<ul style="list-style-type: none"> • Small point, but important for BNF for Children – 	<p>Thank you for your comments, they have been considered along</p>

<p>and Child Health</p>	<p>reference linked to guidance and evidence – is excellent.</p> <ul style="list-style-type: none"> The challenges in undertaking this transition will be in making sure that access really is maintained. This will require excellent search facilities, multiple user approaches and clear signposting of ‘how to’. Good that the BNF is moving to a digital format as this will ensure it is as up to date as possible and much easier to search. However some print copies need to be made available, albeit in lower volumes in case of technology failure. Challenges will arise from the extremely uneven nature of IT provision in the NHS, and a continued use of paper references by many clinicians. At present, the paper based BNF is very efficient to use and the electronic versions in my view is less accessible. Is in-NHS access to be 	<p>e.g. iPhone app, pc etc. Electronic so always kept as up to date as possible.</p> <ul style="list-style-type: none"> A user friendly index that is easily searched online. A drug calculator. The most important elements are that it should be accessible, easily downloaded from a normal aging practice computer system which has a lot of memory heavy software and on a network so little spare capacity. It's a computer problem and investment in General Practice problem as much as anything? It must be easily accessible to all relevant people without complicated log in arrangements. It must work on all platforms / devices easily, and be reliable – i.e. low chance of “down time”. The paper version must still be available freely and easy to read / use. Good search function, including “sounds like”, and search by description of tablet 	<p>need more specialist paediatric input into the organ-specific drugs. To give an example, some of the doses used of drugs in the GI section are out of keeping with evidence and international consensus.</p> <ul style="list-style-type: none"> We believe chemotherapy is currently not ‘in’ the BNF – but is in some NICE guidance – and will be outlined in specific standards set by local networks and national steering groups. Will such processes remain outside the system or be drawn in? Inclusion of medical devices is helpful, but what is a ‘medicine’ and what is a food product. The difference is becoming increasingly blurred – what about borderline substances e.g. milk formula – should there be more advice/clarity on indications – their economic costs are high; probiotics; vitamin preparations etc. What about parenteral nutrition products? 	<p>with the other comments received in the consultation, to inform the development of the enhanced BNF. The uptake of digital formats and distribution of print formats of the BNF will be subject to ongoing monitoring by the NICE Board. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.</p>
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	<p>password free? Remembering multiple logins is a practical challenge for many staff.</p> <ul style="list-style-type: none"> • We think that this is an excellent goal. A “paper-lite” solution is clearly the preferred option, recognising that “paper-less” is not currently achievable in all settings. • We agree that the current electronic system which is based on the paper version is very user-unfriendly. Layout and search functions are not helpful. • We think the usability for the end user is therefore a bigger issue than is currently acknowledged in this vision and should be the central issue in any redesign. • We have concerns on how much content will be available to the public as the list of drug side effects is often lengthy and lists even very rare complications. Could this cause problems? 	<p>(for history taking and possible poisoning / overdose).</p> <ul style="list-style-type: none"> • Regular, easily readable summaries of updates / changes – available via email, but also on the site. These must also come in printable form for sharing with colleagues. • 2.1 and 2.2, especially being a ‘single authoritative source of medicines information etc. • Had the EU Clinical Trials Directive and the EU paediatric legislation been effective in driving new clinical trials and producing new information, there might be a great deal more evidence-based (clinical trial based) information to refer to. Unfortunately, this is not the case. Will NICE have the power to commission studies when information is lacking? • The BNFs should be straightforward books for professionals to use simply, knowing their limitations, and not try to be all things to all men and women. Each professional will use it differently. 	<ul style="list-style-type: none"> • The capacity of many GP computers and interactivity is poor and they would not be able to use the enhanced BNF even from work. When accessing through remote access via NHS websites the problem is even more difficult. It would be much safer being able to access the paper version and there is a risk that even more old copies would be used if the paper version is thought to be “obsolete”. • There is not specific comment about which operating systems will be supported. Some companies are following a single route – e.g. windows, or iOS exclusively. We think that that would be a mistake, and maintaining flexibility to use browser based solutions on a PC/laptop, must be available as well as apps for Windows, iOS and Android. • Downloading to ‘local formularies’ is also very important to achieve. 	
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	<ul style="list-style-type: none"> • This sounds really good and we hope it will be made user friendly and interactive, e.g. smart phone and ipad apps etc. we think it would be great if it also included drug infusions that are commonly used on paediatric intensive care (e.g. dopamine, morphine etc. as it is very easy to write these up incorrectly with potentially very serious consequences). One of the feedbacks we received was from the author of the “Drug guide to cardiac intensive care at Great Ormond Street” in 2008 (which they are still using – both electronic and paper versions). She is happy to advise on this matter if that would be of any help. • In theory great. However smartphone access on wards is not always encouraged. There are child protection issues in paediatrics. Issues in PICU’S and cardiac units. Hospitals do not have widespread wifi access, and 3G access can be problematic due to the nature of the buildings, or 	<ul style="list-style-type: none"> • Some mobile signals are poor on the wards and so not a reliable access and it would be more time consuming electronically in A & E and outpatients. Also are hospitals going to provide mobile devices capable of this? • Does every prescribing, dispensing and administering health professional carry a fully charged, Internet connected device which can be readily used and shared with no risk (or at least very minimal risk) of theft or loss, loss of signal, loss of service? No, they do not. If so, this is a good way to go. A phased transition will be necessary. • Concise, most used/needed information at the top level, no multiple clicks or foraging to find essential commonly required information. 	<p>‘Addressing conflicting advice’. This may include 2 further challenges; ‘fitting in’ with established local protocols for an increasing number of common acute Paediatric illnesses and recognising the differences in Health Policies in all the 4 parts of the UK.</p> <ul style="list-style-type: none"> • Are there plans for NICE to place cost-benefit analyses (pharmacoeconomic information) alongside the medicines? • Some comments have reported that they always have the mobile device apps available and electronic access most definitely has its place but not entirely at the expense of the printed word. • Unless someone actually looks at whether and how the paper copy is used and by whom, we are at risk of creating a culture where checking doubts and uncertainties with respect to drug use is made so difficult as to no 	<p>The proposed enhanced BNF would link to NICE guidance, including Technology Appraisals.</p>
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	<p>surroundings (ie MRI units). Smartphone access may not be suitable for nursing checking doses in the BNF or administration guidelines whilst preparing iv or other sterile medicines.</p> <ul style="list-style-type: none"> • It would be really useful if you could type in a patient's date of birth, weight and gestational age (if relevant) and the recommended dose could be calculated. Many intensive care retrieval systems work on this basis currently (CATS, STRS and SORT retrieval services to name but a few) and this works really well for paediatricians in DGHs trying to manage acutely unwell patients with unfamiliar drugs etc and also for the retrieval registrars. • Many intensivists also still use the Guys formulary and the Melbourne drug book written by Frank Shann as reference texts as they contain information that the cBNF sometimes does not. It would be useful for there 		<p>longer be a feasible part of routine immediate care.</p> <ul style="list-style-type: none"> • The idea of looking at how it is utilised sounds good, although BNF may have done this recently? • We risk removing the most reliable source of reference from those least likely to have access to a computer at the point of care. • Paper copy transition – risks of adopting digitally appropriate format increases risk of problems using paper copy safely and in a timely manner – etc. 	
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	<p>to be just one reference guide which encompassed all this information (i.e. the cBNF)</p> <ul style="list-style-type: none"> • Visionary in one sense. If only we could keep everything (including computers and training) updated all the time. • Computer access is useful on wards, however there is still a long way to go in ICT infrastructure until there are enough computes available. • Blue sky thinking. GPs are often aware of possible conflicts in evidence and information as they are already signposted in BNF. Not sure that added expense justified. • Concerns over what is a very focused, useful and usable publication (BNF) will become diluted and less useful in this vision. While the issue of reducing reliance on print and conflicting advice are seen as two key challenges we think the 			
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	<p>issue of ease of use is the biggest challenge. It is often the case that the electronic systems that are being introduced to us in health care are often much less easy to use than the paper based systems they replace. The end result is the clinician at the sharp end is made less efficient by digital design.</p> <ul style="list-style-type: none"> • Much needed and long over-due. Challenge will be ensuring the process are transparent, getting buy in from busy clinicians to develop the product, and conflict resolution • We think it will give added opportunity to build on the BNF's valued position in prescribing and enhance its potential, and reduce the risks • The BNF is a great resource, used throughout the English speaking world. Hardcopies are a necessity. ICT access and smartphone access is to be encouraged, 			
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	<p>however we are far from dropping the hardcopy access.</p> <ul style="list-style-type: none"> • The BNFC must remain as a separate entity to keep it workable. Would like to see more of a standardisation of the BNFC doses and those that appear in the adult version also. • We like the brief concise proposals. Including the view of patients etc. (1.5) is difficult but essential. • Childrens BNF is great. We would like it to be able to validate / calculate doses based on entered weight, height, age etc • We would like to be able to see life size pictures of tablets. This is really important for communicating with parents and children and making appropriate choices with them • Direct links to patient info sheets would be good. • The ability to link directly from other websites to a 			
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	<p>selected pages would be good</p> <ul style="list-style-type: none"> • Remove the need for login etc. this should just be in public domain • Comment from an NMP: have always found the BNF and BNFC to be an essential tool in prescribing. It is probably one of the most used references in our office. Although based at the hospital, being a community worker, and have the BNFC with me at all times. Lucky to have access to an Ipad and have the electronic version downloaded. However using the electronic version when prescribing at a patient's home is usually impossible and totally dependent on how good the 3G signal is. It is not therefore a reliable method. Whilst they can see the advantages of regular and up to date changes to the BNF electronically as appose to the paper version, It is not reliable when prescribing in the community. Many of my 			
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	<p>community colleagues don't have access to an electronic device to have the BNF down loaded onto and they think that unless individual Trusts and NHS institutions drastically update there IT systems, this is always going to be a problem for community based prescribers.</p> <ul style="list-style-type: none">• Comments from a Lay Representative<ul style="list-style-type: none">- Use the BNFc a lot in assessing new uses for paediatric drugs/safety issues on PM EAG at MHRA. We use the paper version. I had not appreciated that it is on-line. The PM EAG is made up of a variety of paediatric specialists and it is not uncommon that when we come to look at the BNFc for whatever drug we are considering that someone will say "well, that's not how we use it in practice" or "that's not really the scope of the use".			
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	<ul style="list-style-type: none">- Often quite surprised how loose the BNFC is regarding indications/dosage in light of the subtle distinctions clinicians will make. For example, a drug may be licensed from 1 yr but the dosage details are only given from 5yrs, or the bands are much wider for some drugs than for others (e.g. 2-12 years) when there is clearly a big difference between the physiology of a 2 year old and a 12 year old.- Do wonder how up to date BNFC is in relation to high rates of childhood obesity?- Read what the consultation said about moving towards online rather than paper-based use and in light of the many updates that seems very sensible. We weren't sure whether the			
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	<p>paper version is planned to be phased out?</p> <ul style="list-style-type: none"> - Really pleased to see that medical devices will be included. There seems to be so much crossover now, with drug delivery devices for example, between the two. - As a patient/parent it is admirable that they want to make the BNFC as patient/parent friendly as possible and as an on-line resource I imagine it will become more so. At the same time, as regards joint decision making I have seen better tools for doing this (e.g. NHS decision making aids e.g. Glue Ear http://sdm.rightcare.nhs.uk/pda/glue-ear/) but not sure if these are for conditions that require pharmacological as 			
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	<p>opposed to surgery/therapy interventions?</p> <ul style="list-style-type: none"> • Other Council members were positive about the proposal. "I think the proposals made are on the changes to a digital enhanced BNF/c are clearly very positive and open up the possibility of links to so much material currently not there in the hard copy version. In order to make the whole project work the search facilities within the site need to be really excellent. Access does need to be very simple so that all health professionals can get there without passwords etc. I would not see why this site should not be open to the public too". • Points also made were: <ul style="list-style-type: none"> - Currently paediatric pain (acute and chronic) is not adequately covered and there need to be links to e.g. epidural guidance which NICE may not support/review...how 			
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	<p>will this be addressed? Analgesic drugs are within a chapter called "anaesthesia" I think and is such an important subject that I feel it should have its own (general) chapter.</p> <ul style="list-style-type: none">- Some of what is written around meds in the BNFC is still currently based on age. Not sure if this will change but we ought to make the point that this is a problem- Is there an opportunity to embed calculators into the website to try and prevent drug errors?• The printed edition provides the only way for rapid cross-referencing and searching. The search can be done in "three dimensions" whilst an on-line search is more "two dimensional". We would be against doing away with the printed edition.			
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	<ul style="list-style-type: none"> • We suggest that the NICE vision seems decidedly clouded and an entirely electronic version would most definitely not reflect the requirements and needs of this particular user. Parts of the vision strike me as gadgetry and "correctness" just for the sake of it and with seemingly little understanding of what actually happens on a real ward. • Paper copy is still the most used and most accessible. Need to ensure transition reflects this. 			
Royal College of Physicians	<p>The RCP is grateful for the opportunity to respond to the above consultation. Our members and fellows believe that the BNF is one of the greatest achievements of medical practice worldwide. As such, we have encouraged them to respond as individuals to the NICE consultation survey. However, from feedback received the RCP remains extremely concerned with regard to some of the proposed changes being put forward by NICE. The attached letter from the chair of the RCP Joint</p>			<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. The uptake of digital formats and distribution of print formats of the BNF will be subject to ongoing monitoring by the NICE Board. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to</p>

	<p>Specialty Committee on Clinical Pharmacology and Therapeutics to Professor David Haslem, NICE Chairman regarding the earlier NICE accreditation report illustrates these areas well. We also wish to make the following comments.</p> <ul style="list-style-type: none"> • The BNF has a tiny budget compared to pharmaceutical companies, yet provides an incomparable counterbalance to the multi-billion pound advertising budgets of the pharmaceutical industry. • The paper format must be maintained. It is not currently possible to count on expensive hand held devices in a busy casualty or ward in the middle of the night when the internet might go down, or a device goes missing. We believe there should be even greater dissemination of the paper copies. • The electronic version is an excellent addition, but should not be viewed as a replacement for the paper version, at least until ease 			<p>ongoing monitoring and review by the NICE Board.</p> <p>Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.</p>
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	<p>and stability of electronic access is possible across the whole of the NHS.</p> <ul style="list-style-type: none"> The electronic version would benefit by cross referencing the following databases; NICE, Cochrane Database, Electronic Medicines Compendium (an excellent database currently underused by prescribers and medical students which lists all the SPCs for medicinal products: https://www.medicines.org.uk), MHRA website (now also valuable resource for looking up SPCs). Care must be taken when referencing existing databases not to make the BNF unwieldy and a repetition of other sites. 			
The Imperial Healthcare NHS Trust Pharmacy Executive	The Imperial Healthcare NHS Trust Pharmacy Executive acknowledges the drivers for increased use of technology to deliver prescribing information, such as increased availability of mobile devices and the introduction of electronic prescribing. We would support the ongoing development of			Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will

	<p>electronic platforms for key reference sources such as the BNF. However, we believe that there is still currently a significant and important place for paper copies of the BNF in hospitals and would be concerned if the production and distribution of these were to be withdrawn.</p> <p>The reasons are as follows:</p> <ul style="list-style-type: none"> • Not all staff have access to PCs or smartphones at the point of care. • Pharmacists and nurses frequently find obtaining access to PCs on hospital wards problematic. • Using electronic information resources at the same time as carrying out complex tasks which also require PC or mobile software such as electronic prescribing or dispensing usually requires switching screens, which makes tasks more complex and increases the chance of errors. It is therefore important to be able to use a paper BNF to support other computer-based tasks 			<p>continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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Comments received from individual commentators

Role	Consultation question 1: What are your views on the vision for an enhanced BNF as described?	Consultation question 2: What do you think are the most important elements of an enhanced BNF?	Consultation question 3: Do you think we have overlooked anything?	NICE's Response
Pharmaceutical Adviser, NHS Kernow	The idea is fine but the BNF content needs improving. There is no advantage in simply listing medicines without a clear ranking of their value to the NHS. With the exception of the items less suitable for prescribing, this valuable information is not currently in the BNF.	Keep the current chapter structure but include rankings of medicines in line with NICE guidance.	We need clear guidance on monitoring, especially for side-effects. Simply saying that a drug may have eg visual side-effects leaves us to deduce what sort of test should be performed and how often. That should be made clear.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Managing Director, EBN	It is fine. I would put it slightly differently. I would say that BNF should remain a rich and definitive source of evidence-based guidance, or agreed best practice where evidence is weak. It should be made available at every point in the workflow where it can contribute to good decision making. Where possible this means integrating into existing work practices so a professional can use BNF without "looking up". To do this I believe that BNF needs to be transformed into a knowledge base, curated using the best editorial tools and processes. However its subsequent use should not be limited to particular	The most important element is the separation of the core knowledge base and its published forms. By separating the two, a whole range of BNF instances, to suit very many different use cases, can flourish. In five years it would be good to see a wide range of products incorporating appropriate parts of BNF, accredited via the expert licensing panel described above to make sure they reflect correctly the intention of the core knowledge base.	There is an important discussion to be had with the current owners about what constitutes a sustainable funding arrangement. The involvement of clinical experts and professionals is essential to make sure development continues to meet clinical needs, and to command the full support of the professions.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

	<p>instances such as "books", "apps" and so on. Instead an open licence is required to allow third parties to use the knowledge base (as many NHS Trusts and others already do, but on an informal basis). A new team must be created to verify that BNF is rendered correctly by third parties - a quality assurance panel; this team could also be tasked with creating APIs or other simple tools to make BNF available in very many environments. For example, a simple downloadable spreadsheet of cautionary and advisory label wording linked to dm+d codes could feed any dispensing system and contribute to patient safety. The new open licence for reuse of the BNF knowledge base should be part of the core IP arrangements for the BNF and could be funded using the money saved from reducing central orders for books.</p>			
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<p>Patient (former CCG board member)</p>	<p>Overall is good and makes sense.</p>	<p>It is important to have a live central reference point knowing content is as up to date as possible. Re 2.2 it is good that international sources are included. 3.3 I would like to see conflicting advice left in (with a disclaimer pointing out the conflict to the prescriber/patient) so that the patient can make an informed choice re treatment, pending development of guidance to resolve conflict.</p>	<p>As a patient my only concern would be that I would like to know of any emerging/experimental treatments not yet fully clinically tested for conditions to really encompass the spirit of a comprehensive reference point. (e g I understand that elsewhere in parts Europe it is routine to have scans in detecting lung cancer, compared with the U K where an X-ray is used - which is much less reliable in detecting the cancer in early stages.)</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Procurement Specialist Pharmacist</p>	<p>I can see all the advantages of an electronic version. In terms of keeping it up to date, not having back copies lying around etc. It would also be easier to find stuff etc. BUT the paper copy is so very convenient and accessible. Especially when on the move and when there is no access to Wi Fi etc. If I could download a copy onto a laptop that would be ideal but then there is the issue of keeping the latest version etc.</p>	<p>Authorative information which is UP TO DATE. Ability to search Could it undertake complex dose calculations (if given patient parameters). Could it prompt for interactions if patients history typed in?</p>	<p>Could it undertake complex dose calculations (if given patient parameters). Could it prompt for interactions if patients history typed in?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Consultant Psychiatrist</p>	<p>There needs to be three bnf. The paper copy must exist because community workers cannot always use (or afford) tech and its harder to include clients by showing them a screen. Mobile bnf should not require a data connection should include keyword searches and should include an automated drug interaction flagger. The enhanced part can use data for updates at intervals and storage of personalised stuff securely offline. Nothing identifiable must remain on a stealable mobile device. The web based ebnf should include nice guidance and other guidance, without feeling the need to only issue one message. The advantage of saying there are three guidances on this matter are a) informed choice b) supporting professionalism c)underlining that only StarTrek find the correct answer every time.</p>	<p>Patient friendly screen- photo of tablets, big text Drug interaction from (click two or more drugs and press display) The option to overlay local formularies so which drugs are in and which are out are clearly defined</p>	<p>Dont try and be the be all and end all. Encourage people to quote BNF as a range of sources and compete on accessibility encouraging people to look more widely and highlight areas where differences are appearing. Then acknowledge or amend as appropriate.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.</p>
<p>Semi retired pharmacist consultant</p>	<p>A good idea, however must be evolved to allow users to become familiar with the new systems and for developers to ensure they can handle the changes. The paper version is useful for two reasons, it is a suitable size to fit in the pocket and does not require technology so can be used in the field.</p>	<p>As mentioned above, the size and use in the field are the strength of the BNF. The independence of the source of information and the quality of staff producing the output ensures that it is used as a reference source not only in the UK but in many other parts of the world.</p>	<p>The new BNF must be trialed and show to work before any changes are made to the availability of the paper version.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will</p>

				<p>continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>Extensive user testing will be undertaken to support the release of any enhancements to the BNF,</p>
Domain Lead Information Standards Board	Sounds marvellous!	Quicker access and lower costs	Paper should still be available as a back-up	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Advanced Nurse practitioner</p>	<p>anything which improves access to authoritative information has to be a good thing. INTEGRATED nICE INFO IS ESSENTIAL</p>	<p>They most useful will be the ability to have up to date integrated information. it is important that the information I use on my I pad is as comprehensive as the books, which as I work for the OOH service in Cornwall which is commissioned by Serco ,I understand have not been made available to the organisation, despite being commissioned by the nhs. It is important that we do not have too download info regularly as we are often out of signal and this is our only asset in terms of prescribing which is why , when you are in the middle of a farm in the early hours a book was always helpful.</p>	<p>NOT AT THIS POINT</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board. Print copies of the BNF and BNFC are available free of charge to eligible staff working for OOH services, please contact BNF@Binleys.com to arrange for provision of copies.</p>
<p>Medicines Information Pharmacist</p>	<p>Seems to be appropriate to expand the information and links beyond the current BNF content, but it is unclear how the information could be extended into areas where the information available is of poor quality, controversial or simply does not exist (eg long term use of some medicines).</p>	<p>That the information is authoritative and evidence based; where appropriate it should also express a view on cost effectiveness. The aspiration of including devices is good, but often the trials of efficacy for these are poor or lacking altogether.</p>	<p>no, its reasonable comprehensive. Theres a risk of information overload. The current web based format of the BNF could be more user friendly, it has a look as if the paper content has been lifted and simply pasted into a webpage.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Chief Pharmacist</p>	<p>I think the idea of buiding on the excellent data already available in the BNF is admirable, however I do have concerns that the dependence on access to it via digital media may cause problems where access to digital media is limited</p>	<p>being searchable and browsable in numerous ways</p>	<p>yes the availability and practicality of using a digital version of the BNF in the workplace, especially places like mental health low secure where mobile devices and internet access are prohibited or limited</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Development manager</p>	<p>The vision seems fine.</p>	<p>I would want to be able to link to a specific drug from another systems, e.g. eprescribing, without having to search for the drug. So I need to be able to reference a drug and bring up the information on it using the DMD VTM code for the drug. This is possible via medicines complete but will also need to be possible via NHS evidence. This allows system to system retrieval of information. This idea could be extended to allow specific parts of the information about a drug to be retested.</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

Pharmacist	A good idea as long as it is easy to use and search.	Easy use. The current one is difficult to search and does not present the most likely result first. It would also be good to have an alphabetical index for when we only know a partial drug name or are uncertain of the spelling. I would access this via pc or tablet, but the availability of suitable devices and speed of search is sometimes limiting when on a ward in the hospital	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Head of Medicines Management	The vision is admirable, I'm not sure we are ready or if it is necessary to the majority of healthcare workers at the moment	I'm not sure GPs and NMPs are in a position to routinely use an enhanced BNF. Accessibility to enhanced information will probably only be useful in small number of cases a week. Its the routine clarifications and checking that is the bread and butter of the BNF in my experience.	I'm not sure the Health service in the UK is ready for an enhanced digital BNF in terms of practicalities. Health care professionals providing care in peoples homes, care homes, roving GPs, community nursing etc do not have access to phones and tablets that would make a digital version user-friendly, and what about where signal strength is patchy or non-existent. Also some IT systems using patient data platforms make it very difficult to access internet based information at the same time as using a patient database.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

<p>Advanced Nurse Practitioner</p>	<p>The plans to move to a digitised version of BNF makes alot of sense , being able to access more integrated infomation would be helpful . The issue for those working out of hospital is access to appropaite technology to enable us to utilise this at the point of care which is often in patients homes .</p>	<p>I would like to use this at the point of care when making prescribing decisions . Integration of infomation eg NICE, CKS, and BNF would be helpful , as would access to easily printable infomation for patients .</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Academic GP Trainee</p>	<p>This is a really good concept I rarely use the paper BNF as I always have the online one open when I am in consultation HOWEVER, my practice does not have wifi nor any tablet computers - therefore we are reliant on own mobile internet contracts. I do not have an i-phone but a windows phone - apps often are not made for this. Therefore I am keen to emphasize the need for comprehensive 'off-line' access even if this is temporary - e.g. download a dated PDF version onto personal phone so can access it while on home visits or apps that can be used off line but update as soon as they are reconnected - rather than having to rely on internet connection while out and about.</p>	<p>Providing links to number needed to treat and number needed to harm data (broken down, where known to subgroups of patients) Providing links to information next to dosing regarding evidence for that indication</p>	<p>Electronic devices and internet facilities are definitely not universal and access and quality is variable PLEASE make sure there is some sort of offline option - even if only dated PDF version that can be downloaded or app with offline capability which is updated via internet if e.g. going on home visits to prevent problems at the time of patient contact if the internet cannot be accessed PLEASE PLEASE dont make this just for i-phone - i have a windows phone and this is often overlooked by app devlopers</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>eBusiness Pharmacist</p>	<p>I think this is a brilliant opportunity to harmonise these resources and improve dataflows with minimal hurdles to overcome a BNF/dm+d collaboration would be a fundamental shift but provide a huge and beneficial impact on patient safety,</p>	<p>For use when clerking in patients, choosing treatments as an inpatient or outpatient choosing discharge medication for discharge summaries. An unambiguous way of describing medicines which provides confidence that the medicine intended will always be the medicine dispensed and so ,administered. Unambiguous recording of medicines in Summary Care Record and Electronic Patient Record</p>	<p>The functionality of the BNF App needs quite a bit more work. It does not mimic the way the book works. Dose and additional information is often difficult to find as the pages do not flow from one another well</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Chief Pharmacist</p>	<p>I agree entirely with the vision for a fully integrated digitally based enhanced BNF. However, in making that transition, it is important not to lose the informative supporting information that the paper version has - it should be absorbed in an enhanced way into the digital version</p>	<p>The most important element of an enhanced BNF will be its ability to operate as a "one-stop-shop" for prescribing decision support and as an aid to support patient advice and consultation. Clearly it may perform this role partly by acting as a portal to information held on other systems, but it needs to ensure that any links are limited to sources of information that meet the quality criteria of the BNF itself.</p>	<p>In the broad terms of the consultation document, I think the key aspects of what is needed have been captured.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Acting Chief Pharmacist</p>	<p>I agree with the proposal and support the development of an enhanced BNF with a more response user interface, however I am concerned that staff (particularly ward-based nursing staff) are still heavily reliant on a paper copy of the BNF and I do not see this changing rapidly, particularly for areas that do not use electronic prescribing. Access to IT at ward level is currently insufficient to support electronic-only access to the BNF. Where we have tried to use electronic-only access to other information sources e.g. Medusa IV infusion guide this has not proved successful.</p>	<p>Rapid and intuitive searching and browsing functions Ability to search by Brand but then link to the full monograph for the generic medicine-generic and brand names used interchangeably in hospital practice Ability to customise for local use e.g. provide embedded links between BNF and local information e.g. local formularies or other info sources e.g. Medusa IV administration guide</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>GP Prescribing Adviser (Pharmacist)</p>	<p>"Be produced to rigorous, open and transparent processes that meet the NICE Accreditation standards, and provide clarity about how recommendations are made" - This is key to the enhanced vision. Although the BNF is excellent and trustworthy I do not believe their decision making is currently as transparent as it should be. "Include commonly prescribed medical devices as well as medicines" - This would be a vital component of any enhanced BNF. While a lot of devices are listed in the current BNF there is no rationale or "prescribing</p>	<p>1) Comparing effectiveness, safety, cost-effectiveness, quality etc of all medicines and devices listed 2) Making it easier for shared decision making 3) making the BNF more transparent in it's recommendations</p>	<p>It's a huge challenge and I hope it hasn't been underestimated in terms of staff willing to change. It will require major re-training of the way all healthcare professionals access BNF information. I am quite a new graduate (2008) and frequent user of BNFOne however I am still adjusting to accessing the BNF online.....if it's something I am unfamiliar with/quite complex I still resort to the paper version as I am more comfortable with that format. I can't imagine how hard it would be for a more</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	<p>information" available meaning a lot of time prescribers are just prescribing based on recommendations. I also believe listing in the BNF for devices should mean that these devices should be subjected to the same rigorous study as medicinal products. This unfortunately is not the case presently and many devices of dubious quality are listed in my opinion. "Include links to high quality information for patients, including information to help healthcare professionals and patients reach decisions together " - a great opportunity to tackle shared decision making in a practical way "Allow quick comparisons of key information on effectiveness, safety, patient factors and resource implications" - The BNF is currently a great list of drugs without any real comparison of treatments within it</p>		<p>experienced healthcare professional to adapt to accessing info from an enhanced BNF.</p>	
<p>President RSM</p>	<p>Very important. The old style BNF is a dinosaur and should be revitalised along the lines described. Stop the print version and rely exclusively on the online one</p>	<p>1) Indicating which products are endorsed with a positive appraisal by NICE 2) Reconciling conflicts between the BNF and other sources of guidance (especially NICE guidance) 3) Providing immediate access to drug safety warnings issued by MHRA/EMA</p>	<p>You assume that NICE should stay with the BNF. If the BNF is unwilling or unable to adapt to the modern age, then NICE should abandon the contract and start developing the "NICE Formulary". It wouldn't nearly as much fuss as you might imagine!</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

Honorary Consultant Psychiatrist	<p>I fully support a move to digital format and phasing out print. I almost exclusively use the BNF app on smart phone due to the frequency of updates and portability. One concern that I have is that the BNF as it is currently formatted is a superb example of clarity of purpose and presentation. If its purpose is expanded to include the evidence base for choice of medication, patient factors and resource implications etc it risks becoming cumbersome to find what one is looking for. If its usefulness could be expanded while retaining its simplicity and clarity of use it would be ideal.</p>	<p>Retention of clarity and ability to refer to it quickly Be searchable and browsable in multiple way Frequency of update</p>	<p>The ability to key in 2 (or more) drugs and have potential drug interactions automatically flagged up, stratified by severity (e.g. colour-coded) and frequency It would be good to contain downloadable/printable medicine information sheets for each drug that could be given to patients when discussing or initiating medications. Potential integration with computerised prescribing systems You could use it to deliver intermittent national medication alerts e.g from DoH or MHRA</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
GP	<p>am happy to have digital providing our software provider (EMIS) is up to speed with this but also there is a clear way of accessing the whole BNF when want more general info not necessarily about a given drug</p>	<p>would be great to be able to search on treatment areas as well as individual drugs</p>	<p>how would things like the tables of supplementary substances work? it is the one time I refer to the book as they are easy to see in the book.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Dermatology Specialist Nurse	<p>Excellent idea, however may not always be accessible if it is web-based if there are glitches with P.C.s, connection/internet problems and on home visits.</p>	<p>Ease of use. That there be little or no 'down-time'. Would like 'links' to patient information leaflets, possibly also product leaflets as included in the packaging. Possibly link in to guidelines and, or something like 'Up to date'.</p>	<p>I would still like to have BNFs in hard copy format available.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will</p>

				continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Clinical Research Pharmacist	A good logical way forward for the BNF. Information clearly and concisely available at one's fingertips is the ideal way for reducing risks and promoting good medical practice. Bringing Nice and the BNF together would lead to an up to date information source that would widely referenced.	Highlighting Nice/BNF differences and bringing more information to help in decision making.	Although technology has moved swiftly since the BNF introduction, the availability of computers/devices still is a major issue in most Hospitals and Health Centres.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Pharmacist	no comment	no comment	Its so handy to have a book. I dont think that the online version should replace the book, but just an additional option to have alongside. You need to make the app more accessible. I have tried to use it before, but had difficulty getting access through the athens password. Our hospital doesnt have wifi at the moment and cannot yet provide handheld devices to all users. So users have to use their own personal mobiles to access this on the wards using their own data allowance through personal phones. For	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board. Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile

			this reason we need access to the book until our hospital infrastructure has the ability to support this ie. wifi.	device.
SpR Medical Oncology	Great idea - I use the BNF app on my iPhone, but it could be improved significantly. Sometimes I can't find the information I am looking for in the app, but I know where it is in the paper copy, so resort to looking in that.	Accessible and searchable. Ensure it can be downloaded onto phones/tablets, as internet connectivity not always available. Keep it free, and free of advertising.	Try and make the update downloads faster? Or incorporate a function that allows downloads to happen at a certain time every day, or week? Sometimes I go to look at the app for info when I am pressed for time, and am offered a download update. I mean to press 'later', but end up pressing 'now' instead, and as the wi-fi connection at work is slow, I then have to wait for the download to finish rather than addressing the question in hand.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
GP	Vision enables computerised access of BNF - no need for paper	Rapid searching with all information to hand	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Consultant Nephrologist & Medical Director</p>	<p>Well overdue. We use electronic prescribing in our clinical area but not in the whole Trust, this is hopefully coming. Updating our local e system is very time consuming. I'd like to see all secondary care prescribing systems interfacing with an electronic BNF and also with primary care (through summary care record or similar). The possibilities for improved safety, audit, research etc once all these are properly joined up are huge</p>	<p>See above</p>	<p>Detail is necessarily scanty but all the elements are mentioned</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Pharmacy Technician IT Specialist</p>	<p>It will be a huge improvement on what we currently have, the current electronic version is very difficult to use compared with the paper version. Access to NICE guidance will be very useful, although we will need to ensure there is a method for providing local guidance where this differs due to specialist funding/guidance</p>	<p>Integration with other systems is key to realising all the benefits, logging into a separate app or webpage is something that users complain about. Being up to date and accurate is obviously critical, if it's integrated with other applications though this needs to be a seamless process, currently applications such as FDB require a shutdown of the system to update.</p>	<p>If it is only available in digital format, this may cause issues if it is inaccessible - for example we have recently had an incident where we lost all electronic systems in the hospital - we have paper backups for this eventuality but if we have no paper BNF we have no access to any of this information (we can't rely on phone access as some areas either have no phone signal, or mobile use is not allowed due to equipment).</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.</p>

<p>Quality Improvement Lead Nurse</p>	<p>Positive step to ensure that information is up to date, like the idea of including links to other sources and particularly like the interactions section</p>	<p>Access to computers and technology, although most medics tend to have smart phones, nurses may not have them or carry them around whilst on duty, yet a significant number of errors occur during the administration phase I particularly like the idea of highlighting the high risk drugs or those that have the most commonly reported errors, which may raise awareness during prescription and administration.</p>	<p>Could it be linked to NPSA reports on patient safety incidents and errors providing a direct opportunity to learn from incident reporting Will you be looking for pilot sites?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>Extensive user testing will be undertaken to support the release of any enhancements to the BNF,</p>
<p>Team Administrator</p>	<p>No comment</p>	<p>No comment</p>	<p>I wanted to point out that one of the assumptions in the consultation is wrong. The print version of the BNF is probably not distributed to all NHS staff that need it. What happens at least in the Sussex Partnership Foundation Trust is that a number are delivered to one particular office, and are picked up on a first come first served basis. There is no list of people who must have it. This means not only that some practitioners don't have the up to date BNF, but doctors in outlying units who might not necessarily go to Mill View - for instance, the consultant in my</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p> <p>Please note that Chief Pharmacists/Heads of Medicines Management are provided with a list of all staff who are eligible to receive copies of the BNF. They are responsible for ensuring all these staff are able to access copies. The list will include all doctors, pharmacists and some NMPs.</p> <p>Staff who are unable to access copies, but should receive one, should request one directly from their Chief Pharmacist/Head of</p>

			unit, never gets one either.	Medicines Management.
Senior Lecturer, NMP Programme Lead and V300 & V100 prescriber	Content ideas sound excellent	Making it more current in light of amendments/changes within time frame of bi annual BNF. Layout sounds better as it can be difficult to navigate through	The main thing is this sounds very London Centric. You need to recognise the poor IT infrastructure for those working outside of the M25 wher internet access is non existent or patchy. This affects those working with patients in their homes/visits to people in their homes where SystemOne is unusable and equally the BNF on line will also be. They must have the hard copy for patient safety otherwise we go backwards from the NMP perspective where drugs cannot be checked and the patient/carer has to pick up a prescription from the surgery. It could also increase risk where some might chose to prescribe because of patient pressure withiout being able to double check the drug details and rely on memory.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Clinical Director Gwent OOH , Aneurin Bevan University Health Board	Defintiely the right direction -	With childrens BNF don't overlap age groups eg 0-3months 3-6 months - parents get confused re dosing links to NICE guidance and other national sites - toxbase SIGN palliatve care sites. links to SPCs especially re frequency of side effectd	paper versions still useful OOHome home visits in regions where mobile signals still dont work so dont get rid of them all together.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will

				continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant in anaesthetics and intensive care	A better on line searchable version with good links to interactions and side effects would be useful. Being able to look at a list of drugs relevant to a patient and then be given possible interactions would be useful as would some decision support when interactions are flagged up. Easier access to dosages relevant to renal or liver failure would be useful	having good search facilities and comments on possible interactions, needs to be available on all hand held devices	I think a limited supply of a print version may still be needed	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
QIPP Pharmacist	In principle yes to a digital format but would expect this to be updated more frequently. Currently updated every month on the apps but need to be explicit on what has changed every month and keep the changes for the next 6 months so that users can reference. I use the BNF as a reference for my specials guide and expect the BNF to be a live resource.	portable on phone and ipad	The BNF as it stands is not reflective of all the prescribing that occurs in the UK. There is a lot of unlicensed prescribing (off label medicines and unlicensed medicines)- refer to Epsom Data which we need information on, preferably evidence based, where the medicines come from, brand names etc. It is a document in its own right but would be useful to link this to GP prescribing systems from the moment that a GP types a	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board. Please note that the BNF and BNFC online are openly

			<p>medicine in to issue a prescription. it is not clear how all NHS users can access BNF on internet on computer. Not everyone has access to Medicines Complete, perhaps via Athens would make this more accessible to users in the NHS</p>	<p>accessible at www.evidence.nhs.uk</p>
<p>Lead Primary Care Pharmacist</p>	<p>Really like what you are trying to achieve. Sounds even more useful than current format, which is slightly limited by the lack of detail in some areas particularly about relative benefits and harms</p>	<p>Actually I think all the suggested elements in the vision are important</p>	<p>Would be good to try and link BNF entries to patient decisions aids where they exist. Are NICE thinking of accrediting patient decision aids?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p> <p>NICE is currently exploring its approach to developing or endorsing patient decision aids.</p>
<p>Senior Medicines Management Advisor</p>	<p>A excellent progression in providing up to date quality information.</p>	<p>A excellent progression in providing up to date quality information.</p>	<p>Mobile apps - our trust uses Blackberry phones. I cannot find a free app on the phone for the BNF.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Clinical Pharmacist</p>	<p>I totally agree with the views set out.</p>	<p>I think the most important element is one of accessibility. My experience of secondary/tertiary care working is that the BNF as a paper reference is too imbued in the mindset of healthcare staff. For the vision to be achieved, the NHS must invest in IT infrastructure so that staff have ready access to PCs, laptops, tablets. My biggest barrier to accessing electronic resources at a ward level is finding access to a computer.</p>	<p>No other than the comment above.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Advanced practitioner</p>	<p>Although access to more up to date information is an excellent idea. This can be very distracting and appear ignorant if completed whilst client present. Access to WiFi/ Internet can be very problematic and it is not always easy to obtain info. It can be more stressful and lead to task taking a lot l</p>	<p>It appears a good idea. Especially linking to guidelines/research around less familiar topics However can be seen as rude if accessing whilst client there or don't know what your doing Limited access to technology in community locations Can take a lot longer than looking in a book and lead to frustrations on all sides Would be less weight to carry round As a practitioner can become too engrossed in related topics/ research not keeping to the query thus adding to time spent clarifying an issue</p>	<p>Wifi/ Internet access. Trusts policies and need for hard copies on wards/units and how a change will be interpreted. The speed at which info can be accessed</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.</p>

<p>Lead Pharmacist for Mental Health, Medicines Use and Procurement</p>	<p>I completely agree with the vision to shift reliance from paper copies to electronic media. However, my concerns are a) Ensuring that the electronic versions being accessed are up to date. How will updates be pushed out reliably? b) Increased reliance on the use of personal devices (such as smart phones) as the portal to access the BNF - in terms of infection control, patients' perceptions of clinical staff accessing information on their devices during consultations. c) Deciding on which links to high quality information for patients to include, and being rigorous with respect to this process. For example, will link to patient information leaflets on medicines.org.uk be provided (and how will these be linked to ensure the brand prescribed and dispensed has the correct PIL, and how will they be updated. Will links to patient decision aids be included, and what will the criteria for inclusion be? Can local links to organisation-specific resources be provided? d) Ensuring that the BNF remains the authoritative source on medicines information.</p>	<p>Further integration with other resources - such as NICE guidance, patient information, patient decision aids. Inclusion of new information such as patient counseling points (similar to the Australian Medicines Handbook). Enhanced and intuitive interface, with the inclusion of powerful search capabilities. Ensuring that the electronic version will function on a wide variety of devices, and function quickly on a variety of operating systems. I think it is critical that the enhanced BNF must be able to easily integrate or overlay with organisations' formularies in an effective manner, to save laborious duplication at Trust-level (such as with BNF Formulary Complete or other similar systems).</p>	<p>Nothing that I can think of.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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Paediatrics Consultant	Could be useful for more complex situations. drug interactions, and unusual side effects. Need to ensure that double checking the dose of a commonly used/familiar drug (which is the main use in paediatric practice) is not made more difficult.	Ease of usage: needs to be intuitive and user friendly. Needs to make it very easy and quick to ask easy and quick questions, whilst offering routes onwards to more complex information, and preferably a very visible alert to any really important information (eg lamotrigine highlighting watch for rash. Would be usefull if main info page included link to printable parent information leaflet (note parent - need paed specific info)	Essential to keep books available. Tend to be faster to use, and don't crash, freeze, and generally play up in the way that hospital computers/trust IT systems often do: important to be able to access in event of IT problem.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
senior nurse paediatrics	sounds like a great idea to amalgamate the two and have all the info in one place.	info that is cross referenced with other important info eg contra indications etc good that it will be searchable through different key ways but will all the info hazards etc be linked to each other?	Sometimes it is good to have a book or paper version In rural areas the internet signal is not always available Talking as from the south West. Community nurses may well be prescribers and so this electronic version may not always be available to them.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant	digital on-line would be the best option	potential to link sections to independent evidence sites, e.g. linking analgesics to the Bandolier site from the Oxford Pain unit or to relevant Cochrane reviews	apart from evidence links, no.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Clinical Research Fellow	Sounds good	Drug-drug interaction/contraindication alerts	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the

				development of the enhanced BNF.
Production Pharmacist	It is a good vision, I think the NHS and associated organisations around it are usually really slow to embrace change and technological advancement.	Clear search functions Recognisable format Relevant Information (giving pricing is pretty useless as I don't think anywhere pays BNF prices for any medication) Different login credentials for the apps to athens More deail in specialist sections (the term "consult product literature" just encourages us to do that in the first place and makes the BNF seem redundant in some areas)	I don't think commonly prescribed medical devices should be in the BNF, it should be for medicines that are licensed in the UK only. Unless the MHRA changes its stance on licencing medical devices of course. The same should also apply to borderline substances. These can be adressed in other sources/publications	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Director of Pharmacy	Sounds the right way forward.	It has got to be as easy to use as possible with a logical layout or users will find other sources of information which are easier to use.	It would be useful to have a calculator included so that you can work out doses based on body weight / renal function etc.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
associate medical director+	Good. the opportunity to provide links is very helpful	ditto	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Clinical Pharmacy Technician	<p>In my opinion this can only have a positive outcome. As a clinical technician i spend most of my working day on the words supporting the pharmacist, Drs and nurses with regards to pharmaceutical care for out patients. The BNF book still plays a role in my general day but i am quickly chosing the online version over its paper counterpart as i know this is the most up to date information (sometimes the book is out of date or simply nowhere to be seen). In current practice there are now generally more computers available on the ward thanks to electronic prescribing. This means that they are also available to other staff working on the ward to access other various software and relevent information. By providing an enhanced BNF it will allow the ward staff better access to pharmaceutical information inorder to aid clinical screening, administration and prescribing.</p>	<p>From my perspective this would mainly include dosing and side-effects. When i am unfamiliar with a drug I use the BNF to ensure that the dose is appropriate for the patient. Also, as my role involves a large amount of counselling of patients with regards to their medication, I use the BNF to look up potential side-effects so that should the patient have any questions regarding their medication, i am already aware of potetial side-effects and any specific administration requirements.</p>	<p>No, I believe that this type of action is a step in the right direction both for the staff using such facilities and also the patient. At the end of the day, their care is always our priority and any effort to improve this is beneficial.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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<p>Chief Pharmacist, Kingston Hospital NHS Foundation Trust</p>	<p>A digital format of the BNF/cBNF would provide a mobile first solution as medicines reference, but would need enhancement for further detail often required by practitioners. The immediate cross reference to product SPC and an IV administration guide (such as Medusa) would be essentials as would cross reference to local formularies. Access through the BNF to on-line reference material on interactions/side effects/pregnancy as are basic requirements of DGH pharmacy Medicines Information services would greatly enhance the use Hyperlinks to journal articles would be of use, but not essential.</p>	<p>Healthcare staff could be provided with a very useful tool. This would be a complete waste unless adequate training is available on how to use it.</p>	<p>Care staff in social care settings have medicines information requirements in a much more lay language as do family carers. Let's not also remember patient requirements for information</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Lead Pharmacist - Medicines Information and Management</p>	<p>There are distinct advantages in using a more regularly updated digital resource than a paper document which is out of date before it is published and printed. Pulling together the NICE guidance and BNF prescribing advice and structure has already proven its value. Further development and integration of this progress can only be beneficial if the format is not changed too radically. The BNF already includes rudimentary side effect and interaction detail - development of these areas in</p>	<p>Better side effect definition and more specific ranking would be a viable and useful development as would a more expansive explanation of drug/drug interactions and the clinical significance thereof. Links to Map of Medicine management of disease states would be extremely useful as a reference source and a means to put the medication therapies in a clinical perspective.</p>	<p>Unlicensed medicines are loosely referred to in the BNF - this component could be more details and integrated particularly when licensed products are discontinued or unavailable which is a common hurdle in providing ongoing care. Unlicensed or off-license uses of medicines that have some evidence base would be a useful inclusion</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	particular would be of enormous value to prescribers and other healthcare professions.			
Head of Medicines Management	I think the vision is very clear but will require a change of culture to make use of electronic format.	Frequent up-dates compared to annual paper version More in line with concept of "paperless" offices Useful as an APP for community staff on the move to talk to patients about their medicines Links to local formularies Multiple search strategies Evidence base links	Users would need a smart phone or access to a computer.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Deputy Chief Medical Officer	I think the move to an enhanced cBNF is a good one (I don't do adult prescribing but everything I say for children applies to adults) I think we need to cover gestation base, weight based and age based prescribing and simply it so that the advice is clear as to which piece of info takes priority if we are going to age based prescribing we are going to need to do some simplification of age groups - between cBNF and Guys and THommy's we haev found over 400 different age ranges	searchable, I would want to see more decision support both for the prescriber and the administrator	I haev a huge number of thoughts nd ideas but I can't come to any of the workshops - if you want to talk tot eh Birmingham team who are developing the drug dictionary for PICS please do get in touch with me	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. Thank you for your offer to contact the team in Birmingham. It has been kept on record.

Medical Director	Heavy on the content, light on the technology Important to be fully integrated with Prescribing/Dispensing systems and not clear from the document how that will be achieved	Links to guidance at multiple levels, i.e. Product and Chapter and supporting elements like precautions in Renal and Liver disease, Pregnancy etc	not enough detail, but perhaps that will follow seperately	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Senior Pharmacist - Medical	I agree with the vision.	Be a single authoritative source of medicines information Be continuously updated Available as electronic formats Include information on drug interactions and unwanted effects including rating of their frequency and seriousness, to minimise the risk of harm	Enhanced information on renal + liver disease. Include information, where available, to guide dosing in extremes of body weight (becoming more common). SMC status if restricted / non-accepted. Make paper copy of Spring (April - August) BNF available for pre-registration trainee pharmacists (core text for GPhC exam). Consideration to be given to other academic / examination settings where BNF is a core reference text used in exams.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. All pre-registration pharmacists who are registered with the Royal Pharmaceutical Society are supplied with free editions of BNF and BNFC.
Consultant Paediatrician	Happy for an enhanced BNF but still would like to have access to print version particularly if asked about a medicine when on call from home or to have in the car.	Easy and Speedy Access.	NO	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE

				Board.
clinical nurse specialist	I like the idea of it and can see the reasoning behind it but I worry about the access to technologies in ward areas in hospital> I use the BNFs on the wards a lot and would be unable to get access to a ward computer as there are not enough computers for all the staff	That it is updated - so a 'live' document and can reflect up to date findings and research	The difficulty in accessing computers in some areas	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

<p>Consultant Pharmacist</p>	<p>I think that the idea is a good one, but there needs to be considerable thought around continuing with a handheld book for some time to come for those individuals that are in the community and that do not have access to electronic prescribing support. Also, there is a lack of computer access to those working in secondary care from the point of view of number of computers. Also, technical support needs to ensure that NHS computers will be able to easily access the electronic versions by installing the appropriate software to support it's application. The information must be accessible in multiple formats as websites and apps for mobiles and tablets and be linked to the other major sources of information eg NICE, Stockley, Martindale etc</p>	<p>Personally, I would not take a handheld device onto the ward. i would access the information via a desktop computer. it would have to be adaptable to local guidance too e.g. our formulary choices are highlightable for example and it would also have to be quick i.e. not take 5 minutes to access and load up.</p>	<p>See outline above</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Consultant in AMU and clinical Pharmacology and Therapeutics</p>	<p>I think it will be a good integrated way of accessing up to date information with benefit of NICE</p>	<p>Enhanced up to date information in one place easily accessible.</p>	<p>TOXBASE should be included.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Hospital Pharmacist</p>	<p>Agree that the online versions need improved functionality; I have found that my personal preference and most effective version are the apps. Limit its availability i.e do not allow numerous online version via different platforms, limit to one online format that is fully functional (for example via FormularyComplete it is really not user friendly). MedicinesComplete format is quite good but as the consultation says, very much a copy of the paper book.</p>	<p>Being able to follow the information with a single click, having all different information relating to a drug (different uses, notes sections, guidance etc) Integrating formulary into the BNF Integrating the BNF AND formulary with prescribing and dispensing systems to prevent non-formulary prescribing</p>	<p>Integrating systems to enable prevention of poor prescribing as above</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Head of Care Standards & Review</p>	<p>The enhanced BNF as described would widen the way in which practitioners could browse for information. A digital electronic format can be accessed in several ways and therefore it would be possible for the practitioner to have the information with them at all times. As is described it would be possible to log many types of medical devices and equipment which are unavailable in the current format. I would request that a limited edition be available to non clinical support workers are not clinically trained but medication management and support for the service user is part of their caring role. Because these workers are not clinically</p>	<p>Consider how the information could safely be made available to non clinical support workers. Currently the mobile apps are only available to NHS employees but most patients who require support with their medication management have this delivered by home carers who are employed by Home Care Agencies or Local Authorities. The question is who should have the information available, what kind of supports can be put in place to benefit not just healthcare professionals but all professionals who are involved in medication management and support.</p>	<p>No I think this is a practical solution which will give access to all clinical support workers to ensure the appropriate advice and support is available thereby ensuring we are safeguarding those people in the community who require support with medication management.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	<p>trained they do not have the same access to supporting documentation and are not trained to the same level as clinicians it is imperative therefore that they receive up to date information and advice in a timely and accessible manner. I think the changes described would enable the information currently available in the BNF to be delivered in a format that could be supportive for instance when describing a drug this could be accompanied by pictures of what the drug might look like, in practice linking complex clinical information with practical information for non clinical support workers.</p>			
<p>Consultant in Palliative Medicine</p>	<p>I think this is a long overdue and essential step in providing timely access to accurate and consistent prescribing information for clinicians.</p>	<p>Comprehensive and easy to use and search I work in palliative medicine and whilst the BNF is useful it has limitations in that the section on prescribing in palliative care is very basic and does not support clinicians in some of the more complex palliative and end of life prescribing decisions and dilemmas. The Palliative Care Formulary (PCF) print and online versions are the definitive resource for practising palliative care clinicians and the enhanced BNF would not be complete without inclusion of</p>	<p>Please see above comments on the Palliative Care Formulary.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

		this resource.		
Care Home Support Pharmacist	<p>It is useful to have access to digital methods such as the app and the website for getting the most recent information and for use when out and about. However, I still rely very heavily on the paper copy. It is quicker and easier to use after 20 years as a pharmacist. Sometimes I am not sure of a drug spelling and it can be very difficult to find via an on-line method which relies on you knowing the spelling. With the index of the BNF I can scan to find the appropriate drug. Also I can find the correct information much faster via the book - often you have to click through several pages to find what you are looking for either on-line or via the app.</p>	<p>Needs to be able to find drugs with similar spellings, like google can predict and give you choices. Needs to be much easier to find the relevant information - too many pages to click through at the moment.</p>	<p>Please don't take away our paper copies, we use it all the time as pharmacists. Some professionals, maybe the doctors may be happy to use only on-line. I have seen the junior doctors on wards using mobile apps frequently and not the paper copy, but pharmacists still rely very heavily on their books!</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Lead Pharmacist - Electronic Prescribing	<p>The aspirations all seem entirely appropriate, but arguably much of the NHS is still not adequately equipped to provide reliable access to a digital format eg too few PCs in clinical areas and log ins too slow, inadequate wireless access for handheld devices. Even the switch to free annual paper distribution is premature in my opinion, and will potentially compromise patient safety.</p>	<p>Intuitive navigation, providing information in context - currently easy to miss key information that sits above specific drugs in the tree structure, redesign of the standard monograph layout eg using interaction to open up specific elements, search using soundex - prescribers often can't spell drug names correctly</p>	<p>Continue and enhance links with CPPE to produce learning materials, inclusion of prescribing safety guidance eg NPSA/NHS England or equivalent, search by ADR, contraindication, caution.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE</p>

				Board.
CAMHS/Neuro Practitioner (RNMH)	I think the paper copy of the BNF has been out of date for some time in this digital age. Anything which makes things more immediate/up to date can only be a good thing.	Having it more up to date. My colleagues who prescribe need it to be as up to date as possible. It would be good if the NICE guidelines were, in addition, required reading for our GP colleagues as they often appear to struggle to know about their responsibility in terms of physical health checks re eating disorders and other issues (which we then have to quote at them).	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Principal Pharmacist Critical Care Epsom & St Helier University NHS Trust</p>	<p>I like the idea of an enhanced BNF so long as it runs in parallel with a paper BNF. I think part of the success of the BNF is that it provides information in a concise way so that you can find out for example a dose or side effect of a drug quickly without having to wade through a lot of data. Hospital wards and departments still have limited access to computers/ electronic format and until this is addressed people will not be able to check things as quickly and easily at the bedside as they can with a book. I am always concerned with risk and I think one of the ways we reduce risk is by having quick and easily accessed information on the basics.</p>	<p>The most important aspect of an enhanced BNF is that it is user friendly and readily available. It should still be free for everyone involved with prescribing, dispensing or delivering medicines. The format should remain the same ie 15 chapters etc.</p>	<p>I can't think of anything.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Strategic Lead for Medicines & Decision Support</p>	<p>A couple of initial thoughts as to whether this is in addition to the current format or an additional resource. I'd suggest that the priority is to support the safe and cost-effective use of medicines and therefore anything that took away a well respected and well used resource before any new system was embedded would be a risk. The vision however is sound, but the question is not only what it would look like but how it might best be used to support improvements in quality and safety, and moving the latest evidence into practice. The current book is used as a handy reference- and there is still a need for this, but making the enhanced version integral to other software packages could have a major benefit, in avoiding the need to go in and out of web-resources.</p>	<p>It has to be user friendly and responsive otherwise it won't get used. I suspect the key elements will be different for various users, but as above interactivity with other prescribing software packages would be useful. The workshop will be useful to see the vision in action- the other issue is whether there will be a cost, and if so how much? Clearly the universal value of the current arrangement is that the end user doesn't pay.</p>	<p>I don't think so.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Resuscitation Officer</p>	<p>Seems a positive move but not all areas have easy technology based access i.e my trust encourages use of the BNF apps (although discouraging personal use of mobile phones) but does not provide tablets etc, online access requires finding a free PC, logging on etc in which case a paper version is MUCH quicker</p>	<p>links to other sources of information especially critical care information</p>	<p>Would be good if the BNF/BNFc could be combined again</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing</p>

				monitoring and review by the NICE Board.
Lead Pharmacist - ePrescribing & Medicines Administration	Search functionality needs to include partial names, sounds like, do you mean..... functions to account for mis-spellings, faster searching etc.	Usability. Users will frequently be under time pressure and will need to find and review information in very short period of time. This brings with it the risk of mis-reading information hypo / hyper etc. Get design advice from User Interface specialists such as those from Micorosoft who worked on the Common User Interface projects for connecting for health. Contact details can be provided if needed.	- Closer integration with electronic prescribing and electronic patient record systems - drug catalogues, drug alerts (interactions, patient specific dose range checking, therapeutic duplication), IV guidance (stability, carrier solutions, infusion rates	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. Thank you for the offer of support it has been kept on record. NICE will undertake extensive user testing on any enhancements made to the BNF.
Pharmacist Manager	Wonderful vision. Difficult to achieve in community pharmacy, with multiple computer systems. Sometimes access on my personal mobile devices at personal cost	Being as up to date as possible Quick and easy to find information	Practicality of life in a busy pharmacy with poor IT/ connectivity	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

<p>ENT advanced nurse practitioner</p>	<p>I think it is very sensible to push BNF into the e format almost exclusively. The Apps on the android system is excellent and I find drugs very quickly. There is some info missing that the paper BNF has (some of the detailed preamble to a chapter and pharacology/dynamics) Currently in practice there are different versions of paper copies being consulted and often no the most up to date one being used. Many trusts now have wifi access for staff and most clinical staff have smart phones or tablets. I would be very happy only to access BNF though phone or tablet</p>	<p>Extra addons can be made with ease as well as URLs to evidence based sites and clinical alerts. Links to more detailed pharmacology eg drug 1/2 lifes.</p>	<p>Another enhacement that could be considered is an alert for interactions that would be more detailed than the current list format given in the paper copy. In the e-version of BNF you could pick off all the drugs that the patient is on add in the new drug to be prescribed and detailed report of possilbe interactions generated. link to yellow clinical alert Links to the patient information leaflets that come with the drugs</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Pharmacist</p>	<p>My experience of electronic information sources has shown that it is not usually easy to see information around the subject as they tend to lead to specifics e.g. on opening paper BNF you can easily see information at the start of the section on a group of drugs, boxed info from NICE or MHRA etc. which you may not see online, especially on a mobile app. The inclusions are good if it works well in practice.</p>	<p>Linking information and able to see relevant information is available when looking at a drug. Quick and easy to find what you are looking for.</p>	<p>Often local systems are not up to quick easy electronic access. IT access on the wards in my hospital is poor - desk top computers usually in use and old, WiFi access patchy and mobile access patchy so getting online to access electronic sources not easy on the wards. Any electronic system needs to be supported with basic systems and out dated servers or it will become useless to some users and they will have no choice but to use the out-dated paper sources which are easier to access.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

SENIOR CLINICAL PHARMACIST	<p>Great to have more information but it needs to be easily accessible in a hard copy as there is not enough computer/digital access in the NHS to allow ready access. Ready access is essential for good prescribing. If only a digital form is possible due to the increased size of the proposed document I would rather remain with the current format as I need that for frequent daily reference. As a Scottish practitioner we would need reference to SMC and SIGN publications also for it to be relevant.</p>	<p>more evidence based statements would be very useful.</p>	<p>availability of digital technology in the NHS. Is it possible to have a hardcopy abridged version for ready access and an electronic version with the new information?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Outcomes Research Associate	<p>Easy access to this information is indeed empirical. However, this gives us the chance to also shape the information made available by this source. Which, I feel has been also made clear in the vision of this consultation.</p>	<p>I think it needs to be clear what the recommended dose is based on patient composition and adverse events experienced. e.g. key contraindications (experienced in clinical practice) where a lower dose may be considered</p>	<p>Links to clinical trial information may be made available Links to licence information Links to in practice use, e.g. news stories highlighting best practice/ adverse events</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Practice Based Pharmacists, Prescribing Advisor	<p>Excellent idea but do not want to lose the printed version</p>	<p>Links to evidence and guidance from NICE</p>	<p>Not sure</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user</p>

				requirements, subject to ongoing monitoring and review by the NICE Board.
Medicines Management Pharmacist	I understand accessing online BNF would ensure health professionals have up-to-date information, however sometimes the online version is not always easy to navigate and I may not have access to a computer all the time, therefore carrying a paper copy of the BNF ensures I have a BNF with me at all times.	The information would always be updated.	Maybe some services still require paper copy BNFs which need to be considered.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Deputy Chief Pharmacist	Sounds reasonable	Quick access, simple format, authoritative, accurate	You forget how people actually work. In busy Depts where a clinician needs info NOW, cannot wait for a computer to decide to display the internet and search for the info. The book format is key and an important safety tool. How about some development of that to refine and reduce it to a format that is future proof.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board. NICE will undertake extensive user testing on any enhancements made

				to the BNF.
Consultant Rheumatologist	Entirely supportive. With the complexity of prescription now it is essential that the latest information is at our fingertips.	Allow user to quickly reference the minimum text provided in the standard BNF, but allow them to expand and quickly get further information about relevant NICE guidelines etc. Ideally there should be also an option to link up with local formulary information (this was possible in Epocrates, for example) This information should be easily accessible from mobile apps or from the electronic prescribing interface (which we don't have at this stage). Note that in N.Ireland we still do not have access to the BNFapp for mobile devices. It is very difficult to get to a PC on ward rounds.	Integration with local formulary information (at least a 'tag' to highlight whether or not the drug is approved or restricted).	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board. NICE is working with Queens University Belfast to make the NICE BNF and BNFC apps available in Northern Ireland.
Pharmacist	I think it is a good idea as the paper versions are bulky to carry and can go out of date quickly.	Faster updates. combining data from other publications to produce a more informative tool	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>antibiotic pharmacist</p>	<p>agree that print version quickly out of date, especially with people relying on old copies. medical devices would be useful inclusion. no print copies at all throws up problems for areas with no mobile signal (patient houses etc), if the system goes down, and also for students in exams.</p>	<p>easy, fast access from many points. intuitive system (i.e. if spelt slightly wrong, to bring up options and to be able to search without inputting the whole word)</p>	<p>links to references of your entries would be useful</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Consultant Nurse</p>	<p>I think the idea of an enhanced BNF is a great idea. The proposal seeks to improve the information available to prescribers within clinical settings. Electronic format is great as I am not always able to locate a print copy of the BNF. Easy access to drug interaction and side effects information will be very useful. I also like the idea of being able to collaborate with the patients about the medications to assess if it is right for them.</p>	<p>Easy access to the information you require. Sensitive search process to enable this. Ability to use the information to guide policy & protocol at local level. Patient information.</p>	<p>The process for reporting digitally?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>gp partner</p>	<p>seems reasonable with a strong emphasis on digital first.</p>	<p>It needs to interface easily with GP clinical systems and be easily accessible via web and phone</p>	<p>integration /links from a drug to patient information leaflets would be helpful. the ability to download in wi fi areas and then use off line in wi fi poor areas and update when back in rnage would be good.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.</p>
<p>Senior Pharmacy Technician (IT)</p>	<p>I think it is a good idea to use digital technology to deliver safe and effective infromation to staff would would need it in a click of a button</p>	<p>I think upto date information should be easily accessible for people who need it at the time of the need. This would improve patient safety and increase confidence for the patient.</p>	<p>No, I have read the document and fully support the proposals.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Locality Lead Pharmacist West Hampshire CCG</p>	<p>Great! Would be helpful to have more advice on when NOT to prescribe certain drugs and when DRUG HOLIDAYS are indicated (e.g. bisphosphonates, antimuscarinics, quinine for leg cramps etc) with a view to driving down inappropriate polypharmacy in elderly patients with multiple co-morbidities.</p>	<p>Ability to link to inhouse formularies is essential.</p>	<p>Please make sure that back copies are still available if going over to digital copies only. As part of my expert witness work, it is important to consult BNF advice that was available at the time of the legal case under investigation. For this reason I have kept all my old print copies.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will</p>

	Prescribers often feel they need a justification for stopping something which has previously been started.			continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Pharmacist	Generally happy with the principles - but don't underestimate the usefulness of a quick-reference paper resource, a role the BNF has performed well for many years. Also, whilst it needs to be evidenced based the BNF has always been a pragmatic document that included information relating to real world use of medicines and common usage even if this was outside the product licence or evidence base.	I think additional links to help patients understand medicines better would be useful, as well as links to better information about pharmacology/pharmacokinetics of the medicines so that professionals can easily access more in depth knowledge if required.	Don't overlook the usefulness of a quick reference to check an interaction or dose etc. It may be that the print version could become a slimmed down version of the full on line resource providing key info about indication, doses and interactions.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant Physician	Timely and relevant Design and 'usability' will be key ward based technology needs to be available to optimise potential Side effect/harm important BUT hard to define as many common appropriate usages are captured within potential S/fx so needs real clarity - as an example AKI guidance is leading to a lot of cessation of HF meds with	Clarity Simplicity of use Intuitive format Accessible	Just because its electronic does not mean it is accessible I am 55 and thus in firm luddite territory but I found the QRGs (even online ones) for CGs very useful - you could skim through in one go. They were abolished and I now have to go online to access a pathways which I find less intuitive. It takes a few steps	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user

	adverse consequences.		as does getting a list of quality standards so with each step needed my enthusiasm flags. Maybe my problem but electronic access seems to drive one size fits all thinking?	requirements, subject to ongoing monitoring and review by the NICE Board.
Optometrist	Its really important that the BNF is available to all prescribers - you didnt even list optometry as a profession on this consultation document for example	I need access to a BNF which is up to date, accurate and ideally also gives dose regimes	Optometry!	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Clinical Adviser (Pharmacy) NHS England Area Team & Community Pharmacist	Seems totally logical in this day and age	More timely updates and evidence base. Also the transparent reasoning where recommendations are different	1. Notification of significant updates when they happen - I would like to see this incorporated into all dispensing and prescribing systems and related to the drug e.g. If guidance significantly changes for a particular drug then a message should show on the system next time it is being prescribed or dispensed. This would facilitate more timely reviews. 2. A requirement through NHS contracts (&CQC) that this new version is the option of choice and that links to IT systems are implemented by a particular date (IT companies will only implement changes in a timely fashion when they have no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

			other choice)	
Senior Medicines Management advisor	I think the vision is to be welcomed and provide prescribers and others a range of options to view what they require.	Available via a number of sources and updated regularly	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Palliative Care Specialist Pharmacist	I am very encouraged to see this. It is essential to have access to accurate and consistent prescribing information, relevant to the specific area of medicine.	The Palliative Care Formulary (PCF) print and online versions are the definitive resource for practising palliative care health professionals and the enhanced BNF would not be complete without inclusion of this resource.	The Palliative Care Formulary (PCF) print and online versions are the definitive resource for practising palliative care health professionals and the enhanced BNF would not be complete without inclusion of this resource.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Senior Lecturer in Pharmacy Practice (registered pharmacist)	Plans for enhancement of content appear helpful. Plans for digital-only access are concerning - such access is not yet universal in the NHS (e.g. during home visits to patients) and access to digital formats is more difficult for users outside of NHS settings.	Clearer & more quantified information e.g. re effectiveness & adverse effects. Links to other key guidance.	Difficulties in electronic access in some settings (see above).	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will

				continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Joint Formularies Technician	I think those aims are very good. I would highlight the 'right format, right place right time'. With the hope that the book format does not vanish completely.	Accessibility and being able to rely on the fact that the most up to date and accurate information is included	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Pharmacist	A really good idea, i think the knowledge base for unlicensed medicines and unlicensed indications would be very useful and improve patient safety	The addition of unlicensed medicines and more up to date information	I think it would be very useful to include citations throughout the BNF in order that we can immediately access treatment guidance as well as useful literature to aid our prescribing recommendations. Obviously you are already reviewing this information alongside team BNF and so to add primary sources I think would add significant value and transparency	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

specialist optometrist	<p>While the move to a digital format may provide a rapid and simple method of delivering completely up to date information, this does rely on the user having access to an internet-linked device which, in some situations like home visits may not be available. In addition it also removes the use of some healthcare professionals who work outside the NHS get form the use of previous editions with out the need for a subscription (yes this does happen)</p>	<p>acknowledgement of prescribing healthcare professionals other than doctors, dentists and nurse practitioner</p>	<p>Inclusion of optometrists formulary and prescribing guidelines for IP optometrists</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Principal Medicines Management technician	<p>Having a BNF via an electronic device would be the best option. But paper copies would still need to be available as internet/wifi access is often limited.</p>	<p>That it is updated more frequently, and further advice can be supplied using this method.</p>	<p>Could drug recalls be added to the list of items sent out, as this would facilitate more people being aware earlier?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Director, the academic unit of pharmacy, radiography and healthcare science	<p>I agree that we need the information in the BNF and the BNFc to be authoritative and a link to NICE and CKS and or other medical information systems would be excellent. A single source is a good idea but, when I use NICE as a 'gatekeeper', I'm happy to have compartments with the various sources such as CKS, EMC and the BNF. However I would not support a complete removal of the BNF print copy as it has its place and while talking to</p>	<p>That the information is authoritative and current are the most important aspects to me. I teach nurses, medical students, pharmacists and radiographers. All have slightly different needs for using the BNF. I also teach any aspect on non-medical prescribing. I do want the enhanced system but not if it means losing the BNF print copy.</p>	<p>UKMI was and under NICE still is an excellent 'gatekeeper' to other sources, journals, texts etc. The BNF remains to me a simple to use source of prescribing information. Personally a link from the UKMI page to the BNF and BNFc is the most appropriate. Yes improve the content where necessary but not at the expense of the print copy. Teaching 300 nurses how to use and show what is in the BNF is currently easier with</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	<p>individuals its handy just to have it there next to the telephone or in a pocket. I don't always have access to the computer or iPad. I agree we must ensure prescribers have timely access to accurate and up to date information on medicines. To ensure that information is presented in the most appropriate way to all those in health and social care involved in handling, prescribing, commissioning and making decisions about medicines, is essential so although I want an online version I also want a print copy. If all the suggestions for example including devices as well as drugs are to be realised, there couldn't be a single print copy and that I therefore consider unacceptable. I am also uncomfortable about the print copy being annual - or is that just the free to NHS copies?</p>		<p>the print copy as we buy multiple copies. Don't get rid of it just for the sake of it. Many students still do not have internet access particularly in some class rooms. I also have difficulty accessing the BNF online in certain parts of the University.</p>	<p>The BNF is published biannually. NICE distributes copies of the September edition free of charge, copies of the March edition are available to purchase from the publisher here: http://www.pharmpress.com/bnf</p>
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<p>pharmacist</p>	<p>Agree with most of the positive aspects of the vision, but really concerned about the decision to promote online BNF access rather than using the book, particularly in secondary care, on wards and in departments as they rely on the book as the most up to date version of the BNF, and struggle for online access at the best of times due to limited computers on wards and in departments. In addition, not all nurses, doctors, pharmacists and other HCP have access to smart phones on wards or clinics, and if they do, most struggle to connect to wifi server/internet due to high demand on server and poor signal within the hospital grounds.</p>	<p>Including medical devices, as well as medicines, links for patients and healthcare professionals to make decisions together. Producing quick comparison tables of key information on effectiveness, safety, patient factors and resource implications.</p>	<p>More about the management of critical conditions such as hypomagnesaemia and hypophosphataemia, to complement the existing guidance on the management of low calcium and potassium etc.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Consultant urologist</p>	<p>Cautious about exclusively online as Trust firewalls are so strong. Otherwise keen to have online access as could be easier to search and find interactions etc.</p>	<p>Quick easy search to confirm function and type of drug with appropriate dosages. I currently use paper copy to check doses of many drugs.</p>	<p>Potential to have one's own personal formulary of common medicines.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Inpatient Pain service manager</p>	<p>I agree that a more user friendly electronic version would be better than the current online versions of the printed copy. Realtime information is also useful so the user can access up to date information without having to wait for mail shots or paper updates. Accessibility in Northern Ireland within the NHS needs to be addressed as we cannot access the apps for Ipad etc</p>	<p>Easier access information in a portable format that doesn't require carrying the 2 paper copies</p>	<p>Hard to tell without seeing a version of the proposed new formats</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p> <p>NICE is working with Queens University Belfast to make the NICE BNF and BNFC apps available in Northern Ireland.</p>
<p>Paediatric Pharmacist</p>	<p>The proposals seem fair though I'd hope this extends to BNFC as it is not clear whether or not the intention is to enhance both BNFs or just the non-children's one. Though if BNFC is to be included, I'd say there is far less NICE guidance to link with the BNFC for more complicated disease states. Though I do wonder how concise this information is likely to be and therefore how well it is likely to be used in a clinical setting when differences between guidances and explanations are included.</p>	<p>I'd say added functionality in searching for relevant information is the most important element - providing multiple ways in which to search for the same information. The electronic availability of both references is useful to have but the fact it doesn't provide a more user friendly search function is annoying.</p>	<p>Marketing of the new digital formats would be useful - I've met many a member of staff that doesn't know they exist or how to access them and I don't think I've met anyone that doesn't have a capable phone they could use failing the availability of facilities in the hospital. You might consider providing calculation functions for complicated monographs so prescribers can choose e.g. Age, weight, indication, route and have the dose calculated and capped for them. Entries such as aciclovir in the BNFC are poorly prescribed as prescribers often only read half the entry and miss things like dose capping and other indications. I think you've overlooked the lack of NICE guidance for many paediatric</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. Please note that any enhancements will affect the BNF and BNFC.</p>

			indications and could consider providing links to other relevant sources in such cases.	
Consultant Anaesthetist	Good to have a unified consensus on prescription advice	Must be easily available to access the information At present we are not allowed to use mobile phones in theatres because of medical equipment interference - so cannot use apps. Also not enough computer terminals in theatre to access an e - version as readily available as a book. Also need backup hard copies if IT failure occurs.	Don'y know	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Reader	Ambitious	Internet access is not always available. There are areas of rural Wales & Shropshire which do not have broadband. This would be a problem when doing house calls (nurses or GPs). On many wards doctors have hand-held devices to access the BNF etc. However, these are not usually available to nurses, who have to rely on paper copies on the 'drug trolley'. Nurses must have full access to the full BNF as they need to check all medicines before administration. Resrouce allocation should continue to prioritise the paper version of the BNF.	The BNF is an excellent resource. There is no equivalent in many other countries.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

Clinical Pharmacist	<p>The vision is good, enable great access via more means to more content can only be good for the delivery of safe medicine based interventions.</p>	<p>Such an Enhanced BNF must be visually appealing and yet intuitive to use and search. The ability to bookmark frequently used sections and add annotations would be a powerful additional also.</p>	<p>In delivering this enhanced BNF it must remain portable, it needs to be accessible in as complete a form as possible in remote locations (such as where there is not internet connectivity)</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Deputy Director of Pharmacy	<p>I think the aspiration is appropriate and needed but it should not be with the objective of having no print version. A provision of a print version twice a year is still required in my view but the volume supplied could be less (half) what it is now. IT is not always quick enough or available and during "downtimes" hospitals that are operating 24/7 with acutely ill patients will still need to have this important back up reference source. The print version always carries the caveat that once it has gone to print it is effectively out of date as things are changing all the time but for the large part of what it is used for in an acute setting I feel it is not a high risk. You at least need to have launched the new enhanced version of the BNF</p>	<p>I personally have never been able to use the online BNF very effectively. In previous jobs I have been a Medicines Information Pharmacist so it is not that I am not familiar with using on line resources and I actively support there use (and developed and ran a paperless Medicines Information Service several years ago). However, when using it I find it very difficult to see the drug I am looking at in context and read the surrounding information about that class of drugs. Don't over complicate the reference source - this is something that needs to be accessible to all people involved in handling/using medicines for them to be able to look things up and easily and get simple facts</p>	<p>Accessibility - having to register to have passwords to access the reference source is a major barrier to access, people have too many passwords/username to remember. Healthcare workers who have to go into patient's homes or travel to different site may prefer a paper source or not have access to mobile technology. User ability - ensuring healthcare professionals who are working in very busy environments can use the resource is key. It needs to be usable without any training other than what they will receive to become that healthcare professional, ie it needs to be straightforward. Fancy links and matrices etc</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>NICE will undertake extensive user testing on any enhancements made to the BNF.</p>

	with it being tested in situ before you withdraw the print version and also the provision of the twice a year free copies (and as I have already fed back to NICE previously send half the volume twice a year to save money rather than making it the same volume annually).	back without having to understand too much to be able to use the reference source, NVQ level 2 staff upwards and patients need to be able to use this as it is what we term a "level 1" resource and the basic first line resource anyone should use.	are great but better for more complex level of resource than the basic go to handbook. I have been very surprised by the lack of IT expertise of staff I have had to work with, predominantly in the nursing profession, whereas with medical practitioners and pharmacists pick up how to use IT resources pretty easily.	
Advanced Practitioner Intermediate Care	An electronic format is the way forward but it must be as complete as paper copy including devices information. An electronic format must allow for continuous updates and could include new alerts rather than accessing these via MHRA. Access to NICE guidance would be very helpful and act as a reminder for those of us who's prescribing remit is wide.	A search element is essential. To be honest I fully agree with all the points in 2.2 however it is vital that the enhanced BNF remains as a mobile version as well.	Would be useful to have printable information links to give to patients	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Senior Pharmacist in Elderly Care	no comments	see below	I fully understand digital device has been widespread in our society in general and BNFs can be easier to be carried in portable device, however. Some/most NHS hospitals including ours do have neither WIFI nor tablet devices provided. It is also hard to find available computers at wards. Therefore, I have to use my own smart phone at work to look up information including	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE

			<p>BNF if paper BNF is not around. I still prefer to use a paper BNF during ward round because eBNF (via smart phone) dose show only one item by one item. It does not show a whole page; it is difficult to compare or to consider alternative options in the same group/chapter of medicine. (Probably, my own smart phone screen is not large enough to use for eBNF.) I am sure that NICE/BNF goes to the right direction in digital area; please think about some/most NHS hospitals situations and work together how to implement the e-system widely in NHS. I wonder if some/most NHS hospitals could spend more budget to provide or maintain the IT system e.g. WIFI, tablet device and enough numbers of computer at wards (including speed up of computer).</p>	Board.
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TB Nurse Specialist	<p>If the enhanced on line version is as described it will be better when seated at a desk. Currently the online BNF which I rarely access is not as easy to navigate as it could be and takes longer in my opinion to get information from than the paper version. I, and others are not always at a desk - and therefore a computer - so it will not be as convenient to have to go and find a computer rather than do the reading at the bedside/in the patients home. I guess the app would cover the home</p>	<p>Easy access Direct information - not having to click through several pages to find what you actually want Succint, useable info in the first instance that is expandable if appropriate for the particular circumstances Easily accessible appendices - ie interactions, Not sure why it only needs to be free to NHS staff - are we not supposed to be adopting an open honest policy with informative decision making - can't think there is anything to hide in the BNF that can't be accessed by the public elsewhere on the internet. Free to all would make it more user friendly from the outset because staff wouldn't need an Athens account for example to access it</p>	<p>See above</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Lead CNS Respiratory Services	<p>My main concern would be that when visiting patients if I had no BNF to turn to re side effects and dosage it may delay prescribing of the treatment. Would welcome the enhanced BNF on line when hospital based</p>	<p>NICE guidance and devices would be useful</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Medicines Information Pharmacist	<p>I believe it will be good to have information from NICE, but will it be user friendly?? Prescribers, especially GPs like the BNF because it is quick and easy to use, will they still use it if have to much information to read. I do like the sound of links to patient,</p>	<p>To be continuously update, with new updates from NICE and new current recommendations on practice. To include recommendations off seriousness of interactions.</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	healthcare professionals information, to help make joint decision.			
Specialist Practitioner	Patient decision support will be a valuable tool and the fact that it is updated more frequently There will need to be active support for clinicians to utilise an online tool and will only be adopted if very user friendly, from experience of trying to facilitate use of info technology it is not easy especially among 40+ age group. Personally I try to embrace online tools and would appreciate this development	Decision aides for both clinicians and patients Good evidence base and the link to local formularies	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Medicines Information Pharmacist	<p>I feel that much of this is positive. I agree that digital access is the way forward and this should be embraced. I also feel it would be good to have access to many of the proposed features in one place. My reservation is the notion of this becoming one single authority for medicines information. If this attempts to be too all encompassing, then the risk could be that key information is diluted and hard to find unless the interface and search functions are refined and intuitive. I don't find the current NICE evidence website fantastic in this respect so this would be my concern. As a medicines information pharmacist I use multiple specialist information sources when researching an enquiry and there can be a benefit of having smaller, specialised sources that are very focussed and easy to access. If implemented well this could be very good but I feel there is a balance to be struck between the convenience of having everything in one place and the benefits of having focussed and easy to access specialist information. This cannot become "too big to fail".</p>	<p>Digital access to prescribing information with intuitive decision support and links to guidance and impartial evidence.</p>	<p>That there are both benefits and risks of having a single authority for medicines information.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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<p>Liaison Nurse Mental Health and Brain Injury</p>	<p>The concept is excellent and when electronically attainable will allow switching between the current BNF and latest guidance research and guidance easily and timely and in the presence of the patient. However I wonder how quick or slow it will be when trying to look up appendices which in the book is quick and easy.</p>	<p>If as suggested it will be easy for someone like myself in mental health to get instant information regarding the vast lists of physical meds and conditions and possible reactions and interactions with Psychotropics, this would be invaluable. Working as I do with Brain injury and neurological conditions I would find this of great help.</p>	<p>I would suggest a link to an online version of the Maudesley Guidelines for mental health as I am aware that not many GP's and hospitals, if any, actually seem to know that these exist. GP's and clinicians often take over the responsibility for mental health matters, either on discharge or during admission and have no idea about swapping or stopping such medicines in the event of emergency or assumption of care.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Prescribing Advisor</p>	<p>Very glad to see that BNF is now available in digital versions on different portals but not very well publicised, not aware of the option that is available on clinical prescribing system</p>	<p>Being the single operative source of medicines and devices will be very useful and having digital versions of both BNF and BNFC that are updated continually ensure the most up to date information is available for prescribers</p>	<p>Unfortunately, not everyone has access to digital device e.g. ipad or laptop in special cases working in care home or patient home for accessing quick prescribing information.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Paediatric Registrar</p>	<p>I think this is an excellent idea with potential for huge information sharing and more importantly uptodate information as changes happen on a regular basis depending on the available evidences. This is the only cost effective way to keep up with current practice. However, ease of acceptability and availability in the NHS could be a big problem due to LIMITED RESOURCES like - 1, Not enough computers available for everyone to check on a prescription when needed - this could be a waste of valuable time for some. 2, This can be a potential draw back in time critical situations like in resus scenarios - help is often sort from non-prescribers who might need more training and access to appropriate information (while in todays situation, the appropriate page is opened and shown to the responsible doctor for checking whilst they're busy in other important clinical work at the same time) 3, Not many have smart phones to access the apps. and prescribers of a different generation may need some training and practice to work online</p>	<p>Enhanced BNF/BNFc from my understanding gives us access to more uptodate information and links to evidence base which is more reliable and hence more acceptable in terms of accuracy. It is obviously difficult to have only an electronic copy due to the limitations in the NHS as mentioned earlier.</p>	<p>Just the limitations in the availability of resources in the NHS is the major issue that needs addressing.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>SpR in clinical pharmacology and therapeutics and general internal medicine</p>	<p>It is a good idea to enhance the BNF as described, and to remove the print versions, but it is important that the electronic version is available both as a networked version and a standalone application that does not require network access. This is to ensure that it is available at all times in healthcare settings, particularly in areas with poor internet connectivity.</p>	<p>Make the BNF Open Access (e.g. creative commons non-commercial) and remove the registration requirements, which will make it more convenient and easier to use. The main user of the BNF is the NHS which is funded by the UK taxpayer, and the benefits of making it more accessible (potential reduction in drug errors, no need to spend money on access controls) outweigh the small amount of income generated from commercial sources. The BNF sections on adverse effects should include the frequency of adverse effects of medication, so that it is useful information for healthcare workers to tell to patients. Some key points ("Patients should be warned of ...") will make it easier to practice safe medicine and avoid litigation without overburdening patients with too much information. There should also be links to patient information leaflets and the SPC. Currently the adverse effects of medication are listed in a haphazard way and are meaningless and not useful. For each drug there should be a page on additional information with links to guidelines, meta-analyses, studies etc.</p>	<p>The BNF should be available as a standalone app on smartphones, tablets, PCs (Windows, Mac, Linux) etc. which do not require network access. Healthcare workers should be provided with digital copies free of charge. This is to ensure that it is available at all times in healthcare settings, particularly in areas with poor internet connectivity.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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Library Information Services Manager	<p>I believe that the flexibility of hyperlinks will be very helpful.</p>	<p>Access via mobile devices will be important - we appreciate improved Athens arrangements</p>	<p>Publicity for everyone and awareness raising of the strength of these resources will be really important.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Advanced Nurse Practitioner	<p>it seems to be a logical approach and more user friendly. as a prescriber reassured that the information would be up to date via electronic version rather than paper copy. concerns are: currently do not have access to work electronic gadgets out of the office as review patients in their homes. need to ensure that organisations are on board with this from governance and safety aspect. will only receive paper copies yearly. if do not have access to electronic gadgets at the same time could be unsafe practice.</p>	<p>The most important area is ensuring a rigorous process ensuring all information is up to date and relevant ensuring safety is maintained.</p>	<p>only area is ensuring electronic devices accessible for staff to use to access the BNF. otherwise nil else</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

Medicines Information & Formulary Pharmacist	<p>Great vision but we need to take care not to overwhelm users with information. In my experience some users already have difficulty accessing some of the BNF content even when they know it is there. Could consider a basic version backed up by a full version behind (similar to the methods used in Drugdex) so that users can access this additional information only when they choose to. I edit a local hospital formulary hosted on the BNF on FormularyComplete. As a user I was actively involved in the development of this database and the transition from the WeBNF. Despite this the transition was by no means smooth, extremely time consuming and fraught with bugs. Please ensure that users such as myself are involved from an early stage to ensure a smooth transition to the new version.</p>	<p>Access to up to date evidence based guidance. Ideally the new version for the BNF should be able to be integrated into electronic prescribing systems with local formulary content available to the clinician at the point of prescribing.</p>	<p>Need to ensure that the new database links with a wide range of electronic prescribing systems. Clinicians need this information/information prompts at the point of prescribing.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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<p>ePrescribing Lead, NHS England</p>	<p>The vision to access the 'book' via electronic means is sound. However there is little to identify how the core information is intended to be used to support clinical decision support. If current mechanisms for support i.e. those available via other third parties, are duplicated there is little benefit and they will be widely turned off. There is an opportunity to deliver CDS that meets clinical needs and lead the way in delivering support that is innovative and useful. I would suggest that more thought is given to this area and how it might be developed</p>	<p>Patient and front line focussed. Information available in ways that meet today's needs i.e. the ability to drill down quickly and to find high level summaries or information with the option to dig deeper if required. consistency of dosing and the inclusion of practical support that is not currently available. Multiple options in terms of how the links can be utilised and whilst theoretical information is helpful there is also a need to be pragmatic and identify where this is the case. There are a number of gaps in the content that need to be plugged.</p>	<p>The information contained within the book can be used to far better support clinical practice - with the addition of patient specific information it will be possible to derive far more patient focussed support that is not currently available elsewhere. CDS in the future will not just be about a+b but rather a+b+patient info - the BNF has the knowledge embedded to support this reducing the current incidence of over-alerting with third party suppliers.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>GP</p>	<p>The reason the current BNF system works is its simplicity. NICE is Guidance mainly. BNF is factual. The two should be clearly separated. BNF has stood the test of time in its current format. To change it is not without risk. I am concerned that NICE's sees its problem as struggling to be widely adopted. I wonder if it might be better to address its own issues rather than piggybacking on BNF. Naturally I am concerned that changing the BNF to meet a different agenda would undermine its greatest appeal - ease of access to factual information.</p>	<p>Keep guidance separate from fact. Forcing clinicians to forage through 'guidance' sections to get at facts might meet an organization's agenda but miss the outcome agenda on patient care.</p>	<p>Please trial carefully any suggested changes with ordinary clinicians in ordinary work situations. It is not in our population's interest to have a super-doooper-enhanced BNF that nobody uses.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>NICE will undertake extensive user testing on any enhancements made to the BNF.</p>

<p>Palliative Care Pharmacist</p>	<p>Seems like a good development, to utilise the technology options available</p>	<p>Making sure the most up to date information is used. All too often I see out of date BNF's being used to inform prescribing decisions.</p>	<p>Link to other national specialities such as the Palliative Care Formulary. Scarity of funding means our organisations hospices do not have electronic access to this incredibly useful resource.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Consultant in Adult Critical Care Medicine, Clinical Director of Diagnostics and Clinical Support</p>	<p>Please do it</p>	<p>Hyperlink to evidence/ dosage calculations etc</p>	<p>An interactive bulletin board/ forum linked in..?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Macmillan Specialist Palliative Care Pharmacist</p>	<p>Looks good - great to be able to search by various terms rather than just look up a drug.</p>	<p>Most important that it is up to date and that all nationally accredited advice is cross referenced and available alongside.</p>	<p>As a palliative care specialist I use the Palliative Care Formulary (PCF) online more often than any other resource in supporting practice. Free and linked availability of this would be ideal - particularly when advising GPs and district nurses who would have the assurance of being able to access detailed specialist information to support their patient management.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

Senior Pharmacist Medicines Information	<p>Some good ideas, (others are harder to visualise without seeing an example). Where international resources are used it would need to be essential that the origin of the resource is referenced clearly so readers are aware of differences in UK and non-uk uses (especially doses). Not sure what 'continuously' updated will entail - will this include reactions to news items. Where side effects will be rated for frequency - will this match the system used in manufacturers' Summaries of Product Characteristics to ensure consistency across different resources.</p>	<p>I like the idea of comparisons of efficacy and safety.</p>	<p>Where there is a new development, warning or news item about a drug, will there be link to this in the BNF?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Senior Pharmacist - Medicines Information	<p>Sounds a very good idea. Being able to search by condition is very useful.</p>	<p>Being able to search by condition or in maps similar to NICE guidance pathways e.g. pick the pathway that your patient is on and then pick the stage and being able to see a drug comparison for the drugs recommended. Including links into other resources such as palliative care formulary.</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Section Head	<p>Reducing reliance on print - very good idea, most people access online nowadays and if the data is more up to date then are more likely to - as long as communicated effectively. Digital format would be easier to read,</p>	<p>Quick easy access, correct information, easy to interact</p>	<p>Not sure, only recent user of BNF</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	more interactive etc.			
Medicines Information Pharmacist	Currently the paper edition has the advantage of being able to flick between drugs within a section. The current electronic version does not allow this. An enhanced version would hopefully make this easier (currently you have to go back and forth several times to swap between drugs). Allowing more than one drug on screen at a time would be useful.	Up to date, easy to search. Links to guidelines/national protocols.	Links to other resources e.g., Palliative Care Formulary. Easier set-up with local formularies (ie Formulary complete).	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Pharmacist	Working in a hospital internet access is not always available. We rely on the printed version. Until the rest of the NHS catch up I doubt we can rely on an electronic version alone.	Link to other reliable sources for different specialities e.g. palliative care formulary	Intravenous administration chapter is very useful and will hopefully stay.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Deputy Chief Pharmacist - Medicines	Clearly the way to progress. Hardware is still a big issue for the NHS (availability of tablet	I find the current version difficult to use compared to the hard copy. Too many clicks to drill	Enable direct links to other "free" resources E.g. Palliative Care Formulary?	Thank you for your comments, they have been considered along with the other comments received in the

Management & Governance	PCs, good wireless connections etc) Being able to browse by clinical condition / disease state is definitely a good move.	down to what you want, and then back out to look at another drug. The ability to view three or four monographs at the same time as when viewing a double page of the book can be very helpful at times. The electronic version should be able to handle multiple "windows" on the data so it is easy to view side by side data or flip between items with a short-cut key. (CTRL+Tab etc.) Get away from links like "See xxxx " for cautions and contraindications and "See notes" - an electronic version should be able to insert the data into the monograph in situ.		consultation, to inform the development of the enhanced BNF.
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Clinical Pharmacist	<p>Agree for more accessible digital document for variety of devices or embedding in other documents/sites. I don't find the eBNF very easy to navigate. The pages feel clumsy and information not as immediately identifiable as the print version.</p>	<p>I would want it immediately available for prescribers in primary/secondary care when e-prescribing. I would want it to be integrated with NICE/SIGN guidance and links to NPSA guidance, rather than a blue panel in the general information (as in present BNF), a link from every monograph of drugs affected by that guidance. I would also want it to include either as text, or free link to specialist websites offering information: BAPEN for enteral feeds and medicines with feeds, and to palliative care formulary (PCF) (information in BNF for palliative care is currently patchy) where there is specialist information which prescribers, pharmacists and other HCPs can obtain information via an online link to the PCF.</p>	<p>It may be helpful to include, as well as free to view information and free links, suggested links to subscriber sites and data bases if further information (but not necessarily frequently needed) is available. Users could then, depending on their specialty, decide whether subscription for themselves or their organisation was a priority. eg Drugs in Pregnancy/Lactation, Renal Drugs, Stockley's drug interactions, Medicines Complete, etc.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Core Trainee in psychiatry	<p>All sounds good to me. Making access easier and the searching of the information more easy would improve upon the existing formats.</p>	<p>Easy to search by drug generic name or proprietary name. Up to date information on available preparations.</p>	<p>Not that I can see</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Clinical Pharmacologist</p>	<p>Extremely concerned. The BNF is one of the greatest achievements of medical practice worldwide. The BNF has a minute budget compared to pharmaceutical companies, yet provides an incomparable counterbalance to the multi-£billion advertising budgets of the pharmaceutical industry. The paper format should be maintained. It is not possible to count on expensive hand held devices in a busy casualty or ward in the middle of the night when the internet might go down or your device goes missing. There should be even greater dissemination of the paper copies. The electronic version is an excellent addition, but is not a replacement for the paper version.</p>	<p>It is important the quick practical nature of the current BNF is not lost as an invaluable aid to prescribing. There are plenty of academic and other references. Much could be made of cross referencing the following databases: NICE Cochrane Database Electronic Medicines Compendium - this excellent database is grossly underused by prescribers and unknown to medical students, yet lists all the SPCs for medicinal products: https://www.medicines.org.uk MHRA website - now also valuable resource for looking up SPCs</p>	<p>Yes - the chance to keep the paper copy the chance to reference existing databases without making the BNF unwieldy and a repetition of other sites Please do not spoil a world renowned gem.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>clinical site lead pharmacist</p>	<p>Good aspiration limited by poor access to computers in nhs and especially at patient bed when prescribing and administering medicines in a predominantly paper based environment. Additional concerns around community services delivered at patients home where lack of mobile signal etc could prevent access to digital resource (what happens if mobile device has flat battery and no charger?). Wider free nhs access to resources such as palliative care formulary and specialist resources(neonatal, oncology, icu etc.) also essential. Would accept inconvenience of no paper copy if had free access to resources which currently require additional subscription.</p>	<p>Easier to navigate and find information reliably. Wider free access to specialist resources. Offline access and support for a wide range of platforms i.e. No current app for windows phones!</p>	<p>Lack of reliable access to pc etc in NHS and lack of resource to provide sufficient pc, tablets, purchase of additional paper copies means that a significant number of prescribers, pharmacists and nurses will now only access an annually updated copy of bnf when prescribing for and administering drugs to patient with associated increased risk.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Clinical Nurse Specialist in palliative care. Independent prescriber.</p>	<p>In this digital age a paper version is soon outdated and it is difficult to maintain all updates which compromises safety</p>	<p>I would want it to contain the PCF Formulary but in a more user friendly manner. I need to access the BNF in patients homes and my employer does not provide me with the equipment to do this online.</p>	<p>How much prescribing is done for palliative care patients and how the BNF does not always help</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Consultant in palliative medicine</p>	<p>I agree wholeheartedly that we should encourage access online. I think that apps are the easiest way to view information for me, but when we look at electronic prescribing as an organisation I would hope to look at online access too. I would like to see other access for example, to palliative care formulary-essential in my work, come with BNF and be centrally funded for all practitioners as I think this will improve quality of palliation.</p>	<p>Keeping BNF up to date and widely accessible. I do worry that if print books removed completely, this may disadvantage certain people who are less technology savvy.</p>	<p>Adding additional useful information online e.g. Palliative care formulary.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Pharmacist</p>	<p>The ideas are great and will definitely help improve patient care. It will be much easier to link current and local guidance on the best medicine(s) for a particular patient.</p>	<p>Linked guidance to reduce costs. Monthly updates rather than 6 monthly paperback updates. Digital links. Multiple search methods. Comparison function.</p>	<p>Links to Summary of Product Characteristics and Patient Information Leaflets beside each medicine/product. Access to the NICE BNF app for community pharmacists.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Medical Director, Hospice</p>	<p>I suspect that it is not so much a matter of whether or not the outlined changes will take place, but more one of when they will. Personally, I am a book-orientated person but I can see the advantages of electronic versions which can be readily updated. Links to other resources will be very valuable. I would say that the PCF would be an essential link. This invaluable resource is one I refer to on a daily basis and I believe it would be valuable to colleagues</p>	<p>Accessibility via various devices and the constant updating would be important. Links to relate resources like PCF would be essential, also.</p>	<p>Nothing overlooked.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	working in many clinical areas.			
Palliative CNS	more palliative care related prescribing would be beneficial. The PCF charges for its books, internet access.	as above	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant	I agree with these views	Easy to use with up to date evidence and guidelines. Needs to be free to access and useful to link other resources such as renal drug formulary and palliative care formulary.	Links to key references would be useful	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Dentist	All sounds very positive. One of the big things for me is knowing the dru	One of the big things for me is knowing the drug interactions. A section that allowed you to list a patients meds and then type in what you wanted to prescribe that highlighted any serious interactions would be most useful.	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
General Dental Practitioner	seems like a long overdue idea!	No need to search for the book, instantly kept up to date, viewable on any browser	Search facility is essential for dentists trying to work out what their patients have been prescribed by the GP, etc. - often the patient can't spell the name of the drug, or aren't sure of the name, so something that allows for misspellings, and intelligent searches would be useful. Reporting adverse reactions would be a nice addition.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Dentist and Teacher of Dentists (postgrads)	<p>Good, but must be downloadable off-line when internet connection poor.</p>	<p>Common Conflicts between medications when more than TWO items taken</p>	<p>Our medical Colleagues need to be aware of DENTAL complications before prescribing certain things, such as Biphosphonates, Insulin, Steroids, immuno-suppressive therapy etc, to ensure full dental health exists or these prescriptions could hospitalise/disable patients if they need a tooth (or teeth) out later, gum diseases worsened etc, etc. Can't this be flagged as a warning on GPs computers when entering such prescriptions?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p> <p>Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.</p>
Locum Consultant in Palliative Medicine	<p>Seems sensible. Need to consider other sources too.</p>	<p>Up to date; easy to read/navigate.</p>	<p>Should consider other sources of information eg Palliative Care Formulary (available online via www.palliativedrugs.com).</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Locum consultant palliative medicine	<p>As I work in rural community with poor internet coverage cannot be solely reliant on internet app. Print BNF is useful for carrying in car and very quick reference of items in other locations eg hospital wards.</p>	<p>Easily accessible and searchable. Links with and does not conflict with other specialist resources eg Palliative care formulary. Portable app that does not require complex password and time consuming to access from multiple places.</p>	<p>? coordination with other specialist resources eg in palliative care a major specialist resource is palliativedrugs.com. This is currently free to access in Scotland but not England.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

				Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.
dentist	/	/	Bring back the dental section in the BNF	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Dentist	Should link into dental clinical software as a bolt-on module Should report all potential interactions All products should have a short code which can be entered to ensure accuracy and speed of recording OR better still pharmacies should load the data onto a cheap usb / micro sd card, or alternatively encode it in a set of printed QR codes for practices to read.	The early version of the eBNF put me off using it. When I do prescribe and need to check up on a product in the BNF it is an irritating process Another point is that presumably these versions of the BNF cost a considerable amount to produce and maintain (electronic versions). Surely there should be a single EU electronic version?	Yes, your marketing. I receive a a new hardcopy of the BNF every year approximately. I would would like to see a card with a login code and url stuck to the front of it. More generally you could try achieving the ease of access to information which Pubmed and Google frequently facilitate. In the case of Google, if one is certain about an address for information provided by a search, it puts in the shade anything else I have ever used if I want to read up on a dental or medical issue.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Specialty Dr Palliative Medicine	It would be extremely helpful to have easy access, via an enhanced BNF, to PCF 4 - from palliativedrugs.com (currently only accessible in Scotland via Athens Log in)	The most important thing is that information is up to date and accurate. In addition easy access is essential whoever the setting we fine ourselves working in.	The consultation document looks comprehensive to me and if the aims are achieved it would be a huge benefit to clinicians.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Dental surgeon	I agree that the BNF should be the authoratative source on all medicines and prescribing, deliver free access by modern media and ensure that recommendations are evidence based	1. constantly kept up to date 2. move away from print which quickly becomes out of date 3. ensuring robustness of information provided 4. maintaining independence from NICE 5.ensuring recommendations are evidence based	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Advanced Clinical Pharmacist	Investment in electronic resources is good, however Trusts must have adequate IT resources to support this. As a practising pharmacist working on clinical wards it is sometimes difficult to access a PC, and I do not have a tablet device.	Ease of use Adequate cross referencing Fit for purpose Quick to use - current eBNF is not intuitive and it is easy to miss important things as cross refereing poor	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

Specialist Pharmacist Cardiology	<p>These all sound good. Especially those in the second half of section 2 would be relevant to me.</p>	<p>it has to be easily searchable - it isn't at the moment electronically. More information on adverse effects, side effects and their frequency would help. It would also help if you could search for conditions and it would find drugs indicated. If it can include more up to date information to help clinicians and patients make informed decisions together that would be good.</p>	<p>No if the key important themes are progressed digital information only could be the useful way forward.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Senior Special Care dentist	<p>Sounds like a great idea and an example of technology at its best. However as a community dentist working in residential and care homes, I would be concerned if the print version were to disappear completely as I need this backup if for any reason the smart phone, tablet or other device were to fail/be unable to receive a signal etc when working in remote areas</p>	<p>Simple gold standard advice available all in one place at the touch of a button.</p>	<p>Doesn't look like it! Well done.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Optometrist	<p>We still need to have a paper version.</p>	<p>.</p>	<p>Trust IT systems are not reliable enough to have solely digital BNF.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed.</p>

				Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Dentist	It is difficult and expensive to get the app I'm afraid, this puts me off very much as I can just google things and see what comes up.	To stop drs prescribing antibiotics for dental problems. This encourages patients to think that antibiotics are the answer because they trust their GP more than they trust us.	No	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>The NICE BNF and NICE BNFC apps are available free of charge to NHS staff including dentists. Information on how to access the apps is here; http://www.nice.org.uk/About/What-we-do/NICE-apps-for-smartphones-and-tablets</p> <p>Reducing prescribing of antibiotics for dental problems by doctors is outside of the scope of the proposed enhancements to the BNF but NICE is developing guidance on</p>

				antimicrobial stewardship.
Dentist	I think it is a great idea and should be explored further.	It should contain all the associated links directly associated with each drug such as interactions, dosages, contraindications, warnings etc. It should be available offline if there is loss of reception.	I use the mobile app and it is a wonderful resource and used many times daily to check dosages and show the safety aspects to the patients.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant in Palliative Medicine	Support the concept	Accessibility - I frequently use the book as it is closer to hand on the ward when compared to finding a vacant computer and logging on. I still find reading a paper document easier than a computer screen	I use the palliative care formulary more frequently than the BNF - both the book PCF4 and online www.palliativesdrugs.com which I subscribe to. Could the BNF link to the PCF? It is an excellent resource for prescribing in the context of palliative care and is written so it is accessible to generalists and palliative medicine specialists. The PCF being available to all NHS prescribers would support the ongoing need for better end of life care.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

<p>Advanced Pharmacist/Teacher Practitioner</p>	<p>The vision is good but to be honest, for a quick reference I would rather have a relatively up-to-date paper copy in my hands. I think there will be too much information in the "enhanced" version to allow fast assimilation of information, it will be great for long case discussions or students writing an essay but could mean that lots of short, quick queries end up taking a lot longer to resolve with too much irrelevant (to that situation) information getting in the way. I would expect people working in their own specialities to be aware of latest NICE guidelines etc anyway and they are not difficult to refer to when necessary in their current format.</p>	<p>Rapid updates, particularly to safety of medicines.</p>	<p>Nothing crucial</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Hospital Pharmacist</p>	<p>The use of digital media is an appropriate vision for the future allowing for more up-to-date information. Updating the search functions will be extremely important, as I currently find that I am unable to find information in the medicines complete online version, despite knowing exactly where it is in the paper version. Links to NICE guidance will be extremely useful at the point of care, in order to help guide prescribers including junior doctors. Links to further explanation of the evidence behind NICE guidelines will be extremely valuable for registrar and consultant level doctors who wish to base their decisions on this.</p>	<p>Access to the digital version of the BNF. Currently in some NHS hospital, access to I.T. is limited. For example, on my ward there is one pharmacist, one pharmacy technician, 4 or 5 qualified nurses, 2 consultants and 5 or 6 junior doctors and a ward clerk and we have access to 5 computers, one of which is reserved for use by the ward clerk and only one of which is a mobile PC on wheels whilst the others are static PCs, making the paper BNFs currently more useful for accessing the information at the point of care i.e. on the ward round. However, electronic prescribing is currently a priority for our Health Board so in the near future we envisage having greater access to mobile devices in which case an enhanced digital version of the BNF will be invaluable.</p>	<p>It will be vital that the new version is compatible with the Health Board formulary, allowing for Health Boards to easily integrate it with their online formulary to prevent any problems at the point of dispensing.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Macmillan Nurse</p>	<p>The single access point sounds less confusing than the number of different source I have just discovered in one of your previous questions. I often cross reference the BNF with the palliative care formulary and would find it convenient to have both from one source. Although you are not specific I would assume you are considering including the PCF in the range of</p>	<p>As said above cross referencing information from PCF and BNF is something I do regularly. The ability to make use of reliable approved pt information and print it off and give to pt's would be of great benefit.</p>	<p>not that I can see</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	sources you will draw from.			
F2 Doctor	Useful to have more information about evidence and guidelines to help decide what to prescribe. However, could get confusing if there are constant updates and lots of information. Local protocols may differ from NICE guidelines as well. Although computer use is widespread across the NHS, access to computers can be limited on a busy ward environment. For quick prescribing, a print version of the BNF can be the most useful and easy to find as search engine searches can give complicated results.	Intergrating NICE and other guidelines. Being able to cross reference multiple drug combinations for patients to avoid interactions.	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Medicines Information Pharmacist	I think it is a valuable, but optimistic vision. To have all that information in a searchable and accessible format, without overwhelming the 'reader' will be difficult to achieve. People want the electronic format to be quick and simple - this sounds potentially over-complicated.	To have the pertinent information available from the initial search, without having to wade through numerous pages of irrelevant information, as is currently the issue with NICE evidence search. There needs to be a function to allow misspelt words to be matched. Provision of specialist information (eg: Palliative Care Formulary) would be valuable. People don't just want links to other documents (eg: NICE guidance, MHRA info) - they want concise summaries as included in the print BNF currently.	At the point of care, the main thing a prescriber / other HCP wants is a quick answer. There are many resources in which detailed searches can be undertaken. The BNF represents a concise but comprehensive resource. It would be a shame to dilute it with vast amounts of additional information that is ultimately available elsewhere. However, improving on the intuitivity of the search function of the current electronic BNF would be a vast improvement. There is currently huge amounts of important information	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

			contained in the eBNF, but there is a belief that this often missed due to the current presentation of search results and the restrictive search function.	
consultant in palliative medicine	please include links to recognised non BNF resources - such as the PCF (palliative care formulary, both adults and children). if practitioners work only with the BNF and drug licensing this will severely compromise the care of patients where off label and off licence prescribing are in their best interest	nil else	nil else	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Community Matron</p>	<p>A single record with up to date information on medicines and their actions and interactions which can be accessed in the patients home would be invaluable as a prescriber who is called to patients not known to them with limited access to their medical record. This would make practice in community settings much safer and less likely to be delayed if have to go elsewhere to access the information.</p>	<p>Remote access in patients home linked to national care records such as Systm one would be invaluable from a safety and governance point of view and make clinical decisions more timely and effective. Good network connectivity obviously paramount. Links to NICE guidance and advice again invaluable particularly when negotiating treatment plans with patients can show them the evidence of why clinical decisions are made. Being able to access patient information readily to print off and give to or email to the patient would be advantageous. Drug interactions and side effects tailored to patients individually would be useful could we input patients current drugs and be made aware of possible interactions for example if in a patients home and not in their medical record ?</p>	<p>Will cost of drugs and cheaper alternatives be available to access at same time to ensure most cost effective drug is chosen will it be linked to schemes such as script switch?? Drug interactions and side effects tailored to patients individually would be useful could we input patients current drugs and be made aware of possible interactions for example if in a patients home and not in their medical record ?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>pharmacist (industry)</p>	<p>Would expect to see all authoritative data sources included - Summary of Product Characteristics, patient information leaflets, EPAR, CHMP positive opinion, Stockleys drug interactions etc</p>	<p>Enable all healthcare professionals to make evidence based determinations of appropriate treatment choices, including aspects of polypharmacy not previously covered.</p>	<p>see first comment. MHRA/EMA make Market Authorisation decisions based on the balance of evidence available. These data sources should be included.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

Consultant Palliative Medicine	Greater access to digital updated versions is desirable. The vision to incorporate links to speciality sources again would be essential. In my own speciality we refer to the Palliative Care Formulary (PCF) which is available on-line too.	Easy access to speciality resources and up-to-date prescribing information (especially with reference to drug alerts and changes that occur between prints).	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
EOLC lead	fully agree	Easy access	Inclusion of Paliative CAre Formulary - PCF	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
nurse practitioner ophthalmology	Would like a mobile device, already have access to computer but it is not always speedy. Process of logging on will need to be clear and straight forward. Prescribing profile, could this individualised and linked to formulary?	I would like improved information about interactions and eye medications, health conditions that are significant when prescribing eye drops	Prescribing profile, could this individualised and linked to formulary?	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Specialist clinical pharmacist palliative care	I think this is a positive move	I would benefit from links to other sources eg PCF4, renal handbook, maudsley prescribing guidelines	Not that I've thought about	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Palliative Care, Clinical Nurse Specialist	This should provide an excellent resource. My colleague and I are currently undertaking remote working in which an on-line service would enhance practice and reduce the need to carry bulky books	The ability for decision making based on up to date research and individualised patient needs.	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

FY1	Sounds good.	Thank you for your comments.
Pharmacist	I think linking with other evidence based sites and publications is essential. I would particularly like to see links with the Palliative Care Formulary (PCF) and palliativedrugs.com. I think free access to the information they provide is essential	I think it needs to be clear to access and read all information around a medication on one page and not having to keep 'clicking' from one page to another.	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Senior Pharmacist, Surgery	This is a good idea, as it will make accessing accurate, robust and evidence based medicine in a quick and timely manner. It will also mean that all the information is in one place, which will save time, aid cost effective and safe prescribing.	Most important is to allow easily accesible information, that is up to date and evidence based.	Involve off license drugs and unlicensed indications for licensed medications.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>CRF Manager Lead Research Nurse</p>	<p>Though I agree that electronic media is a good way forward it is reliant on there being easy access to computer where nurses get medication from which is not the case in most hospitals. We have limited access to computer terminals and there for paper BNF still very useful. Also the use of apps is making the assumption that nurses can access wifi or use phone connection. Not all nurses have touch phones and not all have open contract with unlimited data access which puts these people at a disadvantage. Also we are not supposed to be encouraging nurses to use their phones in the clinical setting. Need to make it very easy and clear how to download the app for free for NHS nurses.</p>	<p>The document need to be user friendly and intuitive when using the electronic system and when searching it needs to be able to pick up regardless of word order and if possible give suggestion in case people are not sure of the spelling. Worry I have is if the electronic version is going to get updated more frequently than the paper BNF then this could cause confusion if not worse errors. Both should be up dates in same way. Paper version could state that it is only valid up to xx date and if there are up dates then a paper print out could be made and then emailed to all so to add to paper doc if require by that team.</p>	<p>Easy access of computers to all who would access BNF</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Lead Prescribing Advisor</p>	<p>Recognise that electronic BNF would be more up to date and reduce costs. But use paper version of BNF a lot as much easier and quicker to move between pages, chapters and sections etc when looking for and comparing information. Would still like hard copy BNF even if annually. Use ePACT which is arranged in similar number format, but assume you would keep that. Smart phones too small to use regularly to look at information or large amounts of information. Access to computers is not always available outside the office for on-line use. Computer access in GP practices needs to be considered. Reading lots of information from computer screens is stressful visually.</p>	<p>More information on drug interactions would be a welcome addition. Regular updating. Medical devices could be useful. Unclear on how 'download to formularies' would work.</p>	<p>Paper version is my preferred access method.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>PICU Nurse / Simulation Team Coordinator</p>	<p>Enabling BNFC to be downloadable into local formularies or prescribing systems would be beneficial. Currently it can be very difficult to access BNFC as frequently as necessary due to lack of computers being available at the right time.</p>	<p>Easily searchable Accessible via local formulary (linked) Hard copies should not be eliminated - sometimes Internet access is not available</p>	<p>N/A</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

GP	Amenable to regular updates so it will be consistently accurate. Excellent idea to be able to search it in different ways i.e from condition	I really do value the print BNF. It is invaluable when out on home visits. We are not set up for mobile data in our practice and I don't know any in my locality that are. Mobile data is very patchy where I work. If it was already downloaded to a device that would be fine but we don't have tablets in our practice. If we did each doctor would require one and that is a significant cost to the practice.	The implications as above for reducing the print copies.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
PHARMACIST PRESCRIBER	It is a logical development given that the technology and access is now available almost everywhere.	Ease of use and clarity - it could easily become confused and conflicting if not managed properly.	Would like links to other references eg PCF for palliative care, which would greatly expand its' usefulness.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant	I think its a good idea.	Working in community, apps or pdfs that can be used off line are very helpful.	The palliative care formulary (PCF4) is an essential resource for those working in palliative care and beyond. In germany this is paid for nationally and available to all health care professionals. In the UK, individuals or organisations have to buy either the paper book, pdf, or online subscription. It would be fantastic if the PCF could be incorporated into an enhanced BNF.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Lead Pharmacist - Medicines Optimisation and Information Service	<p>The BNF should continue to be readily accessible and free for all healthcare professionals involved in any stage of the medicines use process. The vision is a reasonable goal for what is needed in the current healthcare system. There should be more links to relevant guidelines and more guidance should be provided in the text e.g. management of drug interactions/side effects and IV administration.</p>	<p>A carefully managed transition from the paper to the digital version is essential as there are many areas of the modern NHS which still do not have reliable access to online resources.</p>	<p>Drug dose calculators could be in-built e.g. for patient specific mg/kg dosing.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
matron	<p>agree with the principles, however the scant access to, and time delay when accessing electronic formats mean print is still required. Even in a tertiary acute hospital- so community prescribers, who often are in pts home with no e access, will be left without guidance- its not practical or realistic yet.</p>	<p>consistency and accuracy of information-key, but see above for lack of reality of this proposal</p>	<p>yes- IT access. I have a 35 bedded ward with 5 terminals for all staff, no terminal in the clinical room, none in the 25 single rooms, wireless is not available throughout the building. NICE needs to acknowledge there are risks in terms of currency with print versions, but its the only practical option for a lot of prescribing/administering situations</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Consultant in Paediatrics	<p>Overall seems reasonable, but my experience of online and apps access is that it is less easy to use than the printed copy. So it would be important to improve this if the aim is to move to mainly electronic access.</p>	<p>Succinct and up to date authoritative medicines advice.</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Midwife/Supervisor of Midwives</p>	<p>1. All the proposals are welcomed. 2. An overall impression is that the vast majority of clinically available medicines information and facilities is aimed specifically towards the needs pharmacists and prescribers. There is generally less consideration of the needs of the nurses and midwives (and others no doubt) who are required to administer medicines and the challenges encountered in doing so in accordance with professional standards. I would urge that any changes take this into consideration.</p>	<p>1. An electronic format must be consistent and easily searchable in the way it provides information for each drug. 2. The idea that it will be downloadable to local formularies is welcome and I would like more information about how this would work. A local midwifery formulary is under development and it would be a huge advantage to be able to link directly to up to date information on individual preparations to be included as well as to NICE clinical guidelines associated with different uses of the drugs. 3. Prescribing information and that aimed at minimising harm should link to clear guidance on the management of pregnant and breastfeeding women. 4. Information for patients is welcome and would like to see this in a clear, meaningful and printable format and in a range of languages as well as with the inclusion of information for pregnant and breastfeeding women. 5. I would like to see profession specific Continuing Professional Development information (e.g. midwives).</p>	<p>1. There is wide evidence that medicines management is confusing for midwives. Some of this confusion relates to Midwives Exemptions. I would welcome inclusion of any information that would clarify the situation such as a clear indication with each drug as to what exemptions and any conditions that apply. Clearly this may vary between different health professionals and as in the case of midwives the MRHA set conditions and the NMC set further restrictions on the use of the medicines by midwives. 2. The legal status of drugs can vary between preparations and this is not always clear in the current paper BNF. A specific example is Ferrous Sulphate 200mg tablets: From Sandoz they are POM and from Actavis they are P(Pharmacy). Midwives can supply the latter but as Ferrous Sulphate is not on the Midwives exemption list they cannot supply the Sandoz form although it is widely assumed that they can. 3. It is very difficult for midwives to explain to women why the NICE recommendation for management of 3rd Stage requires off-label use of Syntocinon. The NMC</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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			demands that women are given an explanation. Perhaps an enhanced BNF could include such explanations to help fulfil professional standards. 4. Inclusion of links to examples of calculations for particular drugs when appropriate would be welcome.	
Chief Pharmacist (Third Sector NHS Service Provider)	I agree with the point to exploit advantages offered by digital media. I also strongly agree regarding ensuring that prescribers have timely access to up to date information in the most appropriate way to ALL HEALTH AND SOCIAL CARE PRESCRIBERS as currently the charity I work for has had limited access to medicines information resources due to the lack of an NHS email address.	The most important element is that the enhanced BNF is required to interface in some way with the e-Prescribing systems we use. In this way then the information can be referenced within the patient notes, can be used for to support prescribing decision or to enhance the quality of history taking and in the safer identification of adverse drug interactions/interactions particularly in complex patients. In addition a degree of interface will support the implementation of the Addaction national formulary with the respective links to the complete NICE guidance for education and update of prescribers.	Operational issue in particular how charities and independent healthcare providers like Addaction will be able to access or register for the enhanced BNF due to limited current access with the lack of an NHS email.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>consultant in palliative care</p>	<p>link with palliative medicine formulary. great resource for indications and doses of medications for symptom control. these are often used off licence and would not be quoted in the BNF for their specific palliative care use.</p>	<p>to allow generalists to gain advice that is suggested by specialists and provide evidence to support prescribing.</p>	<p>link with palliative care formulary resource</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Head Pharmacist</p>	<p>Sounds great but am concerned that it is not always possible to access a computer to be able to use this as it is intended. On the wards I work on there are insufficient terminals for the people to check an online BNF and there will always be a reliance on a paper BNF when nurses are administering medication at the bedside and electronic prescribing is still not up and running. Same with the Drs and ward rounds, drugs are prescribed on the ward round and the Dr cannot keep running to find a terminal to check doses so they still rely on paper BNFs.</p>	<p>I think the best part of the enhanced BNF will be the link to the NICE guidance so it will always be up to date. In the pharmacy setting this will be very useful although on the wards the reality is that wards need to have sufficient computer terminals for this to work in practice.</p>	<p>I would be concerned that when I am on call it is not always practical/ possible to have access to a computer so am relying on the paper BNF. Perhaps there needs to be a check whether the enhanced BNF is accessible when visiting patients in their homes etc</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>ST5, Psychiatrist</p>	<p>Ease of access in the clinical setting, eg in ward rounds is important. It is also good that you are considering improving the drug interactions area, this is really important as doctors working in specialties will never keep abreast of new pharmacology in other specialties, being able to see more easily the particular interactions and delineation of the risks of each would be helpful, currently we have to seek this information elsewhere. Generally we are well informed about our own medications.</p>	<p>Reference: interactions, frequency of side effects, cautions and contraindications and the reasons for these. Needs to be accessible in a variety of settings, so use of mobile devices would be ideal. Needs to be updated regularly.</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>SHO</p>	<p>In theory this is a good idea as it can be very frustrating trying to find a BNFC on the ward so having online access that is more readily available and more user friendly would be a good idea. The current online version of the BNFC is difficult to search and not very user friendly. However, technology frequently fails, we recently had a 2 day period of being unable to access the internet in our hospital. To not be able to access the BNF due to technology failure would be dangerous.</p>	<p>An easier way to know if the drug will cause interactions with other medications the patient is on or needs dose reductions in patients with, for example, renal failure. A feature whereby you could enter in all the other medications a patient is on and it flagged up any interactions would be useful.</p>	<p>What to do in the event of technology failure.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Lead Nurse Pain Services, Nurse Independednt Prescriber</p>	<p>I think this is the way forward as long as prescribers can get computerised access either via PCs or to be enabled to use mobile devices</p>	<p>Clear dosing, simple to search, ability to put a number of medicines in to a form and get advice about interactions from than, ability to link into e-prescribing systems</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Medical Director of St Mary's Hospice of Furness</p>	<p>I think it would be excellent. We need to be using electronic systems as default methods soon as paper based systems are too soon out of date and costly in many ways. The distinction between what is available and what is recommended would have to be very clear. There would be more opportunity to make this obvious if this is done electronically.</p>	<p>Working in palliative care, the section in the BNF is woefully brief. There is an excellent opportunity here to have strong links to our Palliative Care Formulary and perhaps to expand the basic advice that is given currently.</p>	<p>See above re palliative prescribing</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>ST6 Old-Age Psychiatry</p>	<p>Great idea, the most up-to-date advice is always welcome. Access to e-versions can be difficult at times though, either through poor signal to a smart phone in the community or lack of readily available computers at work. If a version could be downloaded onto a smart phone and automatically updated say</p>	<p>Easy navigation to drug information and the ability to compare different drugs within a class, without having to scroll/click back and forth through different pages.</p>	<p>No.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will</p>

	weekly with new information, this would make it extremely useful.			continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
health and social care manager	It is prudent to change from making this essential reference work an online resource rather than publishing it as a book. The availability of the book is still important in a variety of health and social care settings, but in those settings in general one is referring to the book as a general guide, for example in supporting individuals to manage their various medications and any interactions they may have with self-administered drugs, particularly alcohol. In substance use services it is important to have the reference work available to explain to clients regarding important information about the drugs they are taking, particularly in reducing harms.	The obvious advantage is in prescribing, to have live updates as new information becomes available, and therefore the ability to advise clients accurately. However, the ability of the enhanced BNF to be searchable by a variety of parameters such as the client's medical conditions means that in its wider use the online BNF could be used to take more accurate histories, complete information which the client only vaguely remembers and therefore be able to support the client with more accurate information regarding their health, the symptoms they are experiencing or what to expect. The enhancements may therefore contribute to more holistic treatment	It might be advisable to canvass for information on the extent of secondary use that is made of the BNF, particularly in community based social care settings, in case IT access issues become a critical factor.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Macmillan Palliative Care Lead Nurse	I only use the BNF occasionally because working in specialist palliative care I use the Palliative	Linking with NICE. Having direct information about adverse effects, contraindications etc	Links to more specialist sources of prescribing guidance eg Palliative Care	Thank you for your comments, they have been considered along with the other comments received in the

	care formulary mostly. Twice yearly publication seems very expensive. I see lots of junior doctors using their smart phones to access the BNF but I don't carry my personal phone about on the wards. Logging into a computer can be time consuming on the ward areas to check the online BNF. If the online BNF was user-friendly and the paper copies less available clinicians would quickly get used to using it.	with the drug listing sounds worthwhile.	Formulary.	consultation, to inform the development of the enhanced BNF.
Formulary Pharmacist	They are not currently particularly specific (which is OK at this stage). Not particularly interested in the inclusion of medical devices - but that is likely due to my specific role as a pharmacist.	Linking with national Guidance and therapeutics - i.e. not just drug information, but disease information, and treatment choices and algorithms as per national guidance.	Possibility to include a lot more therapeutics. Overall the vision is not particularly specific, so there is not a lot overlooked.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Non medical prescriber in mental health	An online app would be very useful, especially if it could be downloaded and used where there is no internet cover	Easy access to interactions and anything else related to the drug you are searching.	I can't think of anything.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>GP</p>	<p>prescribing with evidence base would be helpful; keep it user friendly and not cumbersome. good idea.</p>	<p>up to date information availability</p>	<p>book form to continue to be available or not?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Palliative Care Clinical Nurse Specialist and Independent prescriber</p>	<p>The current BNF is more a catalogue of medicines but the most useful tool that we have to inform prescribing. However there is continued research and evidence occurring and this could be available from selected validated sources eg Cochrane. The most useful tool as a Palliative Care team is the PCF (Palliative Care Formulary) however this website has recently had to charge members in order to keep going. Using the PCF to add to information in the enhanced BNF would be amazing and of huge benefit to patients and prescribers.</p>	<p>indexing and evidence</p>	<p>Please include the PCF</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

GP	Agree move towards digital version would be most up to date.	Ease of access, improve search facility - especially a "sounds like" search - often either I or the patient can only remember the first few letters of the name of a drug.	Lack of access to digital version in some working environments - eg: home visits, especially with out of hours services	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Lead Pharmacist for Care of Complex Needs	Looks like a good initiative in keeping up with the times.	Easy access and navigation. Completeness of information. Keeping it up to day with current practice.	Incorporating expert advice obtained from specialist resources such as the renal drug handbook, palliative care formulary and Infection management / antimicrobial specialists, as the current information available in the BNF is quite outdated or vague in such respects. If an enhanced version is going to be made available, the information inside it should be enhanced too.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Data & Professional Services Manager (Leyland and Chertsey respectively)	Please have a relatively flat information hierarchy. When making a point of care decision, drilling down through eight levels of links isn't the ideal way to find the information you need. Where the paper BNF has 'see also', there should be some way not to	Background clinical coding and making that data available for integration in other systems. This could put clinical decision support on an enhanced level. This will improve decision support and enhance patient	Clinical coding in the background (those side effects, contra-indications, cautions and indications should be SnomedCT coded). DM+D coding for drugs and appliances. Rationalise grouping of appliances -	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

	require clicking to 'see also'. There is no mention of how drugs that are in the DM+D but not in the BNF will be dealt with - they can't just be ignored.	safety.	currently Drug Tariff, DM+D and BNF don't agree with each other. Look at groupings for enteral and parenteral feeds and food products (inc ACBS). NICE guidance is good - what about other guidance (SIGN etc)? MHRA drug safety updates/appliance safety updates? Making the data available for use (website is nice, but integration into the user system is better). Summary of all changes that have been made to the data available for use.	
Consultant in Palliative Medicine	The BNF is already an excellent source of information on drugs. Further enhancements also helpful.	Comprehensive information on drugs	Linking the BNF to the Palliative Care Formulary I think would be very helpful. It would complement what's already available.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Medicines Management Pharmacist	Sounds very comprehensive	Searchable Downloadable to local formularies	Hard to say at this stage	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Clinical Nurse Manager</p>	<p>It would be good to have all versions compiled together. I currently find the paper version better for my work as a Nurse Practitioner in a walk-in facility as without access to patients own GP records I have to rely on the patients memory of their medication. This is often scant or they can remember only partial spelling or often just the first few letters. Using the paper version I can always find out what the medication is they are on. I cannot do this with an electronic version. When patients can remember their drugs the electronic version is better for contraindications. Not all my Community based colleagues have access to electronic devices that would support an electronic version of the BNF.</p>	<p>Easy to update - so you know you have the latest version.</p>	<p>The search engine would need to be able to cope with part of a keyword or be able to cross reference with a drug genre and not just a name (spelt correctly!)</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>palliative care pharmacist</p>	<p>i find the app extremely useful and easier to keep up to date with</p>	<p>The immediacy of updates and knowledge at your fingertips.</p>	<p>If NICE or BNF e-versions could include a link to the Palliative Care Formulary from palliativedrugs.com with a national subscription as already achieved in Scotland this would be extremely useful and reduce the reliance on the print version</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Consultant Physician</p>	<p>I am concerned by desire for meeting NICE accreditation standards. These standards are good and desirable, but not always possible (eg due to lack of published RCTs), and sometimes misleading (eg RCTs show no inhaler device "better" than cheap metered dose inhaler aerosols - but that is because RCTs of inhaler devices only recruit patients who can use the devices being compared adequately - a small minority of patients in the case of MDIs). I would not want information about drugs / devices to be unavailable / limited because of lack of NICE criteria.</p>	<p>Easy to find dosing information. Single click link from drug info to relevant interactions. Easy search of interactions (eg list drug patient is on, any interactions with new drug being added. Single click link to advice re dose changes in renal / liver disease. Want to keep it simple - so link to relevant NICE guidance etc might be helpful, but if I want to know the dose of omeprazole, I do not want to have to read the whole NICE guidance on the management of peptic ulcers before I can find the dose!</p>	<p>Not really</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p> <p>NICE Accreditation assesses processes used to develop guidance such as the BNF, rather than appraising specific medicines.</p>
<p>clinical pharmacist-GI/Palliative care</p>	<p>I believe that a paperless system is the way forward, as information in healthcare changes on a daily basis. It is also important that BNF users can link to other resources/specialists texts such as Martindale and Stockley's Drug Interactions. There are also opportunities to link the BNF in with prescribing systems and formularies which is critical to good practice.</p>	<p>The enhanced BNF should be easily searchable, with good use of filters for searching. It is also important that the BNF continues to include clinical guidelines, particularly for common conditions. It would be useful to include information on unlicensed use of licensed drugs, and unlicensed medicines. At present this information is only available in more specialist text books, which many clinical staff do not have access to, or are unaware of their existence.</p>	<p>No, my only concern is computer access is not always available at a given time in a clinical area. Ideally Trusts will continue to invest in their IT systems so BNF users have timely access to the BNF in electronic format.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Consultant in Emergency Medicine</p>	<p>These suggestions seem positive and realistic based upon modern developments in IT. Most of my junior colleagues tend to use BNF online - (they have never really known the book version) - and we have links to it from the trust and departmental websites. I have found the printed BNF to be a valuable tome over the years, but nowadays, the only reason I would ever pick up the book is if it was right in front of me, or if the computers were all busy. In fact the main reason I ever use it is to remind me how to complete a CD prescription without it being sent back from pharmacy. The one on my desk here is from 2010, and this email has just encouraged me to recycle the ones on the shelf from 2006-9. I would appreciate a website that was able to cross reference various important points with NICE and perhaps other trusted sources (Toxbase?).</p>	<p>It needs to be simple and intuitive.</p>	<p>There is opportunity to improve clinical practice with this. You look up, say, Ramipril. The website could ask you; "Do you know the patient's eGFR?" before letting you read the information. You could have an option to answer with the number, or to say No. But either way, the prescriber has already been forced to think about renal function. The Emergency Department isn't really the place for electronic prescribing, but I am sure that primary care and other fields of medicine would benefit greatly from this.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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<p>Consultant Physician</p>	<p>It would have to be much more user-friendly than the current eBNF, which contains multiple circular entries for the same drug and which is therefore much harder and slower to use. A primarily electronic BNF also requires that people have instant access to a computer and the internet, a far cry from many hospital IT systems - the only realistic method is a personal smartphone at personal expense. It has to be said that only a small minority of updates in the BNF are actually of day-to-day utility</p>	<p>All wonderful - if we could be sure that they would work for ordinary staff in ordinary hospitals</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Consultant in Palliative Medicine</p>	<p>I understand the idea behind an enhanced BNF but I prefer to have print copies available at all times. Computer access is not always easy and some mobile apps are difficult to use if signal is poor.</p>	<p>Accessibility.</p>	<p>Only the need to keep the print form available.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

senior clinical pharmacist	The NHS is not yet ready to make full use of digital formats as not enough investment in IT systems (hand held devices, smartphones or PC screens) to allow appropriate access at the bedside, whether within NHS premises or patients' homes. Currently it is much quicker to access information via paper copies of the BNF which are not subject to power failures or system failure.	I agree with the vision (section 2) but should also include unlicensed medicines.	Not sure but it'd be interesting to know the similarities and differences between UK & NZ use of and how they achieved reliance on digital format in NZ	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
health visitor/practice teacher	Good idea.	That the information is concise and easy to access.	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Lead Pharmacist-Medicines Management	It assumes that users have access to electronic BNF where in reality this is not the case. On a busy hospital ward there may be only 1-2 computers which are also being used for prescribing and administering drugs. Most Trusts discourage the use of personal mobile devices. Therefore most users of the BNF will still struggle to get electronic access and therefore rely heavily on the paper BNF.	It needs to be intuitive to use and the information needs to be easily retrieved. Currently this is not the case. There is a lot of useful information at the beginning of chapters and sub chapters but currently this information is not easy to retrieve from the eBNF.	Should consider linking in with other authoritative resources such as the electronic PCF	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

Senior Nurse	It will be easily accessible. Most services in our organisation have easy access to the internet and computer technology. Putting your hands on an up to date printed form of the BNF can prove difficult. Even community based services now have access to mobile technology. So it is all good.	Ease of use. Accuracy of information and links to other important advice and guidance. The NICE guidelines for example.	Look forward to the new service	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Social Worker	A good idea Any information that is aimed in the right place, at the right time at service users and their carers can only be positive. The information needs be distributed outside of the health service	To ensure that the information is displayed in a user friendly way To ensure that the information is circulated in the right places and aimed at the right people	To ensure that there is a user friendly document in place for users and carers To provide information in other languages	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
chief pharmacist	sounds excellent to bring all the current facilities with additional ones which will support decision making. one of the biggest problems we have is getting staff to utilise the electronic version especially the non medical prescribers or district nurses in the community as although there are already app version staff do not find them very useful when	i think having full links to NICE pathways, comparative efficacy and a more comprehensive information on drug interactions	i think more information on prices/generic prescribing would assist in the overall target to reduce prescribing costs	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

	used on small screens.			
Cancer Drug Fund and Individual Funding request Manager (North)	<p>I think this is the way forward. My concern has always been that due to many individuals being reliant on the paper version of the BNF and BNFC, you often see that they are using out of date information and making the assumption that entries have not changed as have been common practice. This has the potential for extreme error. A lot of clinicians and pharmacy teams often say that they prefer the paper version because they like to be able to carry it around but to me this is quite a poor excuse. There is no reason that individuals can not get access to via online. Due to the ever changing NHS, it is essential that individuals have access to updated guidance and the enhanced BNF should have links to all national guidance. It would be extremely useful that for example, at each quarter if there was a way of highlighting</p>	<p>I think a lot of it has been summarised above. The important elements of the enhanced BNF are that it is easily accessible and regularly updated. The links to guidance are essential. Organisations will certainly find it useful to have access to the NICE Accreditation standards and an understanding as to how recommendations are made. My only slight concern is that some Trusts have an online BNF that they then amend to reflect their own organisations formularies. Are these provided by yourselves? It almost seems as if there is potential for 2 lots of different information. Could it be that the enhanced BNF could be adapted to allow organisations to reflect their local formularies? We all work in organisations now that have reasonable IT systems. There is no excuse for the need for paper versions</p>	<p>I, as a commissioner, also would like to see price information included in the enhanced BNF. Obviously this would only be the listed NHS prices and not local agreement prices. It is really useful to have such information to hand. Who is the responsible commissioner for such drugs? Something simple as stating whether CCGs or Area Teams are responsible for funding. Obviously NICE supercedes all guidance, but will there be links to NHS guidance too?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>Enabling download of BNF and BNFC content to local formularies is included in NICE's vision for an enhanced BNF. NICE provides access to the BNF in all formats for the NHS.</p>

	<p>changes and updating online. The key attraction to me has to the addition of key information on effectiveness, safety, patient factors and resource implications.</p>			
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<p>GP</p>	<p>The BNF is almost perfect. The only flaw is that too many 'side-effects' are listed, with no indication of whether these are common, rare, or of unproven causation, or reported via the yellow card system. Many side-effects are clearly unrelated to the drug concerned, take up much print space, and the resultant 'clutter' distracts from important side-effects. I would like to see a more selective list for each drug, with the common and important side-effects listed. Perhaps very rare or unproven side-effects can be listed in small print on the web version but not the print version, and even these should be listed as 'rare' or 'unproven' or 'yellow card' etc.</p>	<p>As above</p>	<p>As above</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Senior Medical Practitioner Tribunals Service</p>	<p>Happy with progress but there are many areas where we cannot access a digital version, Courts whilst sitting or in session. At racing circuits, on the roadside, Accessing any digital data is often infinitely slower than using a hard copy. Aps are all very well but signal is important. Where I live there are dead spots for signal. Also Windows phones do not support aps for android or apple</p>	<p>As above</p>	<p>See above. When electricity is down electronic BNF would be utterly useless. Look at the present climate this last week and the forthcoming week. The BNF is as essential in medical practice as is water to live. !!!</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>Since they work offline, a</p>

				connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.
Clinical assistant	Sounds good. The reason I don't access BNF on line more often is because I find it harder to locate the information I want than the paper copy. Would be happy to use it on line if I could find the same information.	For information about individual drugs, the Electronic Medicines Compendium is better/more detailed. The most important role to me of the BNF is providing guidance on choice between the different (classes of) drugs for a particular indication.	Consider including links for individual drugs to Electronic Medicines Compendium	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
retired consultant psychiatrist/ postgraduate student manchester university	excellent initiative and wholly support	24/7 online access to timely and research based evidence	yes indeed. you have failed to address the known bias in published studies caused by the drug companies suppression of results. the advice that you give is therefore considerably less than trustworthy. second, the methods for reporting side effects (the yellow card system) is wholly inadequate and needs radical revision	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. The issues of bias and methods of reporting of adverse effects are outside of the scope of the proposed enhancements to the BNF.

<p>Medical Information Manager</p>	<p>I agree that the BNF and cBNF print is out of date almost as soon as it is published, electronic access would help to ensure that the BNF is kept more up to date. As a pharmaceutical company we often find that the information in the BNF / cBNF conflicts with our SmPC / PIL (approved product information), this can be difficult when there is no explanation of why the BNF has reached this conclusion. HCPs tend to believe the BNF rather what is written on approved product information, this can be extremely frustrating for pharmaceutical companies when there is no justification as to why the BNF/ cBNF have included certain information.</p>	<p>Remaining up to date, allowing companies to change their product information easily. Ensuring there are justifications for discrepancies between approved product labelling and the BNF/ NICE guidelines.</p>	<p>Ensure a mechanism whereby Pharma companies can easily update product information.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Not medical</p>	<p>I think it's critical that end users of medication (patients, carers etc) continue to have access. I note that this seems to be missing from the vision - it's all about medical professionals</p>	<p>It would be good to see the information better laid out for online access. Most importantly it should be free</p>	<p>As listed above</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

Diabetes Specialist Nurse	It will improve access to information and patient safety	Enable professionals to have access to the enhanced BNF or BNFs in all venues in secondary and primary care setting.	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Locum GP	Would be delighted to have an easily accessible, reliable and detailed source of prescribing info as described. No need for anything else - can throw out MIMS etc etc	Accessibility - o.e. not just for people with smartphones. Needs to be on every desktop (then no need to be scrabbling for a paper version). Authority - we want a clear understanding of current mainstream views on prescribing. Detail - need advice on e.g. regimes for complex medication	Would welcome a little more clarity about the authority of NICE (and thus the BNF) in Scotland - does it apply to Scotland? No doubt work is underway to integrate BNF with local prescribing guidelines?	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE currently provides access to all formats of the BNF to NHS National Services Scotland. Enabling download of BNF and BNFC content to local formularies is included in NICE's vision for an enhanced BNF.
Doctor	Whilst I agree with using online/digital resources, as they are often the most up to date, I worry that phasing out print versions will hinder my prescribing abilities on the wards. Frequently, computers do not work or are out of use or are being used and I need to refer to a BNF quickly to initiate patient treatment. The print version of the BNF provides this service most practically. I don't think that we should rely solely on digital/online versions and that a back-up print version should always be available on the	I think frequent updates on the medications are the most important. I also greatly appreciate the liver and renal function dosing advice on each of the medications.	Please continue to produce the print version of the BNF.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

	wards/ in the clinic.			
Psychotherapist in private practice	BNF is used, or should be used, by more people that just prescribers. In my profession we work with people who often have not had the time to talk through all the complications and benefits of their medication. The single source and continuous update is welcomed. It's more work but short sections written in lay language would help as well.	Easy of access, search facilities that are flexible and offer suggestions as Google does would be helpful. All the enhancements including Medical Devices will be helpful especially in sexual therapy.	As a therapist I would encourage a section on psychotherapies. I understand NICE's somewhat restricted view on 'evidence' and yet to encourage a diversity of services and to encourage patient choice I would ask some information is provided. A link to UKCP (http://www.ukcp.org.uk) would help people find more information. You may even ask UKCP to create a UKCP/BNF page to help guide enquirers.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>NHS Patient (NHS Professional & IT Design for clinical software)</p>	<p>For health professionals BNF on line does need updating</p>	<p>Quick, ease of use with various ways to search meds. Interactions needs to be highlighted. Link to alternatives meds when allergy info is sort. Overdose information & patient monitoring when med is taken incorrectly</p>	<p>For patients, they need an trusted UK site to inform them about their medications. 1/ What questions I need to ask my GP on this medication 2/ What to expect when I take it 3/ What happens if I do not take it (Stopping med suddenly ETC) 3/ Side Effects that are normal with this medication 4/Side effects I need to tell my GP 5/Side Effects I need to seek urgent/Emergency help 6/ Interactions with other meds, food, drink & environment 7/ Is it on the GP list for prescribing, special measures. private funding (or places for trials on research) There are a few web sites in the USA focusing on such questions & are good, but aimed for the USA market. NHS Choices has advice on Meds but is not patient user friendly & often use clinical terminology. BNF is in the right position to offer. I know this is outside of the remit, but patients do need on line advice for their meds.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>GP</p>	<p>I strongly feel that digital versions are the way forward for handheld and tablet devices. I find these so much easier to use than the paper version which I abandoned 18m ago.</p>	<p>Up to date, easy access to drug interactions. Advice on management of conditions could be expanded as well as diagrams and embedded content like videos showing</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

		administration of devices eg inhalers, unusual injections etc.		
Trust Librarian	<p>The vision is broad and if implemented should result in the reduction and eventual removal of reliance on print resources for medicines information in the NHS. Such reliance has the potential of NHS using out of date information in the delivery of patient care. The other aspect is of course the financial cost of producing and distributing print BNF and BNFC. However, I would be concerned if print BNF and BNFC ceased entirely given that current access to the BNF app for example, is not available in to NHS staff in Northern Ireland, despite becoming available elsewhere in 2012. Access to and enhanced BNF needs to be equitable to all NHS workers, regardless of geographical location in the UK.</p>	<p>It would be useful if an enhanced BNF and BNFC was also linked/ embedded to a high quality point of care decision making tool, ideally used by all in the NHS.</p>	<p>Equitable access to all all NHS in all regions of the UK.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>NICE is working with Queens University Belfast to make the NICE BNF and BNFC apps available in Northern Ireland.</p>

<p>Pharmacy Technician and IT trainer</p>	<p>As a user of technology in pharmacy since 1985, as a former Hospital Pharmacy Computer Systems Manager. I applaud this consultation to ensure that local formulary's and BNF and NICE guidelines are placing the information in an up to date format re ready access in all the latest advances in technology. However as someone who now lives and works in rural parts of the South West mainly Dispensing Doctors, retail chemist. I feel there is still a need for a hard copy of the BNF. All pharmacy or areas that dispense drugs and have some sort of access to prescribing software to product the label and prescriptions, meaning there is a computer on site. However there is normally more body's in a work place than a computer, so the chance to grab a book is very helpful. As someone who has also been involved in contingency planning in the past the you need to think about lack of power in doctors surgeries and retail chemist. They do not have the resources like large hospitals for generators. As Devon is the largest and most rural county in England, we also do not have full coverage of phone systems or wifi for the rural gps to gain access to the</p>	<p>Enhanced BNF means it is up to date with the latest drugs and protocols approved at the time and you do not have to wait for the twice a year update. The incorporation of local Formulary's is a great step forward for all services to access, making the system more transparent. The idea of central access to local formulary. BNF BNFC and Nice guidelines is a step forward with using technology available but be aware in rural area they do not have access to the technology due to reduced internet access and financial constraints on the independent chemist allowing all staff access to handhelds as well as the prescribing software. This is a major step forward to ensure that primary and secondary care use the same prescribing recommendations but would like to be reassured that the 2 areas of local dispensing and hospital dispensing are given the chance to liaise and communicate better so the patients drug changes are update more effectively and the messages are passed on.</p>	<p>Areas you have over looked are contingency plans for upto date information in printed form when powercuts or major incidents happen. The use of a hard copy BNF is a great help for study at all levels from NVQ2 or 3 or Degree level when they are writing things up on a computer. As an NVQ assessor and IT Trainer, there is a time when the written down information is required Technology is not the answer to it all. Not everything can be electronic. Cost implications for local run pharmacies and rural GP's to provide all staff with access to these documents on tablets or PC is not practical in areas with no mobile phone signal, which there are a lot in Devon.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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	apps on their phone or tablet. So a hard printed copy is essential even on an annual basis. The use of on-line versions that link to current software packages means we are embracing the leaps made in electronic prescribing over the last few years but the use of apps on tablets and phones is not wide spread practice throughout the country yet.			
Paramedic	As I use a digital format now I welcome the move to a digital format. When using a hard copy of BNF I am always aware that the information may be out of date.	I often encounter patients who have overdosed on prescription drugs, an easy dose calculation tool showing the dose and % over the safe dose for a patients weight would be usefull	in the search tool please enable searching for all the names a drug is sold as and provide a link to the generic name as I often encounter foreign supplied or purchased drugs. This would be easier and safer than using Google.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Senior Medicines Information Pharmacist	It will be valuable to have a version that builds on existing links to NICE guidance. However there is a danger of over-complicating it and trying to cram in too much. The picture of a health care professional (HCP) and patient (e.g a GP during a 10-minute consultation) browsing and discussing information from a link to a "high quality information" source for patients is unrealistic. Also the enhanced BNF assumes the universal availability of fast reliable online and mobile digital devices	Information on drug interactions and unwanted effects including rating of their frequency and seriousness and being able to search and browse in multiple ways, such as by drug, condition and patient characteristic - are two potentially very useful features	No - can't think of anything at the moment	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

	amongst HCP and patients. Is this a realistic picture?			
Retired due to Disability	Good idea	Ease of use, ease of access using media other than hard copies to cut down on the Earth's resources consumption	Giving out of the BNF to places like Doctors surgeries and Walk In Centre's who have access to computers and are sitting directly in front of one during patient consultations. This would save a lot of the Earth's resources as they can easily access the BNF from the internet or a copy uploaded to their computers. The only people that ought to be given a hard copy is people like nurses who walk around wards giving drugs out, or community doctors who could take one of the surgery's group copies with them, but they certainly don't need enough copies for one each.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
gp	good ideas, however print book is still quickest to obtain onfo from. also i do not have a smart phone, so all the apps etc are useless to me.	searchability	plenty places have no mobile signal, eg large parts of scotland, and within our steel framed health centre!	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE

				Board.
Consultant	I find the vision attractive.	integration with other guidance will be useful- ensuring consistency of advice will be useful. Ther are often discrepancies between BNF advice and advice from other sources Info on frequency of side effects would be very helpful The most important thing is ease of use- I fear that it could become over complicated and make finding information more difficult. I already find navigation a bit tricky sometimes. The CKS summaries are virtually unuseable as they are so complex	Don't underestimate humans. One think I miss in the electronic BNF is an index- if you don't know how to spell something ot the patient can't remember a name exactly you can use an alphabetical index to look things up. If they say 'I'm on a blood pressure tablet' and can't remember the name it's easier to scan paper version and prompt with suggestions than click through multiple pages in the eBNF.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Distance Learning Tutor	The BNF should be as widely available as possibe and accessible through all media, to ensure ease of access to accurate and up to date information on all medicines	Combining information in a way which eradicates discrepencies between authoratitive sources	It appears comprehensive to me	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Research Advisor	<p>I think the vision is commendable, how it will translate in practise is less certain. With an enhanced BNF comes the attendant risk that it will become less user friendly and cumbersome. Particular attention, advice and consultation on the design and presentation is vital to make sure the finished product is workable.</p>	<p>"Be searchable and browsable in multiple ways, such as by drug, condition and patient characteristic, so it can be easily accessed" says it all as a priority as far as I can see.</p>	<p>I would be interested in seeing the proposed visual layout of the EBNF before it is rolled out. It needs to be Google quality simple, with as little clutter as possible.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Medicines Management Pharmacist	<p>Need to be able to access BNF in places where there is not an internet connection available. Having an annual hard copy does not provide accessible up to date information for those without internet connection e.g. during care home visits, home visits. Practice pharmacist do not have access to work smart phones to access the app. Patients may feel a barrier when using personal mobiles to open app.</p>	<p>Accessibility to up to date information</p>	<p>Ways we could possibly have up to date versions of the BNF without the need to print hard copies, regular need for internet connection or times when the internet is not available. 4 updates each month is 48 updates a year. If those updates are around safety concerns, it could be dangerous.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

Resuscitation Officer	<p>I think any move to a fully electronic version is a good thing, it will allow not only rapid updating but also interlinking to various sources of information for prescribers & also for those of us who review case notes for audit & patient safety reasons. It will also allow a more media appropriate presentation for the information. I do however have 1 reservation; I think it's always safe & useful to have some form (maybe simplified & focused on certain drug groups?) of hardcopy version available in the event of IT or power failures.</p>	<p>I think that the most important part of any electronic portal is the User Interface, getting that right is vital. Ease of navigation between pages /subject matter is a make or break feature.</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Pharmacist	<p>Agree with print version potentially being out of date before it leaves print but practically an online only reference would not work in a busy community pharmacy. We've managed so far with this...would find it very difficult if print version were to disappear</p>	<p>Drug interactions could be more comprehensive</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>GP</p>	<p>I would like to be able to immediately look at electronic SPCs references and so on in NICE BNF. I would like to have reverse look up such as listing of drugs having a specific side effect, contraindication or indication match drug ingredients down to the level of route of administration to interactions and side effects, contraindications or indications. Also be able to seamlessly link all this into my GP clinical system to get real time decision support based on the coded entries in my system.</p>	<p>see above</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>hospital pharmacist</p>	<p>I think that you need to change to paperless as I constantly see out of date BNFs and BNFCs lying around wards, out-patient areas and GP surgeries, and I worry about this easily accessible information being out of date and even dangerous. the eBNF is linked to the electronic prescribing system we use in hospital so is very quick to access. I am however old-fashioned and like the security of having a book on my person which I can access quickly rather than having to fight someone for a laptop. But in terms of providing the most up-to-date information I prefer to use the eBNF</p>	<p>I use the BNF mostly for doses, appendix 1 (interactions) and a quick view of hepatic and renal cautions, and these are easily found. I think where I prefer the book is when you want to look at more than one drug in a class - this I find difficult on the eBNF</p>	<p>I found it difficult to download the eBNF and eBNFc onto my phone - I think it used up too much space.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

medicines optimisation pharmacist	good idea to enhance and use an online version as the main version	ability to find information quickly search facility that gets the right information initially format may need to resemble the print copy as all users are so familiar with current format not too much information given at first view of drugbasic on first screen eg side-effects - basic list then ability to quantify them if needed , not automatically given as this would be too much info for general reference	not at this stage as info given isn't very detailed	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
consultant	A Service is only as strong as its weakest link. In our case, the weakest links are the people on the ground, who generally do not have ready access to a computer terminal. For instance, very few have computer access during ward rounds, or in A&E. When under pressure, these people are the ones who will have the greatest problems finding information in the book. The BNF needs to be focussed on these people. Those with an online access will find the information easily anyway. And we cannot expect everybody to buy a personal smartphone or tablet just for reasons of service.	cross-link with NICE recommendations will be useful.	More data on side-effects of medications, and on appearances/time of absorption would be useful (I am a pathologist, and having some idea of what am I looking at before asking for toxicology would come in handy) Es: "pink tablets, approx. 8 mm in diameter, hexagonal, smooth; gastric transit approx. XX hours when taken on an empty stomach" Some of this information is available on Toxbase, but it would be good to have all in one place. Transit data might be useful for clinicians too ("I took my tablet, Doctor, but then I vomited about 2 hours later...")	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
None	Sounds good!	The links to NICE guidance sounds particularly useful.	Links to product SPCs might be useful, since the BNF, as it stands, sometimes omits	Thank you for your comments, they have been considered along with the other comments received in the

			useful details.	consultation, to inform the development of the enhanced BNF.
Lead pharmacist Surgery and Anaesthetics	Digital not always accessible e.g computer downtime or fault, on call of site, lack of computers at ward level, staff training, knowledges and ability to use online resources. Over complicates content? BNF is a starting point and excellent source of information for drug information. If user wants specific information on guidance then know to look on NICE. Does it dilute down the value of the information? Local polices and formularies often vary from NICE. Practioners become too reliant on reference source instead of thinking logically and outside of the box Would an NHS forum with signposts to appropriate refernce sources be better?	On line version would be easier to navigate. More information on interactions and the clinical significance	see above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

<p>Registered Nurse</p>	<p>Reducing the use of print and of secondary sources of data [eg MIMS] will encourage people to use an online BNF.</p>	<p>Be available to all devices, desktop, laptop, mobile phones, tablets in a format that is suitable for each. Using a "one size fits all" website will drive consumers away to something more convenient, therefore a tailored format for each device is more appropriate. Ensuring data is complete, up to date and easy to access is key. Having a bit of information here and there [eg in appendices] encourages people to ignore them, especially if the appendix is a few pages long and there is no easy way to tell which part is relevant to your query. Bring all medication information into one section, with subsections for use in different situations, illnesses etc, rather than having "for respiratory" in 1 section, "for cardiology" in another. An example of poor formatting is this website, and how you click on a link to see the consultation document, which links to another page where you need to click on another link to see the document itself. Also having 3 links for the same document is confusing, especially since two of them are the same text and the other being completely different. Having 1 link and a second for the reader would make more sense.</p>	<p>The consultation document is too generic to be able to tell yet.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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Dentist	I think it's a good idea, but care would need to be taken that the online BNF is easy to use as currently it's often easier to use the book.	Ease of use Up to date Good search engine Free	Would be nice to have a dental section.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Emergency Care Practitioner / Custody HCP	Online version of the book is the best that is currently provided. The BNF from NICE is not a lot of use to me because it needs an internet connection to access.	Simple search.	Nope	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Medicines Management Pharmacist/ Senior Lecturer	I think it would be useful and easier to use. Particularly within a consultation, where access to information should be quick and effective. The over-reliance on digital BNF however poses its own problems in the event of no internet access. For example	ease of use i.e. searching. For some, it would be the visibility of texts as paper-copies has small fonts that can make it difficult for some to read, whilst digital version can be enlarged.	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the

	during home visit, or during internet downtime. The concern is that health professionals may lose the skills to actually look things up on a 'non-enhanced' version of paper-copy BNF. This can of course be resolved by ensuring the same format is used throughout and across the digital and paper-copy.			NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Community Pharmacist	I believe the 'onestop' BNF which provides all the additional material mentioned in the consultation would be of benefit to both prescriber and patients. BNF is a trusted resource and more needs to be made of the advantages of technologies to provide further trusted information as there is a multitude of mis information to be found online elsewhere	As a community pharmacist I would appreciate information such as interactions, adverse reactions and their probability. This would help to facilitate conversations with patients and to have common data with prescribers to facilitate the best care for the patient.	linking to prescribing systems would benefit as with up to date information on products available prescribers would be aware of what has been discontinued or shortages like those listed by PSNC	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Community matron	I am in agreement with the vision. However, I will require the correct equipment to access the internet. My current work mobile does not connect to the internet. Although I can access the internet in the office, I need to have access while I am out visiting patients.	I think being able to access up to date information is really important to maintain patient safety. Also being able to have information about drug interactions in an easy to use format would be of great help.	My only concern would be if I was unable to obtain a signal (which can happen in some rural areas) and could not access the internet to find information.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

<p>Senior Medical Advisor</p>	<p>I am happy with the vision.</p>	<p>It should be possible to search by multiple criteria such as drug name (generic and branded), drug class, indication, side effects etc. More comprehensive details about each drug should be present, in line with the wording of the SmPC, plus explanatory notes relating to NICE, SMC and AWMSG guidelines, technology appraisals and other national guidelines. It should be frequently updated and these updates should be automatically pushed out to all devices that connect to the internet.</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Pharmacist</p>	<p>The basis of the term "enhanced" seems to revolve mostly around the intention of getting rid of the paper based form in favour of digital means? Where of course there will be the advantage of being able to add interactive interaction criteria and possibly other add ons and in some respects I can see the advantage especially when sitting down in a lone role researching or thinking a drug related situation through. That said, when sat with patients and needing to keep it simple and away from a reasonable size screen where I need to flick back and forth with relative ease using bookmarks.....you still can't beat</p>	<p>A multi drug interaction search will be a godsend in many respects but in others with the degree of polypharmacy that takes place these days it may also open a whole host of grey area dilemmas the degree to which the e based programme will most probably not be able to offer cast iron answers and therefore decision making. To be able to link directly into NICE pathways and prescribing algorithms would be especially useful alongside any published evidence to the relative risk of and from side effects?</p>	<p>Ease and reliability of use.....over complexity can in itself draw in grey area which may not be to the prescriber nor the patient benefit. Any enhancements added in should be tested for their end point value on all levels before becoming core. That said many steps in the right direction are to be encouraged if they can be evidence based without too many grey areas and must be meaningful to all areas of practice but especially with the patient in mind so that all clinicians can sing the same song from the same hymn sheet in the same way</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	<p>a paper based version.....and lets face it paper books don't run out of battery and need recharging. The current situation is ideal albeit the BNF paper distributed every twelve months now and of course an enhanced online facility if and when the time and situation relies. I have full access to the online version in practice on a daily basis but find the paper version so much more convenient and would miss it dreadfully. That said, if I want to sit down and research and update then I will often use the electronic version and the paper based version dependent upon what I want to achieve and how. Although the updates provided are important, for the core information they are not the be all and end all and so long as regular practice specific updates are reviewed on an ongoing basis then there is little from a practical practice point of view that will be out of date and t</p>			
<p>retired Consultant Clinical Oncologist</p>	<p>Need to continue publishing a hard copy</p>	<p>Would want to use a printed copy</p>	<p>Importance of continuing to publish a printed hard copy</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will</p>

				continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant Microbiologist	I approve of the enhancements, I disapprove of the proposal for concomitant reduced reliance on print. On hospital wards it is often not true that e-access is easy and convenient. We might wish it were true but that's not the same. Hence people will continue to use print regardless of the undoubted fact that it becomes out of date, and going to once a year rather than six-monthly will increase the clinical risk not reduce it.	app for handheld devices more likely to be useful than availability on desktop. Internet access often slow or unreliable in clinical areas so ideally most information held locally on the device and updated by push. Depends on download size I suppose. Would need to be written for android, iOS and mobile windows platforms.	Nope.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Nurse Practitioner	I agree that the BNF should be more accessible and up to date. The current written version is old when it is published i do currently find the online version of the BNF difficult to navigate	That it is more up to date and more navigable/searchable	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
hospital oral surgeon	I don't like the idea of the BNF not being available in print and this version being updated at least once/year	I like the current format and would wish to see that format retained. It might benefit from the occasional illustration	Don't under estimate the importance of keeping the present format. Look at software, once a product has become established, users don't like to change and for good reason. Using a new system takes time (less productivity) to get used to. obviously the more change the less productive a system will	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user

			be.	requirements, subject to ongoing monitoring and review by the NICE Board.
Pharmacist	The idea of linking the BNF to local and national guidelines and formularies is good. Standardizing information in one place is a good idea although having multiple sources of information can help inform decision making.	Key information about medicines and their place in therapy.	Access to information technology is often limited in the health service in light of the computer systems being substandard and inadequate. Ideally the new BNF should not rely on the internet as connection is often very out in hospitals.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Specialty doctor, palliative medicine	I think this could really work well, it's an exciting development. The palliative care formulary works in a similar way, with subscribers being emailed about updates. I feel keeping a paper copy is helpful at some situations, but wonder if the runs might end up being only every 2 years?	clear search choices - by drug name, generic and brand, and by type, as well as by symptom	should it be chargeable, with institutional logins, or am I too cynical?	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

<p>Student Specialist Community Public Health School Nurse</p>	<p>With increasing digital knowledge, it seems logical to take the BNF forward into the digital era. Creating an up to date digital version that can be accessed 24/7 affords a community based nurse instant access and would be invaluable providing up to date information regarding the most appropriate drug or appliance, both in formulation and cost , right dose, and also known and potential drug interactions. BUT if we become totally dependent on electronic access, it will not work for those of us who work in the community because of the inability of any Health Board to ensure Broadband access in the community and yet health policy is trying to keep patients in the community.</p>	<p>I would want to use it instantaneously at the location where I am working and many of us are prohibited from using personal phones, including smart phones which would make us reliant on Health Board interfaces/work stations and there are insufficient of these.</p>	<p>Access is reliant on the individual having the devices to enable access. Who will meet this cost the individual or employer? What if electronic access is not possible (IT problems). My Health Board is unable to provide continuous uninterrupted internet access and this is likely to represent a serious flaw in the vision. Health Board IT systems are so heavily impeded by protective software that the speed at which information can currently be accessed on paper will prove difficult to match.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>GP</p>	<p>Fantastic idea- app is perfect for home visits. Would be great to have local formulary based tightly on Bnf doses/indications/interactions alerts specific to each patient's records - with alert flags for problems/ACBS endorsement etc</p>	<p>Easy access- quick interface Comparability with practice software - VSION, EMIS etc</p>	<p>N</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>medical student</p>	<p>Additional resources and comparisons of effectiveness between the same type of drugs is a good way to improve quality.</p>	<p>Making sure that it takes into account all the relevant , high profile, and up-to-date research while recommending and</p>	<p>I think what can be improved is the section of how the drugs work. Having a brief note on each drug's probably</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the</p>

	Additional clinical decision support via online and mobile devices.	informing about drugs.	mechanism of action (pharmacology) provides a lot of insight in to matching and unersstanding the beneficial and harming effects of drugs in a patient. I looked at the latest version of BNF and I think to better inform all the health professionals it is mandatory to provide a mini section under each drug about its modes of action in terms of pahrmacological sciences. This would be such a useful way to equip and provide knowledge to all the health professionals to undestand the basis of drug action in clinical practice.	development of the enhanced BNF.
GP	In agreement.	Easily searching SERIOUS ADVERSE interactions of multiple drugs when prescribing for patients ie if a patient is already taking 10 drugs if the nexy drig you want to add interacts with any of the others. Easily searching if the drug you want to prescribe is CONTRAINDICATED in a perticular opatient with multiple conditions	Suggesting alternative drugs for treating certain conditions	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Dentist	If it works! Fuzzy search is probably essential. I suspect strongly many people use the paper BNF precisely because the mark 1 eyeball and brain can resolve spelling issues. If we have to spell it correctly to find it in an electronic system than we're going backwards	How about a cross link to drug interactions from an entered agent. In addition, how about an interaction risk from a combination of drugs that could be linked to give a realistic risk.	Why not trial it and ask this again. Are you willing to go live and then change it when it doesn't work as advertised. Look carefully at the NHS record in poor information technology. Why should you get it right against all the odds? Why should you be trusted?	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE will undertake extensive user testing on any enhancements made to the BNF.
Pharmacist, provider of training to care staff	I love the idea of having downloadable and online formats. BUT although in the UK I have to BUY the BNF as I run an organisation whose main focus is to train social carers in the safe handling of medicines and are not a public body.	LA care providers believe CQC require care homes even without nursing to have BNF /cBNF. Working with social care providers I am aware that they have no idea how to use the BNF with it's very compact format and medical / prescriber language, so I think a how to use tutorial would be helpful. Using plainer language would be helpful, freeing the BNF from print format would allow this.	I would like to see embedded videos for the use of devices such as inhalers. This could be used for other basic techniques eg various injections.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. Please note that BNF and BNFC content is freely available online at www.evidence.nhs.uk
GP	You are being arrogant and meddling where change is not needed. BNF is a resource for those who prescribe and not targeted at the public as some dumbed down web app for patients to look through their treatment options. For this there already exists the excellent, well constructed NHS Choices that I find a useful resource discussing investigations treatments and the reasons behind these - that	Additional to hard copy, but not a replacement. Having an update is sometimes useful, but so is still being able to view past guidance (else can be difficult to understand why certain treatment approaches were used in the past)	Electronic is not mission-critical secure. Computers go down, mobile phones find unable to update, or might stall with their limited memory. On line interactive is reliant on data/wifi connection and this often not the case. Hard copy is easier to read than electronic on screen and often need have screen open for clinical notes and BNF open separately (i.e. it wont all fit on	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE

	<p>already goes a long way for the vision you have and I would prefer that be developed further. NICE is not I'm afraid seen as authoritative as BNF, it is seen as subject to political steering, and the robustness of its decisions views is often laughable (eg childhood fever claiming research shows no benefit from paracetamol plus ibuprofen, which was misinterpretation of the 2 papers cited, and further study a few months later showed approach superior. Or selecting CKD proteinuria level of its own choosing rather than going with internationally de facto standard). The real problem with your vision is that electronic is not mission critical secure - lack of data/wifi connection when on visits, or smart phones limited memory meaning can't always install or at least update the app. I always want a hard copy in my visiting bag. In surgery far easier to read a book and move across sections or flip back and forth than be shown a small panel of one subsection, and good to have a book to refer to while having clinical system up on screen. I object if BNF becomes sycophantic to NICE's monopoly advice</p>		<p>screen at same time)</p>	<p>Board. Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.</p>
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Salaried Gp	I think the vision of an up to date,evidencebased bnf is good. HOWEVER NOT ALL GPS HAVE ACCESS TO DIGITAL MEDIA EG ON HOME VISIT AND I THINK WE STILL ALSO NEED A PAPER COPY WITH BASIC PRESCRIBING INFORMATION TO BE SAFE	integrating current guidelines eg nice, making sure interactions are easy to find	ONLY that I still think paper copies are essential for safety. Also I find the current bnf is NOT USER FRIENDLY. It could be improved a lot to make it easier to find what you want.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Senior Brand Manager	Integrating NICE and BNF and making it more aligned, accurate and up to date is a great ambition.	Accuracy Ability to share how to implement NICE Guidance through local practice and recommendations.	NICE have always been open and transparent, working with the industry as well as clinicians. This is not the case with the BNF who ignore emails from industry even when we are trying to help them keep the prices in the BNF accurate. Sadly, our efforts have been ignored and the BNF prices are inaccurate when it comes to Nutricia's product range. I hope the enhanced BNF will be better, however this will require a massive culture change within the BNF organisation.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Head of Medicines Management	I agree with the vision for an enhanced BNF as described.	Most important elements: * quickly including evidence-based information as it becomes available * links to their sources of high quality patient	Availability of accessible computers, smart phones and tablet devices across the NHS will be a major factor in successful adoption. Within	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

		information * ease of searching * widespread accessibility - not just restricted to 'named prescribers' but to all healthcare professionals.	our community setting, staff deliver care in patients homes, so need a personal device rather than access to a shared computer back at base. Availability of 3G networks to enable Apps/web versions to be viewable is also key - there are a number of blackspots in our city, and across the country.	NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board. Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.
STAFF NURSE	The use of on-line and other digital BNF versions will ensure the most up to date information is available. However, in an acute ward setting in the NHS access to a computer/smartphone/tablet is not always immediately available and an up to date print version still has a place for swift reference.	Immediacy of access to the most up to date information.	The non-availability of digital readers in all practice settings.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
GP	The BNF is great as is. The NHS has a spectacularly bad record in IT and might be best to keep it's hands off the BNF rather than ruin it by making it too complex. By all means use the ability of an electronic format to keep it up to	Just the same as they are now. Clear, consistent good advice.	Yeah Change isn't necessarily always better. If it ain't broke....	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

	date			
Consultant in Palliative medicine (NHS); Medical Director of Hospice	<p>The advantage of the printed form is that it is easier to read than a computer screen; it is more readily portable, especially in community work; on a crowded ward with insufficient computers it is more readily consulted (unless replaced in the wrong area!); it is quicker to look items up; it is quicker to look at other drugs or related items on the same page; one can find alternatives more readily with the printed form than with the current electronic BNF. Updating more quickly will be beneficial and a significant advantage. Errors or omissions can more readily and speedily be dealt with.</p>	<p>Unbalanced question - you should also be asking about the advantages of the printed form, unless you have already made your mind up. It needs to be more user friendly than the current eBNF. The drop down lists can be a bit difficult to navigate at times. Links to specialist formularies from the main BNF will be important - for example the paediatric BNF, the Palliative Care Formulary, more detailed product characteristics. Links to specific sections - e.g. palliative care, renal or liver failure, interactions The ability to go from link to link to gather more information or enhance lateral thinking is useful. The trail of breadcrumbs back to where one started remains important so as not to lose one's thread (sorry, mixed metaphor).</p>	<p>The needs of patients at the end of life are occasionally overlooked. I was recently in contact with the BNF about new advice on the use of metoclopramide, which did not take its palliative care use into consideration. I was immensely gratified by the respect shown for my opinion and the speed of the response to this, more speedily dealt with on line than in the paper form. Doctors will use the BNF to help decision making (if not I would worry!). If the advice changes, and there is a subsequent challenge to decisions, it will be necessary that one can refer back to (dated) changes somehow. The recognition of misspelt drug names has improved a lot. However, I would like to see a warning about potentially similar drug names when errors are known (e.g. fluconazole and flucloxacillin). Could consider adding photographs of drugs, especially when these relate to doses (e.g. in slow release</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

			opioid preparations). Enhanced drug interactions section - some individual reactions are included in generic descriptions (e.g. opioids and MAOIs) The ability to open more than one page at a time is helpful, especially when making complex decisions. Can only do this now by opening multiple copies of the eBNF.	
Dr	I should be a good addition to the BNF portfolio, it will reduce the need for paper copies and could be combined with the other versions of BNF	Easily accessible with up to date links including NICE but also other evidence based studies. Will need to available on other platforms including windows android IOS systems together with links to the major medical software suppliers.	none	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Formulary and Handbook Support Pharmacist	in theory all presented improvements and functions make sense and could be beneficial	reliable access to envisaged full digital format (which sadly seems a lon way away and partly outwith your power)	Would you include hyperlinks to SMC advice which is currently documented in printed version? There are still considerable issues in availability of sufficient IT points for all staff to have quick, reliable, easy access to any online program; be that at ward level or within pharmacy departments. Unfortunately, I do not see this beeing resolved within the next few years. I would therefore advocate to keep a printed version for the foreseeable	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

			future (even it will come with obvious lack of interconnectivity to other sources)	
Consultant Obstetrician & Gynaecologist	I would anticipate that BNF should be only accessible as a digital on-line resource, either directly or via an interface with other packages, especially prescribing or EPR software..	Detailed indexing and useful cross-linking	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Medicines Information Pharmacist	An enhanced BNF is all well and good, but it still needs to be mainly focused on point-of-care use. That is where the BNF works best. It needs to be clear and concise in the first instance, but with links to further information if required. Please also don't underestimate how many people still prefer paper copies.	Needs to be quick, consise and practical at the point of care. Personally, as an MI pharmacist, I am looking for more in-depth information, but I have other resources where I look for that. The BNF's place, in my view, is as a reference point for details about medicines that are needed urgently, i.e. doses, administration instructions, cautions and contra-indications.	Possibly the fact that paper copies are still preferred by many medical, pharmacy and nursing staff.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Prescribing Advisor	Good, will be excellent to combine sources of information	To improve the search function online would be good	Could links be made to the SPCs from EMC?	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the

				development of the enhanced BNF.
Pharmacist	Problems if the technology is not available to individuals and if no internet connection available	Good idea for it to be continually updated- but see problems with access to individuals	see above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Ret Forensic Physician and GP	The enhanced BNF should greatly enhance what is an excellent information and decision-aiding resource. However there is a risk of it becoming bloated or losing some of its balance of clear, concise and accessible information that have made it a very valuable tool. I think the addition of drug half-lives would be helpful for some drugs and "t/2 2hr" does not take up much space.	Rapid access to information about a drug and/or medical condition then to be able to make quick high quality comparisons of key information.	Access to the enhanced BNF could be very poor in some circumstances. In my 30 years working in the NHS, the NHS has had a dreadful record in implementing IT (especially in hospitals). Wards, surgeries and clinics may have too few screens that are slow. Wi-Fi and 3G or 4G reception can be poor. At present there is severe weather with loss of electrical power for days in some parts of the country. More medical care is intended to be done in the community where IT, Wi-Fi and 3/4G access varies greatly (I worked in a part-rural GP practice	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

			<p>which covered approximately 80 sq. miles). I worked for the Police for 12 years where there were sometimes complex medical issues in custody suites that had poor mobile phone reception and the only Police computer screens that were not medically confidential. Given the above, there is a very strong case for still making the print copy of the BNF widely available accepting its limitations. Better that than no BNF/NICE information being available at times.</p>	
GP	<p>I think the vision is essential in this computerised age and being able to update frequently will be really useful BUT paper copy also essential. I personally find it much quicker and easier for referring to during consultations but more to the point it does not rely on internet access or electricity - can be carried to visits, used at branch surgery or carried in pocket etc. As a GP I find having a paper copy invaluable though I can accept that an annual edition will be more cost effective. The paediatric version also extremely useful</p>	<p>Needs to be easy to access and quick to find information in wide variety of settings. Hence the importance of a paper copy as part of the provision Needs to be updated regularly Needs the sections on interactions, palliative care etc all very useful Would like to see the sections at end re pregnancy and breast feeding back again even though now included with individual drugs</p>	<p>Very good ideas - as above just do not forget that internet not accessible everywhere</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Prescribing Adviser</p>	<p>I welcome the vision for enhanced BNF which seem to be a positive development in sourcing the latest medicines information but this would need to be user friendly and not over complicated to the extent BNF loses its identity. One advantage of current BNF is easy to interpret and find drug information by healthcare professionals whatever their level of experience.</p>	<p>Having timely access to accurate and up to date information and being able to download to local formulary</p>	<p>Can't think of any</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Locum Pharmacist</p>	<p>We can only go forwards to embrace the opportunities new technology gives us, but we need convenient quick access to the information. Digital devices in the pharmacies I work in are very busy performing essential tasks for dispensing including ETP and also "domestic" in house tasks. There is a reluctance to purchase more PC's and software licences to allow integration of our PMR and BNF facilities in an environment where margins and hence any overheads are being squeezed. The App on my phone is very useful but too slow for patient consultations. Perhaps a large group discount for all registered pharmacists, GP's etc could be obtained on a good quality tablet?</p>	<p>The opportunity to digitally search for items rather than rely on the index provides a lot of additional information. Hyperlinks to external information quickly cross references or embellishes on the core information.</p>	<p>Ease of access to the lower waged users of the BNF might be compromised if there is a total switch to an electronic version. Perhaps a suitable tablet could download the entire BNF whenever it was in range of "home" Wi-Fi? allowing instant access to the data wherever the user might be with out the constrains of a digital network or internet access being necessary. At one point, the Encyclopedia Brittanica could fit on ONE DVD! how much storage is now easily at our fingertips? Look at Tesco's HUDL - national availability, reputable firm, easy collection/repair base. Log in like google chrome - your desk appears when you log in with all your work available.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Pharmacist</p>	<p>It sounds as though the information which the BNF would link to would be vast - I think prescribers would struggle to filter through and find the piece of information that they were looking for. It sounds as though the BNF would become something similar to nhs evidence - which is already available, but can be difficult to search and find exactly what you are looking for. Where prescribers are looking for a quick answer they may give up and look in an out-of date print copy of the BNF instead.</p>	<p>Simplicity of use - search criteria easy to manipulate so as not to receive too many or irrelevant facts. Similar look to current BNF perhaps with use of URL links below the usual text which are well described.</p>	<p>I think links to information in the PCF (palliative care formulary) (which is currently free to access online in Scotland) would be something important not to be forgotten. When I previously worked in community pharmacy, some shops did not have access to the internet and so these shops would have access only to an out-of-date paper copy of the BNF - I don't know if this is still a problem. Not all hospitals have easy access to the internet without leaving the patient's bedside and moving to a computer e.g. behind a nurses station (which is often already in use by someone else) to look up information. Allowing their staff access to an up to date BNF would therefore incur additional IT costs for some NHS Trusts. UKMI will need to be heavily involved with this as they are currently a vital and trusted source of medicines information for all healthcare professionals. They would have practical advice about how to make this project more successful.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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CONSULTANT MICROBIOLOGIST	The print versions are much more convenient to use so I do not think they should be scrapped	Go back to the old format of having separate Interactions, Breastfeeding, pregnancy, renal sections etc. It was much quicker to use because the drugs were automatically in alphabetical order. Now you are forced to look up the index at the back to find which page number you need for the individual drug. This was a retrograde step	As above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant	Long overdue - the books clutter hospitals and are often 2 years out of date	Easier access to all uses of drugs for instance Haloperidol	Opportunity to gain on line cpd points in therapeutics - senior doctors especially in surgical specialties should be required to do this	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
GP retired now locum	Good idea. My worry is internet connection when I need it if I am away from practice. My ipad is wireless and my phone is not always a good signal. Also small screen.	Up to date Pt can share experience but I doubt there would be a majority of patients able to do this and we would be interpreting the info for them so that they could decide The idea of attaching risks as numbers is long overdue, quantifying will be a big step forward and will help some patients accept drugs. Eg statins. _it will blunt some of the bias in newspapers but there will be journalists who seize on figures. A healthy change however. Initially would want print as backup	Probably!	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

GP	lack of internet access makes utility limited paper version is always available	needs to link to clinical system	seems to be going the right direction but NHS needs to come into this century with its IT systems otherwise we will effectively be back to the years after 1976 when the only BNF was the 1975 one and MIMS filled the gap	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Clinical Pharmacist	A good idea as need to look at other sources for MOA, detail of drug interactions , plus some summary of recommendations already included. But I use only work computer no laptop etc and ward/pharmacy computers aren't connected to Internet	More detail on drug interactions, bit that BNF says refer to data sheet, pregnancy more info as lady on medication or needs it so want more detail on actual risks	Mechanism of action and half life are my commonest reasons for needing to go elsewhere	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Specialist Optometrist	great idea, the more easily accessible this information the better, safer prescribing, better treatment	accessibility of format	nothing obvious	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
GP	Sounds like a sensible plan	Advice on non licensed use of medication. Incorporate HIV drug interactions Liverpool website.	Not sure, not enough detail here	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Director of Pharmacy	I think it will be a welcome addition to the format and information held in the BNF increasing the value as a reference source.	The fact that it will be kept up to date on a regular basis and include evidence based medicine on the effectiveness of the drugs	Clinical and cost comparative to ensure that prescribers are making a choice based on clinical need and cost effectiveness of the drug.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Clinical Pharmacist	QA balance will have to be struck between providing ready and rapid access to important information, and being an in depth encyclopaedia.	The format would need to be far more user friendly than the current eBNF. Not being an IT expert, I would like to be assured that it would not be off-line while updates are being carried out.	The infrastructure MUST be 100% reliable if this is to replace the printed version in its entirety. And while this may be the case in major centres, it is not always so in rural areas, where high-speed broadband is far from universal.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Independent Prescribing Optometrist	Good	no comment	You have updated to include nurse prescribers by group name but not IP pharmacists or IP optometrists	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Principal Pharmacist Clinical Development/ Onc-Haem pharmacy Lead	This would be extremely helpful to practitioners as the majority of commonly used resources will be in one place and easily accessible.	It would be helpful to include links/information to palliative care formulary as this is a source that we often use in palliative care and there is limited information on palliative care meds included in BNF. Links to onc/haem protocols eg CDF list	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Pharmacy Healthcare Governance Manager	<p>It will be quicker to access the full range of relevant information.</p>	<p>Links to NICE guidelines and interactions will be very useful. Ability to link information in to local formularies.</p>	<p>Currently pre-registration pharmacists are required to take a paper copy of the BNF into their open book GPhC registration assessment. Presumably the paper BNF will eventually be phased out altogether. How will the GPhC enable the pre-reg's to access the BNF electronically without also having access to other resources which are not permitted. Unfortunately not all hospital Trusts have access to sufficient PC/hand helds in clinical areas. What will the public perception be if they see healthcare professionals (particularly in a ward environment) using their mobile phones to access this information? They may think staff are texting or using social media sites.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Principal Pharmacist Medicines Information	<p>It is a good idea to have a 'one stop reference stop', although it is essential that the 'key sources of guidance' it links with, are reflective of those used in practice and not just structured guidelines that don't provide useful practice-based guidance for the many patients with conditions/drug use that sit outside of national guidelines. These resources also need to cover a full range of clinical</p>	<p>Free access to a wide range of practice-based resources, as highlighted in previous answer</p>	<p>As above answers</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	<p>specialties, some of which have commonly used resources that are currently only available via subscriptions e.g. The Palliative Care Formulary, Stockley's Drug Interactions, and many many more. Availability to these resources will need to be funded nationally. Also it is important to realise that the location of information is just the first step, how that information is applicable to the individual in question is the next essential step, and due to the many variables (previous/concomitant medications/disease states, gaps in the evidence base etc), no 'data only' information resource can provide this tailored advice. Therefore, users of the enhanced BNF looking for answers to questions about individuals, will often need to be directed to clinical advisory services such as UK Medicines Information who specialise in turning the available information into practical directive answers tailored to the individual patient. Many enquiries we receive are from specialists who have all the relevant data, but require practical advice on applying it to their specific patients needs.</p>			
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<p>Consultant haematologist</p>	<p>Excellent. The BNF is an essential element in my clinical practice. Paper copies of BNF frequently cannot be found when needed, and at times are 'old' versions which introduce clinical risk- there is a need to have a single, easily accessible source of information. There is need to integrate information by disease area- in my field of practice (venous thrombosis and anticoagulation), the ability to search for treatment under 'DVT' or 'PE' and to be given a choice of treatment options with recommendations as to which are best suited to specific circumstances (eg LMWH if cancer or pregnancy) then that would be hugely helpful. Whilst many hospitals (such as mine) have paper prescribing, the junior staff use digital software for discharge/ to access results etc. so access to an enhance digital BNF would be integrated into the clinical practice easily. The opportunity to tailor this to local formularies is essential (we use only 1 LMWH to minimise clinical risk so it is essential that the enhanced BNF would support this). I agree that paper copies should be phased out as you propose</p>	<p>Access to uptodate information regarding medicines in a format that is easily accessible and can search under drug name/ drug class/ condition. Utilise disease pathways such as in map of medicine. It is essential that it is linked to local prescribing information. Must be easily navigatable and intuitive. Would be nice to be linked to patient information so that relevant patient information sheets can be accessed, printed off and given to patients. Must be uptodate (we do not have access to Uptodate in our organisation but had a trial subscription- access to updated informaiton regarding different disease areas would be hugely beneficial to delivering a safe service).</p>	<p>Patient information. Consider developing an information system that has components of UpToDate for specific disease areas to support good clinical care/ prescribing (need to prescribe drug at appropriate dose and be aware of interactions/ side effects but even moreso need to know if drug required at all, and if so which is best to choose).</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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GPST1	Good in theory.	That it has a user-friendly format. I don't find the current BNF online version nearly as user-friendly as the book which is the main reason I don't use it.	I don't think we currently have the technological facilities for this. Wards/community settings often don't have enough computers and very often when they do you can't log on/can't access the internet/can't print from them. If you want to look something up briefly and it will take 10-15minutes to do so then you run the risk of people doing things from memory which is worse than using BNF guidance that is several months old (as with the paper versions). Also, I believe that forcing people to use their own personal devices is a bit presumptuous given that this is work related. Even if the NHS decide to provide personal devices to use for this, then there will need to be much better training on them than is currently given and it creates something else to get lost/broken etc. I think there are several potential areas where things could fall down.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant in palliative medicine	Looks exciting	Browsable in different ways	Consider specialty specific formularies such as teh Palliative Drugs formulary. could this be incorporated.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Infection management pharmacist</p>	<p>The vision is excellent but I am concerned about accessibility at all times to a computer. I still use a hard copy on a daily basis in my hospital when computers are all occupied, I am using a room without a computer, I am at a patients bedside, I wish to 'browse' - more easily done with a hard copy. I am also an older pharmacist, less at home with eBNF (though fully au fait with other technology). My iPhone is too old to use the app. My NHS trust does not provide tablets and phones are not allowed to be used on all wards - except by doctors. This does not allow nurse/pharmacist prescribers to use their own phone with the app.. If forced to only use eBNF, then I'm sure I would cope (though with a bit of muttering)</p>	<p>Up to date. Searchable on condition (I really miss the removed appendices)</p>	<p>Not providing an up to date hard copy will make people resort to old copies, thereby using even more out of date texts. This will affect - Older prescribers (less used to apps etc) - Visiting patients in their own home without internet/phone signal (common in my area) - Inconvenience during the working day when access to computers is already under pressure - Ward rounds/MDT meetings where one person has 'control' of the computer and 'the pharmacist' usually use their own BNF</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>MI pharmacist</p>	<p>Excellent. Need to encourage users to access the BNF/BNFc electronically to ensure they are using the most up to date information. Use of electronic versions will allow much easier linking /access to further resources such as relevant NICE guidelines, PILs etc</p>	<p>As above. Use of an enhanced BNF will ensure users have access to the most up to date information and are fully aware of important changes eg codeine in children. Can be quite dangerous to rely on hard copies which are often out of date as soon as they are published. Will need hyperlinks to other relevant documents eg NICE guidance and possibly other sources eg MEDUSA guide for IV drugs, Stockley</p>	<p>Not really - challenge will be to encourage all users to access electronically and reduce reliance on carrying hard copies</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

		Drug Interactions		
Lead Pharmacist Community Services	<p>The BNF is designed as a point of care reference to allow rapid access to information on the safe and effective use of medicines and it is this type of publication that is required for day-to-day clinical practice. Although some elements of this are captured in the 'vision' it appears to have become muddled by trying to include a wider scope which will then take away the uniqueness of the BNF and it perhaps its clarity; for example I'm not sure if integrating guidance from other sources would be beneficial as it would dilute the current information and take BNF away from its primary aim. This also appears to be duplication and therefore wasteful, if there are other guidelines in available then a clinician will refer to those as needed and there does not appear to be a need to have them repeated within the BNF. For some of the reasons above, I would question whether the BNF is the place to catalogue medical devices; although they may be 'prescribed' this is more to do with supply routes than it being a requirement (by definition these are not prescription only medicines). Adding such things to the BNF will again dilute its</p>	<p>I'm not sure what needs enhancing within the BNF – it already contains the majority of medicines information that is needed at the point of care and there are many other references and guidelines available for clinician to refer to if needed. Combing all of this in one publication would appear to be confusing make the BNF potentially less useable.</p>	<p>Access to hardware provided by employers to access digital resources. The ease of use of electronic products and the assumption electronic access suitable in all situations. The vision also suggest the BNF will help health care professionals choose appropriate medicines for patients with more than one clinical condition; although it sounds beneficial it would be problematic to be able to provide this guidance as the evidence behind such recommendations does not appear to exist. This is highlighted by the recent Kings Fund report into polypharmacy and medicines optimisation (http://www.kingsfund.org.uk/publications/polypharmacy-and-medicines-optimisation) <Guidelines are often based on evidence from studies of patients with single conditions and guideline developers do not take into account patients with multi-morbidity (Guthrie et al 2012a; Hughes et al 2013) to whom general principles may not apply (Masoudi et al 2003; Travers 2007; Van Spall et al 2007; Saunders et al 2013). Such guidelines rarely</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	valuable focus on medicines and not add much additional value to the publication.		modify or discuss the applicability of their recommendations for patients with multiple co-morbidities or for older patients; nor do they take account of patient preferences.> The 'vision' also states that the BNF will need to include information on 'resource implications', although it is not clear what is meant by this, again I would not see this as the BNFs role and appears to be perhaps be covering similar work as NICE and other organisations.	
Pharmacist	Good idea in principle but care must be taken to avoid making the drug monographs too big to be useful. New information should not be added at the expense of the basics.	Evidence based medicine must underpin everything we do for our patients so I agree in principle with the changes. What my prescribers want to know is more 'what does nice say' and 'which of this class should I prescribe' not necessarily the evidence base behind the inclusion in the formulary. Would we not be better giving direct guidance such as this rather than providing evidence that may be irrelevant?	The BNF still needs to be a suitable size for reference.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>retired pharmacologist ; carer; patient; member of public; still active in science</p>	<p>I used to work in drug information and pharmacovigilance in the pharma industry and from that perspective this seems broadly fine to me.</p>	<p>Availability on a mobile device would be useful to clinical and pharmacy practitioners. My needs are somewhat different (although representative of many others I know) so the main issue for me would be online availability of the information and emailed alerts to any changes. The BNF should continue to be available to the public including the hard copy via libraries as a foil to all the sometimes doubtful information they may access via the web.</p>	<p>Seemingly not. Just a thought though, there is a new teaching scheme planned, as part of the PSA scheme which many medical schools are taking up, so I wonder if any connection between the electronic BNF and this scheme might be workable, in due course.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. Please note that the PSA currently links directly to the BNF online.</p>
<p>Locum GP</p>	<p>Good idea but: Not everyone has access to the internet (disadvantages the elderly, etc) We will need internet access in the community on visits (not a smart phone please) It may contrain prescribing outside guidelines, off licence</p>	<p>Flexibility Sensible graded advice on s/e and interactions Ability to act outside NICE guidelines where appropriate</p>	<p>See above</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>VP IMI collaborations IMED AstraZeneca</p>	<p>Excellent idea to have an enhanced digital version. However, this can be much more than just an electronic version of the paper copy. The app is currently only available to NHS HCPs but it could also be available to others, patients, carers, etc.</p>	<p>It can not only provide the expected high quality information prescribing information but can link to other data sources such as enhanced adverse events, genetics/genomics data which would automatically appear with a more useful classification such as: 1. contraindicated in combination with x or in patients with a specific genetic profile eg Abacavir and HLA type. 2. caution when used in combination with x or in patients with a specific genetic profile eg warfarin - please provide feedback on outcome to improve prescribing in the future 3. no clear recommendation when used in combination with x or in patients with a specific genetic profile - please provide feedback on outcome to improve prescribing in the future.</p>	<p>The enhanced digital version should be continuously reviewed with feedback from users and continuously improved.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>head of medicines management east staffs ccg</p>	<p>the enhanced information will be useful, specifically the additional information on the importance of drug interactions and improved search facilities</p>	<p>up to date, searchable</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Consultant ophthalmologist</p>	<p>Seems like a good idea</p>	<p>I have one important comment, about which I have been in correspondence with the BNF. The BNF felt obliged, possibly for fear of litigation, to repeat the side effects, cautions, interactions etc as published by the licensing authorities. I have no problem with this, but some words of sensible explanation, and published data from later evidence, can be added in many cases and make prescribing safer. The BNF seemed oddly reluctant to do this. An example: Many drugs list "glaucoma" as a caution. This is because some drugs have the potential to induce acute angle closure (not in point of fact a type of glaucoma at all, but a nasty condition with potential to cause glaucoma). Patients who have "glaucoma" will either have open angle glaucoma, or will have been diagnosed with a potential angle closure issue and had this treated. Neither can develop angle closure. So - the only patients at risk from drug caused acute angle closure are patients who do not know they have glaucoma. This makes the warning pointless and confusing - and this one confusion causes me at least one letter per week, and many other patients dont get antidepressants etc from</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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		doctors who dont ask for clarification. 1% of the population has glaucoma so this is a common issue. Allow the enhanced BNF to provide useful and updateable information on issues such as this and you will have done a good job!		
Professor of Dermatology	Looks good.	Need to include recommendations for pre-drug investigations (which baseline investigations should be conducted) and recommendations for the frequency and type of regular investigations to assess for adverse effects when patient is taking the medication. At present this is rather haphazard and left to the prescribing clinician. The BNF tells us how to prescribe, adverse effects, etc but does not generally provide advice on relevant investigations and the frequency of these investigations in order to monitor for adverse effects.	Need to include recommendations for pre-drug investigations (which baseline investigations should be conducted) and recommendations for the frequency and type of regular investigations to assess for adverse effects when patient is taking the medication. At present this is rather haphazard and left to the prescribing clinician. The BNF tells us how to prescribe, adverse effects, etc but does not generally provide advice on relevant investigations and the frequency of these investigations in order to monitor for adverse effects.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Band 7 Sister	Agree - text books are out of date at the time of print the majority of the time.	As we use electronic prescribing electronic resources work well and are timely	Only concern for other trusts when continuing to use paper prescription and do not have access readily to a computer - this could cause implications and delay.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the

				NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant in palliative medicine	A link/inclusion to the PCF/Palliative care formulary would be useful as much of it is not currently included in the BNF.	A link/inclusion to the PCF/Palliative care formulary would be useful as much of it is not currently included in the BNF.	A link/inclusion to the PCF/Palliative care formulary would be useful as much of it is not currently included in the BNF.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant Nurse Trainee	Seems like a good plan.	I would like to be able to put in all the medicines a patient is taking and for it to check for interactions. Searchable by condition as well as by medicine. Automatically suggest alternatives in the case of allergy or interaction.	Ensuring that the apps are available on all platforms, Windows, Android, BlackBerry and Apple. Should all be able to work without internet connection and will automatically update when there is an internet connection again.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Specialist clinical pharmacist, respiratory medicine and medicines management</p>	<p>Making the most of digital media and improving frequency of updates are both fantastic aims.</p>	<p>I currently access the bnf in a wide range of formats, unfortunately none of the electronic formats currently match the reliability and ease of use of the paper version. I know my way around the bnf very well but often find it difficult to access / locate information in the electronic formats that I know is there. If I was less familiar with the paper copy I would easily miss vital information using the electronic editions as they currently are. Some big improvements need to be made before I will feel confident using the electronic format. For all most all drug reference sources I use frequently I prefer the electronic format except the bnf. The great thing about the bnf is that all the basic info you need to prescribe a drug safely are there in a small space. It shouldn't be clouded with lots of extra information. The extra info should be available via links but not part of the standard text that the user gets.</p>	<p>Need to consider other reference sources that are already available.....eg the martindale. It seems to be there is a danger the bnf will just become a more frequently updated version of the martindale. The unique selling point of the bnf is that it's the basic info you need and just that, nothing else, there's a danger that by adding all the extras the basic info will be lost. With medicine becoming more complex all the time, a basic source like the bnf becomes even more essential.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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<p>FY1 Doctor</p>	<p>I think digitising the surface and completely using the potentials of digital technology is a move in the right direction. It should be easier to search for interactions between multiple drugs online, as well as different approaches to prescribing in special cases such as multiple morbidities or for example, renal impairment. Help finding alternatives when switching between oral and parentral routes to continue providing normal medication when a patient condition changes is also helpful.</p>	<p>I already mostly use the BNF online. The search function, its presentation and ease of use is the most important part so that the search results are presented in a logical order, with intuitive filters. The pages should not take up much data/bandwidth to load and use, with simple clean code.</p>	<p>Thank you.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>GP</p>	<p>I think the idea of online access is great and was delighted when I discovered the BnF iPhone app. I thought no more home visits lugging the paper copy with me. BUT you have got to make it work better. The paper copy is invaluable. It's easy to search and it works when there's no electricity or internet connection. The current app is temperamental and unreliable to the point I deleted it from my phone. Hugely disappointed with it.</p>	<p>Excellent news re NICE guidance.</p>	<p>Not sure</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Former Pharmacist. Asst Editor BNF, Clinical Editor BMJ Clinical Evidence</p>	<p>Making the right information available at the right time to the right person in a right format is a laudable aim and has been so for many years for those of us involved in attempting to improve health outcomes through dissemination of information.</p>	<p>The challenge has always been about how best to 'distil' down the vast quantity of available information to key elements that will quickly and properly inform the complex decision making process at the point of care. I think that the most important element of an enhanced BNF would be to make clear what it cannot do i.e. replace the base knowledge about the complexity of drug action and reaction.</p>	<p>While there is a mention of citing the likely frequency of adverse effects, my view is that this is of little relevance when there is no information about how these adverse effects are presented clinically and more importantly how to deal with it. For the person suffering the adverse effect, it is a life changing experience yet it is rarely properly diagnosed or even recognised. The word 'rare' in a description of an adverse event would generally lead to the dismissal of a drug being the the actual cause of clinical symptoms.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Specialist Orthopaedic pharmacist</p>	<p>Ensure dosing information is clear and not too confusing! Ensure it is easy to find for appropriate conditions</p>	<p>Dosing and up to date evidence base</p>	<p>Still need done paper copies! Computers love to crash!</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>GP</p>	<p>Good idea but I like the navigation round the print and app versions not the online version Easy for those of us with smart phones How will you support those who traditionally inherit older print versions such as medicines management staff, nursing homes for their drugs trolleys. The app cant be dependent on 3G or wifi cover to work . GPs need it in areas of poor cover on visits.</p>	<p>Ready access without having to remember login details Easy navigation through all the information from dose guidelines back to choice of drug options, and interactions and side effects profiles. Excellent search facility eg tried searching for chlamydia and cam up with nothing til I searched azithromycin.</p>	<p>Hope not</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>General Medical Practitioner</p>	<p>In general these proposals look excellent. The BNF works best in electronic form. Making this the dominant or only version will save money and make the BNF better and more up-to-date. I particularly like the proposals for giving better explanations of BNF policy and to be more comprehensive by including medical devices. As a GP, I use the BNF dozens of times each working day and I already much prefer the web version to the paper one.</p>	<p>Full text search is a major potential advantage of an electronic document, compared to a paper index. Also, size. I already save weight on house calls by having the BNF app on my Android phone rather than the paper BNFs. In future an all-electronic BNF could be very much larger when not limited by the constraint of being a pocketable paper book. One thing I don't yet have is integration of the BNF with my clinical prescribing system (Vision from INPS, with Gemsript drug database). This would be a great help. More broadly, the BNF should link seamlessly with Summaries of Product Characteristics, Patient Information Leaflets, NICE guidance and local formularies.</p>	<p>Don't underestimate the Luddite tendencies of NHS staff. At my surgery all the consulting rooms have PCs with web access but my colleagues still mainly use the paper BNF. Also remember that online access is not yet universal in General Practice, let alone hospitals. Our web connection can be slow and sometimes breaks down and I often have no phone signal when on home visits. The BNF app on my Android phone is a little slow and fiddly and not everyone has a supported smartphone. Please put images into an enhanced electronic BNF - e.g. asthma inhalers, spacers and pictures of tablets and capsules. Please be careful to maintain</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

			the BNF's reputation for independence. NICE guidance is sometimes very obviously influenced by politics (including Government, pharmaceutical industry and patient pressure groups). The lesser public scrutiny of BNF advice gives it the freedom to make sensible suggestions in situations where the available published evidence is incomplete or biased (as is so often the case with drugs, where most trials are sponsored by manufacturers and only selected ones get published).	
Consultant Burns & Plastic Surgeon	It should provide the most up to date prescribing information with links to NICE and other drug information making the whole system safer and more robust with easy access to information about the drugs used.	The links to other resources will enable this information to be reached easily without having to look too far.	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

GP	The eBNF as now is excellent. Well done. regarding 3.2 - from print to digital: I'm conscious that it's only three or four years since I made the transition to using the eBNF first and always. I wouldn't now go back to paper book (except in the emergency of a power failure, or while out on visits...); but I know that there is a time cost to making the transition. That may well be less than an hour in total - and so time very well invested - but that investment needs to be made. I am daily conscious - both in my daytime general practice and when I work at our out of hours organisation - that many clinical colleagues have not been "taken by the hand and shown gently" how easy is the eBNF. It may very well be that some of your energy and effort can more efficiently be invested there than (even) in further enhancing the electronics.	Here is the "killer ap" that impresses everyone I show: the intelligence of the BNF: the ability for me to look up drug X in the adult BNF, realise I want the Children's BNF, and with one click switch to cBNF, and still have that drug showing. I cite that, as one brilliant element that I know that many other clinicians don't know of; and so I think it's very likely that there will be other "unknown unknowns" for me too.	Probably not! - except perhaps - see above - to remember to tell us foot soldiers of what you've developed; and the to tell us again; and then to remind us.... ;) Best wishes, and thanks again.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Practice Learning Facilitator	I would support the integration of those useful sources.	Searchability and simple user interface.	I combine my use of the BNF and NICE with the Maudsley Guidelines for prescribing in psychiatry very often.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Paediatric Staff Nurse	This would be helpful if it covers conflicts in differing guidance such as BTS and BNF	Same as at present giving the correct information about a drug and its dosages	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the

				development of the enhanced BNF.
StR General Surgery	An overdue redistribution of emphasis. Rather than developing several versions of apps for different mobile operating systems why are you not developing a single website specifically designed for mobile devices - this seems far more efficient and presumably easy to keep in a similar structure to the main bnf website making it more familiar.	Moving it onto mobile devices in A more accessible manor than the current apps.	As above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant Child & Adolescent Psychiatrist	laudable aims important for this to be a true digital format rather than a book app. with all the potent functionality that this may offer (design, searchable information, up to date information, relevant links) The blurb at the start of the sections are very good and it is helpful to have this information remaining as impartial and balanced as possible. a link or summary relevant nice guidance where available would be very good. link to patient leaflets might be handy pictures for learning disability and younger patients might be helpful.	easy access to information in readable format - MUST be possible to view offline (patchy internet coverage or if used on personal device with no access to wifi at work). ability to book mark commonly used drugs or pages (e.g. interactions) interactions search would be good (i.e. put in list of drugs that they are on and have the search engine do a little of the work for you). Sometimes the medication is not as clearly laid out as it could be (i.e. vs printed version) - especially when comparing generics vs proprietary	NOT really ...just to mention mental health a huge area even through we use relatively few drugs. Important to think about delivering information to our patients who may have limited reading skills (so if there is a user version to ensure there are some simple pictures for those with learning disabilities or indeed younger children to be able to be involved in the conversation).	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

n/a	as stated	as stated	Access via book still relevant for patients/carers where electronic access not available or inappropriate (e.g. non-users of computers)	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Clinical Pharmacologist from the Developing World	I totally agree with the consultation document, on the electronic version being made freely available and the paper version taking a back seat. From the international perspective, there would be immediate distribution and access through electronic sources (as would be seen from NICE publications which are freely available on the Internet). Access to BNF through smart phones is not "pie in the sky" as there is increasing penetration of smart phones in low and middle income countries and health care professionals disproportionately having a share of ownership of smart phones. The argument that funds are needed to maintain the app is specious and self-serving. Once the app is finalised, then it would	While the "top-level" evidence-based information and the background would be important for high income countries, it is the basic information such as indications, dose, common adverse effects, contraindications that would be important for the health care professionals in low and middle income countries who do not have access to such information. Just simply making the information available on multiple electronic platforms would be sufficient. Up-to-date information is "nice to have" but not essential. This was seen in low and middle income countries where the printed copies of BNF's were in great demand although they may have been 4 - 5 years old. Further, if	Yes, the consideration for Global Health of a Public Health Good (BNF/BNFc) funded by public funds being commercialised for profit by the current publishers (Pharmaceutical Press and BMJ). The modes of access for those in developing countries do exist but are heavily weighted in favour of the publishers perception of potential market. Health carries very little in these access schemes. For example, Indian healthcare professionals would greatly benefit from the BNF - certainly India is a low income country but is excluded from access as the publishers consider it a future potential lucrative market. So let the	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE is only responsible for provision of the BNF publications to the United Kingdom.

	<p>be a question of updating content. Yes, there could be improvements to the app but that would not be very frequent. The major question in the international context is whether the BNF in its electronic versions is primarily for health not only for the UK but also for the global community, especially for healthcare professionals in low and middle income countries.</p>	<p>countries want to make their own "National Formularies" the electronic source document should be made available, of course on official terms with appropriate restrictions, to the Ministries of Health. This would help the ministries to develop their own formularies without having to "reinvent the wheel"; it would make a monumental task into a "bite-size"project. The relevant information from the BNF for national needs could be extracted, modified (with local information such as contact numbers of medicines information services, available brand names, prices) and then published as the National Formulary. An electronic version that is constantly updated would be a huge advantage in access and distribution even in low and middle income countries.</p>	<p>patients and healthcare professionals suffer until the potential can be realised and profits made. This consultation focuses on the situation in the United Kingdom - however the biggest potential impact is in global health if the BNF is seen as a Public Health Good funded by the taxpayer and the UK government and provided directly to healthcare professionals reaching out to the lowest levels of health care. The information in the BNF being made available to doctors, pharmacists, nurses and students of health care professions would mean that those who actively search for good independent unbiased medicines information would have the strongest tool to improve health care and to deal with the distorted medicines information that is prevalent in these countries, and has a very detrimental effect on patient care and health outcomes.</p>	
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<p>GP and academic</p>	<p>I think the print version must be maintained as it is far easier to navigate and use in variety of situations</p>	<p>I wouldn't prescribe without it</p>	<p>Not really, except moving to e versions at the expense of the book would be a problem unless it links more completely to IT prescribing systems seamlessly. Book annually at a minimum please. Not always able to use computer or phone on visits or when reception poor or IT goes down. Books in GPs bag is always there</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>GP</p>	<p>It sounds good but would like to see some prototypes as they are developed.</p>	<p>Include information on drug interactions and unwanted effects including rating of their frequency and seriousness, to minimise the risk of harm Links to high quality information for patients, including information to help healthcare professionals and patients reach decisions together Allow quick comparisons of key information on effectiveness, safety, patient factors and resource implications</p>	<p>Make sure you don't lose the essence of the BNF or make it too complicated to navigate. It needs to remain authoritative and simple at its heart. Incorporate QR code recognition on product labels? Link BMI and renal function to doses?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>clinical pharamcist - itu / theatres</p>	<p>I think this is a good idea. As mentioned, there are many resources we refer to in our work as the BNF is not complete for complex patient care due to its development from a primary care resource for pharamcists. Combining additional information such as the information provided within the renal drug handbook, uptodate, micromedex, UKCPA guide for administartion in fluid restricted patients, UKCPA guide for administartion in obese patients and I am sure there are other resources individulas would use regularly, it could enhance the current information to make the BNF a one stop drug guide for all health care professionals.</p>	<p>Drug dosing in renal dysfunction both with or without dialysis, either intermittenet or continuous. Drug dosing in obeseity. Drug dosing options in NBM patients. Drug administartion down NG/PEG tubes. Intravenous dosing in Fluid restricted patients. Fluid prescribing guidance. Drug interactions which can be tailored to the medication the patient is taking, i.e. not a long list of every potential interaction.</p>	<p>It would be useful to have a link form each of the interaction to illustarte why these are included i.e. is this from trial data? what percentage of patients suffered from the affliction. or is this from post marketing data, if so how many yellow cards to give an idea of the incidence. With contraindications it would again be useful to provide a link to the evidnce behind these. For example melatonin is contra-indicated in auto-immune disease, which is a very specific choice of disease state, but on conversation with the manufacture one can establish that this is founded on nothing of substance and is related to trials looking at using the product as a treatement for diseases of this origin that have been shown to be ineffective.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>opat cns</p>	<p>Using electronic versions good idea but must have upto date paper version for when IT fails</p>	<p>easy to use. Quick</p>	<p>Papaer copies for when IT fails (signal servers etc)</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user</p>

				requirements, subject to ongoing monitoring and review by the NICE Board.
Prescribing Advisor	I agree with some of the proposed changes however, however the BNF becoming a single authoritative source of medicines information, providing information from a wide variety of nationally and internationally recognised sources will be a bit of information overload and adding medical devices will make searching the BNF for quick information more arduous	Enabling to download to local formularies, interaction data	Drug monitoring frequency what to monitor. ie. drug safety	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Pharmacist	No view	Access to the palliative care formulary is a necessity and this should be available in the same way as the BNF and the children's BNF	As above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Macmillan Pharmacist	fine, but please do not ditch the book.....we sometimes have servers down/work in areas with no signal. I do not have a smart phone & neither do many others.	not really looked- just want to emphasise the book format is essential.	no time to mull it over, sorry, but please keep the book	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing

				monitoring and review by the NICE Board.
pharmacist	Great idea - looking forward to seeing.	User interface	Will ot interact with CKS, map of medicine etc?	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Senior Pharmacist	All sounds excellent and eagerly welcomed. Would be interested to know more about downloading to local formulary platforms and how this would work in practice when there are numerous different formats being utilised nationally, some more sophisticated than others? For example locally we may not wish to download all content but selected sections unsure if this could be made possible?	Regular monthly updates to facilitate making decisions better. Having trusted sources of prescribing information accessible from one platform would be most helpful.	It would be useful to link in NICE clinical decision aid into the on-line and App versions?	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Community Services Pharmacist</p>	<p>I currently use both the print and local Trust on-line versions of the BNF. However, via the on-line version I find it difficult to be sure that I have accessed all the relevant information and find it much easier to do so using the print version.</p>	<p>Systems to ensure that I find and use all relevant pieces of information for the drug I am looking up. Online, there is a tendency to navigate from one section to another and not necessarily to return to the previous sections, and to compare all information. I would like a system where more than one page can be open at the same time so they can be compared/ information can be used at the same time.</p>	<p>See above</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>palliative care pharmacist</p>	<p>I have always felt that specialised palliative care information ought to be as accessible as general BNF information. At present very valuable formulary information is available via palliativedrugs.com and the hard copy of the palliative care formulary but this cannot be provided free of charge on line any longer this restricting the ease and extent of access. As a great deal of what we use in palliative care is very specialised and not available via non-specialised sources- and indeed is often contradicted by what is published in non-specialised sources- this causes multiple problems. The content of the PCF/palliative drug.com is excellent, up to date and obviously extensively</p>	<p>UK-wide trust, familiarity and accessibility</p>	<p>palliative care inclusion in an otherwise excellent information source</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	<p>researched, but as it doesn't come under the mantle of the BNF nationally it's accessibility is limited.</p>			
<p>Prescribing support pharmacist (primary care)</p>	<p>I agree with the principles of the change, and fully agree with the improvements suggested (linking to NICE, enhanced search facility etc). I see a lot of out of date paper BNFs in use, and although in the long term switching to electronic will eliminate this, in the short term I feel people will hang on to their paper copy knowing it's not going to be replaced.</p>	<p>Very careful consideration needs to be given to the availability of computers to access the BNF. E.g. in pharmacy dispensaries the computer is needed for dispensing almost continuously, and several members of staff may share one paper BNF, which they would want to access at the workbench, an electronic version would need to be on a portable device, not on the main dispensary computer. I have concerns about how the accessibility will be managed, I work in rural Wales, and although I have the BNF and BNFc apps, I very rarely use</p>	<p>The current eBNF does not cope with mis-spelled drug names, this makes it more difficult to search for things than using an index. Links through to SPCs would be useful too. It would be very useful if local electronic formularies (e.g. Inform in Wales) could link in to the relevant BNF chapters.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

		<p>these due to poor mobile phone signal. Out of hours and home visits are particularly risky times for prescribing, and availability of an up to date BNF is vital. A downloadable format (perhaps with automatic updates) is needed for areas with poor mobile signal, and other connectivity problems. For example, our GP practice lost both internet connection and all mobile phone signals for over 24 hours in the recent storms. Being unable to access a BNF during this time would have been a major risk. Careful consideration needs to be given to the formatting of the electronic version, especially bearing in mind that many NHS users only have out-dated software.</p>		
Day unit sister	Not able to access due to internet connectivity	Not able to access due to problems with connectivity	As above	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

consultant in palliative medicine	Makes sense App the way to go linked to NICE	I'd like to see the palliative care formulary added and other specialist formularies supported	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Antimicrobial pharmacist	I think incorporating NICE guidance would be extremely useful.	Ensuring that it user friendly as I am not that comfortable with the online BNF. If more information will be made available regarding national guidance it needs to be set out in a logical manner.	No.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Pharmacist	I think embracing technology and digital media to enhance the BNF can only be a good thing.	Particularly multiple ways of searching as I find I have to do a lot of cross-referencing at the moment. I'd really like the interactions section to be able to link to Stockley's free of charge for those occasions where I need more in depth information about how to manage an interaction in practice. regular updates are essential to ensure robustness of data and if we truly want the BNF to be a single trusted source of prescribing information.	I personally would really find useful a list of drugs that need dose modification in renal impairment so that as well as the current set up where individual drugs can be checked in the monograph to see if renal impairment affects the dose, if I could search say for all antihypertensives that need dose reduction in CKD3B for example that would be very useful. If you could include some of the features of MIMS such as useful tables for insulin duration of action etc.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Pharmacist	I'd like to see links to NICE guidance etc and original references. This is currently a problem as nothing is referenced in the BNF to support the clinical advice & show what the evidence base is. I appreciate the need for keeping content brief in the hardcopy format, but digital formats allow greater flexibility with links to pages beyond the main body of the text.	It would be useful to see which are the key documents in a particular area all drawn together for bulletin writing eg. antiepileptic drugs, changing between different manufacturer's products (categories 1, 2 and 3).	Is there a way of BNF app updates taking less than 10 minutes to download? I often have to skip the update until I have time eg. over lunch, which means using information from the previous month and possibly missing something important clinically.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. We recommend that you use a wifi connection to download the app updates.
Gp	I wish to continue to receive a paper copy which is reliable and portable and does not rely on an internet connection	I do not always have access to internet in a rural setting	I do not have reliable internet I. A rural setting	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
SpR Emergency Medicine	Please edit your iPhone app so that it automatically updates in the background, like all other iPhone apps. It is very frustrating when it keeps asking you to update at work where invariably, you don't have enough WiFi connection or time to wait for an	---	---	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

	update.			
consultant psychiatrist	I would welcome it. Unfortunately, I do not have computer access at all my outpatient clinics, so I do heavily rely on having an up to date paper copy.	Easy searches under a variety of headings	Will there be links to the evidence bases? Prescribing in pregnancy is a major concern - I need up to date evidence regarding the likelihood of potential adverse effects on the fetus/newborn, rather than the simple "not recommended in pregnancy" or "not to be used unless benefit outweighs risk", in order to have fully informed discussions with the patient about risk/benefits.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant in palliative medicine	Laudible - would be great if this could be made to happen but must be easily accessible by a number of platforms and cheap enough for acute trusts like mine that say they have no money to purchase. Would still need some paper copies for the times (not infrequent) when technology fails or is all in use.	Links into to nationally recognised expert sources. For me this would be the electronic Palliative Care Formulary which provides fantastic up to date information on all the drugs I use as a palliative care consultant in considerably more detail than the BNF. Quicker referencing and searching on topics like drug interactions and effects of overdose would also be useful	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

Pharmacist	The suggested enhanced BNF could have advantages, however the changes must not result in something which is too difficult or technical to use. It will be important that a paper version is still an option as some areas do not have ICT advances and are still highly dependant on paper.	It needs to be intuitive and user friendly. The content needs to be straight forward and give practical information which is not overly complex or contradictory. Key areas of the BNF such as interactions and advice/guidance needs to retain. It would be useful for the drugs to e-link to NICE CGs/TAs or existing NPSA alerts for additional information or resources.	An enhanced BNF needs to be easy to use, simple to search without a reliance on the person spelling the drug. It needs to be responsive and NICE need to be adaptive to user feedback e.g. if an error occurs as a result of the layout.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Senior Systems Developer	A vendor neutral open API to enable integration with other digital systems would be of great benefit.	We would like to be able to link an enhanced BNF into our Clinical Portal, create a local formulary and use the indicative prices as a basis for billing.	Insurers often quote the BNF indicative price when querying invoices so digital access to this data would be a great help.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Project Officer - Pharmacies (Kent Stop Smoking Service)	I think that this will be a good thing. It will ensure we always have the same up to date information, and should reduce any discrepancies. Is there the ability for offline access as well as online access? Is there any assurance that the links will not lead onto further links, creating confusion?	Ensuring that the latest most up to date information is available. Comprehensive search facility for ease of use. Print facility if needed. Push notifications of important changes or alerts.	How offline access would work and automatic updates when connected. Will there be clear user notes, for example, how will the download to local formularies work?	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
NHS patient	Digital is the way forward. An online resource is easily and cheaply kept up to date. I guess all users of the BNF have internet access (office based or mobile) these days. How often is	A format suitable for mobile devices and desk top screens. I have no views on its content.	Please ensure the BNF remains available to non professional users like myself. Thank you.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

	a print copy consulted?			
Specialist Respiratory Nurse	This would be ideal as immediate access to up to date info would be vital in patient safety. However, the biggest problem would be wifi access and loss of access if there is a poor reception. Also, not all nurses have a tablet, or smart phones for access. Great for the environment too as less paper wastage.	As above. The most important thing is ease of access to look up side effects, etc. Maybe an option to 'hold open' pages when cross checking against another page.	No. Overall, a great idea if it is workable and accessible.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Registered Nurse	It would be advantageous for all medical and nursing staff to have access to current drug changes	In my area of practice, palliative care, it would be of great value to have access to a current palliative care formulary. It would also be of benefit for out of hours GP's, on call medical and nursing staff to have this access as time is often taken up phoning hospices for advice on drug dosages.	To include the palliative care formulary in this format.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Divisional pharmacist</p>	<p>These seem entirely reasonable, a reliable electronic source would be a big bonus.</p>	<p>Clear concise up to date information that can be accessed potentially even without internet access (downloaded and updated when possible). Clear guidance about renal and hepatic impairment and information on absolute contraindications.</p>	<p>Support to link with electronic prescribing systems to provide live patient specific information will be the big step forward in patient centered care.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Consultant Chest Physician</p>	<p>Excellent idea, overdue if anything. BNF is such a reliable and authoritative source of information.</p>	<p>The main advantage to me of an online version over a paper version is the ability to search efficiently, especially with respect to interactions. Unfortunately, until now the online interaction section is merely a repetition of the printed version, and is totally inadequate and often very difficult and slow to use. You need to know what class many drugs are in, and scroll through a huge list to find relevant interactions. You must improve this and make it fit for the 21st century in the new online BNF. As an example, try looking up interactions with itraconazole or rifampicin. You should be able to click on an "Interactions" tab to search for interactions with a specific medication from the home page, and from the page about the relevant drug. This should take you straight to a list of interactions with that medication, without having to</p>	<p>This is a great opportunity for enhanced antibiotic advice, for example being able to access information about common drug susceptibility, in the manner provided by Sanford Antibiotic guide and ePocrates (unfortunately both American).</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

		<p>click on several unclear links and wade through pages of potentially irrelevant interactions to get to the ones you want. Better still would be the ability to search for interactions between multiple medications, as you can in ePocrates.com, and http://www.hiv-druginteractions.org/Interactions.aspx (although the in the latter case the way in which you use the search function is rather clunky and couldn't be applied to the huge list of medications in the BNF).</p>		
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<p>General Practitioner</p>	<p>It would be a major improvement - but portability does need to be maintained e.g. through smartphone apps for use on domiciliary visits. I would particularly value the facility to assess the severity of interactions through the BNF as the current integrated prescribing advice via the clinical IT system flags up an enormous number of alerts, many of which do not feature in the BNF at all. This causes alert fatigue and reduces the usefulness of the inbuilt system.</p>	<p>Indications information clearly set out - making off-label use clearly apparent Cautions and contraindications clearly set out - and ideally to be cross-referenced (so that a drug suitable for prescribing for condition x in the presence of comorbidities y and z can be found, for example) Expanded side effect information with frequencies as in the Summaries of Product Characteristics Highlighted NICE-approved first options for common conditions (e.g. products with lowest acquisition costs) Pricing information - ideally with information about more cost-effective alternatives Links to patient information sheets (as these can be useful prior to prescribing, especially high cost medicines, to aid shared decision making) Links to other information such as Option Grids http://www.optiongrid.org/ or Cates Plots http://www.npc.nhs.uk/evidence/eidm4_shared/pda.php#MUS (again as an aid to shared decision making)</p>	<p>Information about non-prescribable devices and medicines (e.g. foot orthoses, which in some instances are advised but not prescribed or referred for)</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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Clinical Lead Community Dermatology/C ommunity Dermatology Specialist Nurse	<p>Currently use a paper version of the BNF as do not have the IT support systems to allow easy access to electronic versions when visiting a patient in their home. I have no problems with using electronic platforms but have to be convinced that they would be easily accessible and that in areas where there was poor connectivity that there would be alternatives for accessing the information</p>	<p>Frequent updating, wider access to different types of information in one place</p>	<p>Do not have any comment on this area</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Specialist Medicines Management Analyst	<p>The vision sounds like a marked improvement from the current systems.</p>	<p>Links to local formulary. Up to date information on drugs, including costs. Easily searched, and user friendly with a good graphic user interface</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Consultant in pain medicine	<p>Bring it on! But make it easy to access please. I hate having to log-on when using BNF on computers outside of my hospital.</p>	<p>All the information of the print copy, plus being up to date and having live interactivity data, pack sizes, prices, etc.</p>	<p>Yes, it must be reliably available. There must be resilience built-in to your website so that the risk of not being able to get information is negligible. (Just failed to make get into the NZ formulary....) I need to be able to prescribe 24/7.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Salaried GP</p>	<p>It would be great to have an enhanced BNF to access online but in my place of work the computers are slow and internet access very poor for many websites. There is no wi-fi and poor mobile network coverage so accessing something like an App is completely impossible. This practice is in Hampshire not a remote part of the UK. The "web infrastructure" and computing equipment needs improving or these resources will only be able to be used by those working in cities.</p>	<p>The BNF should include up to date locally tailored guidelines. It should include immediate up to date warnings on medications e.g. Metoclopramide warning when looking it up as soon as new guidelines and warnings come to light. The ability to have doses calculated for you when they require a weight and suggestions by concentration of formulation. Information presented in a clearer way. Rather than having to read through a lot of text e.g. Monitoring blood tests presented in a box. The ability to input current medications of a patient and have drug options presented.</p>	<p>Include photos of medications.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Palliative care CNS</p>	<p>I think it is an excellent proposal, at present we cross reference bnf with our palliative care guides which can cause some confusion and reluctance from medical staff to follow recommendations.</p>	<p>Clearly defined chapters / sections featuring drugs used in certain field such as cancer drugs and palliative drugs with clear cross referencing links to generalised medicine</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Prescribing Support Pharmacist</p>	<p>I agree with the challenges - particularly addressing upgrading IT across the NHS.</p>	<p>Accessibility - in Jersey we are currently unable to access the online BNF or BNFC as this is blocked although we can access other NICE medicines information resources like NHS evidence and CKS. We cannot get free access to the Apps. We need to be able to negotiate a contract which enables more than printed copies going forwards Medicines usage in special situations - continued clear information and advice, where it is available for medicines in pregnancy and breastfeeding and on drug interactions If possible - information on herbal preparations including known side effects and information on known drug interactions</p>	<p>Is it possible to incorporate treatment algorithms from NICE guidelines?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Pharmacist HSCB</p>	<p>Fully supportive of enhancements-links to additional info such as when a patient has a swallowing difficulty and the evidence-based options would be helpful e.g. can the preparation be crushed/dissolved/ require switch to a recommended alternative.</p>	<p>Being in a format that is easy to navigate and search via a number of different routes. Also timely updates when new evidence emerges e.g. links to MHRA advice/warnings.</p>	<p>Just to ensure appropriate links such as evidence-based advice on e.g. possibilities when patient has poor swallow, for advice on IV dilutions and admin etc. (Medusa?)</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Salaried GP</p>	<p>sounds good, however it means we all need ipads or similar with internet access - what about when we are doing visits?. Also paper versions once per year does not fit with the need to keep up to date.</p>	<p>emphasis on key side effects, interactions, and prescribing in pregnancy, kidney impairment and breast feeding. Clear pages, no multiple lines of search results as in current online version</p>	<p>hopefully not</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Macmillan Palliative & Community Care Pharmacist</p>	<p>Fully support. Access to relevant portable devices in all areas with supported wifi, broadband etc will be required by all relevant staff. In current financial constraints this may not be possible. Not all areas receive signal to permit access to electronic formats.</p>	<p>Links to relevant evidence base e.g. SMC/NICE appraisals, SIGN/NICE guidelines, Renal drugs handbook, Drugs in Liver disease, Administration of medicines via enteral tubes, Palliative Care Formulary, NHS Inform patient information, links to relevant drug tariffs especially around specials, Stockleys Drug Interactions, Herbal Medicines, Martindale potentially Comprehensive access to advice around medicines use</p>	<p>Free access to these resources in an interactive way would hugely assist practitioners to find information in a single place to support practice which was up-to-date, evidence based and enabled the more difficult to find information to be found</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

Medicines Management Pharmacist	<p>I think that the time is right to develop the BNF into a more up to date comprehensive accessible prescribing resource.</p>	<p>It should provide easily accessible, current and comprehensive information on medicines including costs with links to supporting information. It should be maintained and up dated regularly. It should include information on off licence uses and doses of medicines with links to supporting inform. It should contain information on adjutsing doses in renal and hepatic impairment. It should also have comprehensive information on dressings, appliances, and nutritional products especially those for special diets.</p>	<p>Practitioners may not always be able to access the digital form of the BNF and therefore a paper copy may still need to be produced.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Senior pharmacist Education & Training, Medicines Review	<p>The vision sounds great if it works with the IT structure in the hospital. I worry the dosing information - for which it is mostly used will be buried in the reams of information. It may not become that user friendly if you rely on paper copy.</p>	<p>All information available at a button</p>	<p>Not sure</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Clinical Nurse Lead	<p>It's an exciting opportunity. The notion of integrating the BNF with other NICE and NICE accredited sources is particularly</p>	<p>That it is searchable and browsable in differing ways enabling users to maximise the evidence available to inform</p>	<p>The user interface needs to be simple to understand & navigate - especially for those who are less computer literate</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the</p>

	good, this will inform and support safe, robust point of care decision making.	decision making.	than others. Is there going to be a 'fall back' print edition still available in each clinical area? What would be the safety mechanism if, for example, internet connection was lost/telephone lines down and took a long time to repair?	development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
ADVANCED NURSE PRACTITIONER IN PALLIATIVE CARE	I like the idea of continuous updates. I have the BNF app and do not find it user friendly or particularly helpful. I like the idea of having an electrical data base in my hand especially as I work in the community.	brand names, doses and costs	n/a	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant Physician	A great opportunity. I currently access Medscape, the NICE BNF App and Qx calculate (a risk stratification tool) on a daily basis to inform my ward rounds.	Easily accessible, free, concise and can be downloaded for later use that doesn't rely on a wifi or 3G signal on a smartphone. Much better to give links to snappy "care bundles" rather than long winded guidelines as more concise advice is more likely to be followed. Include a user friendly risk stratification tool as well as a reference App.	Ensure that drug-drug interactions are as easily accessible within the App as in the online version (ie. entering the names of two drugs in the search facility should automatically give a list of interactions).	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

Manager	Sounds great!! I manage a Day Centre for Adults with Learning Disabilities and having the ability to look online for details of the medication they are on has been invaluable - previously we were using outdated BNF publications. The ability to research medication in a more integrated fashion sounds really useful	For us the following would be most important: Be searchable and browsable in multiple ways, such as by drug, condition and patient characteristic Include commonly prescribed medical devices as well as medicines Include links to high quality information for patients	I cannot think of anything	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Macmillan Lead Pharmacist for Palliative Care	This sounds like a sensible way forward for the future.	It needs to be easily available on-line and in App form.	It would be fantastic if we could get access to the Palliative Care Formulary via this route as this is an essential information source for my speciality.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Retired	Whatever changes are made digitally the print copy of the BNF should continue	Incorporation of NICE guidance	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

Team Leader / Specialist Nurse Specialist Palliative Care	<p>I agree that a single authoritative resource is a good one, however current BNF does not meet my needs as a prescriber in Specialist Palliative Care.</p>	<p>Accurate, up to date information changing in real time.</p>	<p>BNF does not currently incorporate the extensive specialist content of the Palliative Care Formulary PCF4 which is available hard copy, and by subscription on-line. This has been commissioned for open-access in Scotland. It should be commissioned for NHS open-access in England too.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Nurse	<p>It all sounds good.</p>	<p>The most important elements for me would be accuracy and ease of which to obtain the information I am after. It would also be important to be able to access it when I need to.</p>	<p>If I am doing any work on medications for eg policies/PGDs I can spend quite a time looking at the BNF for a particular drug. I use the book to try and reduce the amount of time spent looking at computer screens. Whilst trying to reduce reliance on print it would be great if you do need to print that you can print off the all the info you need for that particular drug without having to print each little section of info/link on separate bits of paper.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

Salaried GP	It sounds great in principle. However, the website will need to be clearly thought out as the current website is very 'clunky' and it is much easier to access desired info via the book. Our practice has VERY slow internet also - many website sites time out before a page has loaded, so the site will need to be functional yet small data-wise. Having the functionality suggested incorporated into the computer systems would be preferential to me as this is the most ideal way to access prescribing info.	Ease of use Format/clarity of desired prescribing info Low data pages so quick to download Linked to computer systems Links or info from other prescribing references such as Palliative Care Formulary	Not everyone has (or wishes to use) smart phones during consultations, therefore this needs to be based around web sites/medical computer systems	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Macmillan clinical nurse specialist in palliative care	Please make palliative care formulary available as this is most valuable and more comprehensive than the bnf. This is costly to subscribe to and therefore patients would be safer.	Access to palliative care formulary online	Access to palliative care formulary online	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Palliative Care CNS	Please allow palliative care formulary to be made available via NICE as is widely required across healthcare settings in conjunction with bnf	Palliative care formulary access	Palliative care formulary access	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
GP	In theory- great - I myself have led the production of a practice formulary backed by explicit evidence from high level sources eg Cochrane, NICE, clinical evidence, and understand the undertaking. The BNF covers	It has to be easily accessible and user-friendly Few online resources interface well with GP ITsystems at the present time - it's much quicker to pick up the hard copy of the BNF/C. Admittedly sometimes it will be	No- but don't throw the babies out with the bath water in order to meet laudable but rigid standards - no standard is perfect	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to

	<p>vast areas of evidence, and will need to provide detail and surety that as a single practice was not necessary. In contrast NICE guideline groups have very circumscribed roles and limit their breadth through scoping exercises, and yet take ages to reach conclusions. How are you going to ensure that the BNF can maintain its essential role of covering all areas of practice, provide the depth of transparent information that you require, with the level of evidence you require, and do it for and with the same or similar resources as it does today? I don't think this is feasible</p>	<p>last year's copy, but rarely is this a problem in primary care. I undertook an audit and reaudit of this in 2011 and 2013 but imagine it will be less of a problem in more compact practices than ours.</p>		<p>portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>GP</p>	<p>I agree with the vision and aims as described in the consultation documents - appropriate for this digital age. I am particularly enthusiastic about the proposed linking between NICE Guidance and BNF content - as a GP I would welcome this and find this very useful in my day to day clinical practice caring for patients. My main concern would be that access to the BNF's content remained as wide and inclusive as possible. Digital resources must be well designed, well thought out, user friendly and (key) intuitive to use. Access to appropriate IT equipment for all staff is a key</p>	<p>Intuitive. Continuously updated. User friendly. Links to NICE Guidelines with management guidance will be of great help to professionals and improve patient care. Enabling download to local Formularies.</p>	<p>I think you underestimate the problems of access to adequate IT equipment for all for those who would need to use the BNF. Consideration of lack of sufficient, or indeed any, Internet access in rural areas and when away from desk - especially when visiting patients at home.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	<p>issue. Also access to adequate Internet connections - a particular concern in rural areas like Cumbria where we have areas without any broadband at all and other areas with only very slow access. As a GP I do need a paper copy for the key purpose of reference whilst out visiting patients at home. Any Prescriber who visits patients at home will be in the same position. We do not yet have tablets for all staff. Also, referring back to my previous point, Internet access is a major issue and even with my Smartphone I might be unable to access Internet via mobile networks as coverage is nowhere near universal.</p>			
<p>Consultant in palliative medicine</p>	<p>It is important to make the BNF searchable and interactive particularly searching according to disease will be important. As a palliative care physician I think providing links to the palliative care formulary on palliatedrugs.com would be particularly useful.</p>	<p>I would like to use the offline app but to make sure that is frequently updated and able to link to other resources through the app.</p>	<p>See above</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

Emergency Nurse Practitioner	<p>I support the principles, but access to digital formats is patchy and limited for a lot of us. Continuing access to the book format is critical. Nurses doing drug rounds with a ward drug trolley rely on it for safety. Digital access is not available for most in this situation, and it will be years before it is.</p>	<p>Simple, reliable digital access would be brilliant - only if it is quicker than picking up the book.</p>	<p>The current woeful state of digital access at the workplace. Don't believe what Trust IT leads tell you about it - the practical experience at the coalface is very different!</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Head of Service - residential Care	<p>Whilst improving the accessibility of the BNF is supported, I would like to see this being made available to Social Care practitioners who may not be prescribers, but administrators for medication. Access to information that can help determine changes in wellbeing of a patient whilst in social care would be welcomed.</p>	<p>As above</p>	<p>Not applicable</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Medicines Management Adviser	<p>Supportive of approach outlined</p>	<p>Include high quality prescribing information to help improve patient outcomes by supporting health professionals to choose the right medicine, at the right time for the right patient, including patients with more</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

		than one medical condition		
Senior Cancer Care Pharmacist	I agree with the vision	Need to get away from printed media and encourage use of digital/online resources	Linking the on-line Palliative Care Formulary to the BNF would further enhance its usefulness	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Primary Care Pharmacist	Fast access to reliable, respected and referenced information is vital for health professionals. I support the vision for enhanced BNF	Accessible, orderly information and signposting to provide a quality reference resource for NHS professionals to support Consultations, medication reviews, prescribing, drug/drug interactions,	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant Palliative Care	If it can be as easy to use, reliable, authoritative, detailed and intuitive as print BNF that would be good. But only 3 days ago did I get smart phone capable of actually accessing it.	As above	Links to other important stuff such as in my world the Palliative Care formulary and syringe drive compatibility charts	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Clinical Facilitator	Would be able to have up to date data available	Easy point of access, User friendly	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Palliative Care Pharmacist	The consultation document provides a valuable service to enable all prescribers and	I think a digital information source will ensure that all professionals dealing with	Another source of information as well as the BNF and BNFc to be included in the	Thank you for your comments, they have been considered along with the other comments received in the

	healthcare professionals to access up-to-date information about medicines.	medicines can rely on medicines information that is easy to access.	consultation document is the Palliative Care Formulary, currently PCF4 soon to be PCF5. All prescribers and healthcare professionals will need information to help them come to a decision about medicines for palliative care patients, cancer and non-cancer patients.	consultation, to inform the development of the enhanced BNF.
Medicines Information Pharmacist	The enhanced BNF as described will be an invaluable information source - significant important information will be easily accessible in one place, information from a number of different sources will be pulled together in one place ensuring relevant information is accessible.	It will be important that any search function is easy to use, and results can be easily limited/filtered to find what you want. It will need to clear where each piece of information originates from. Also one of the main features of the current BNF is that it is a "quick" reference guide - that is you can quickly locate information - such as a dose - without having to trawl through lots of information. It will be important that the if using the enhanced BNF there will be a way of quickly accessing "basic" information without having to search lots of pages or trawl through lots of detailed information	Search functionality	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Senior Lecturer	N/A	The resource would need to consider 'accessibility' for those with additional visual needs, ability to change the background colour, font size etc	1. Will the online version also be available offline as many Trusts/Hospitals do not have open access internet, which means someone visiting the hospital would not be able to gain access to the internet or if the internet was not working access would be problematic	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
consultant community sexual and reproductive health	The vision is admirable, the bnf is a wonderful resource. From time to time it is much easier to use the book rather than the electronic version, for example looking up interactions or reading the introductory paragraph about a group of drugs.	More frequent updating of information Easier access to information about interactions will be most useful Being able to search in different ways should be very helpful	Sadly the app is not available for Blackberries	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Lead Pharmacist for Palliative Care	I currently prefer using the print version as accessibility of computers in my workplace is limited by lack of sufficient devices in a timely fashion. This would need to change significantly if we are to be expected to use only electronic versions and risking patient safety by not doing so. Until such time, the paper version needs to be kept up-to-date until there is national investment in sufficient and state of the art IT	Links to other resources, such as NICE guidance Improved and more user-friendly interaction information (plus links to Stockley for more detail) Clearer layout of information Inclusion of information about OTC preparations in an electronic version	In my area of work, it is vital to access the Palliative Care Formulary online on an almost daily basis. NHS-wide free subscription to this invaluable resource needs to be made available to all NHS staff (as it already is in Scotland) as a matter of urgency, particularly in the light of the drive for more community-based palliative care activity.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE

	in the NHS.			Board.
FY2 doctor	<p>I believe that a move to digitise the BNF will allow for a more authoritative and comprehensive document to be produced, one which today's health professional requires and demands. In the current BNF it is clumsy to click on sub-sections (such as brand names), which then open in another 'page'; it would be better to have a 'drop down' menu on the parent page reveal the content, so that content on the parent page is still viewable by scrolling up and down. I am certain that this can be programmed in; this is the type of usability improvement that has the potential to become reality in the proposed enhanced BNF. Furthermore, I find the planned ability to search by drug, condition and patient characteristic potentially very useful; one may remember the top three classes of drug used</p>	<p>As mentioned, the features I would value the most are: - ability to browse drugs organised by multiple characteristics (drug class, disease / indication, patient characteristic) -listing the frequencies of adverse effects / risks -the ability to compare different drugs in order to compare their efficacy (where such information exists), and the frequencies of their various adverse effects -downloadable BNF onto mobile 'smartphone', thus negating the need to hold an unwieldy paper copy (this has already been realised). If possible, it would be a welcome gift to the entire world if this were to be made publicly available. As a comparison, some universities in the United States of America publish some textbooks or learning resources online gratis; I believe that it is</p>	<p>One addition I would like to make would be to include references to important trials or meta-analyses that involve the drug, so if the prescriber wishes to find out more about the evidence base behind a particular medication, it is easy to do so. Ideally, an enhanced BNF should be publicly available for access the world over, as the UK should maintain its lead in medical research and education. This would be a valued output by our country. Finally the submission system used here is abhorrent! A consultation of this magnitude should allow one to look at the free text questions without having to click "next" through other questions, and answer them in one's own time (e.g. using a word processor to store the answer, then copy+paste them</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>NICE's remit is to make the BNF publications available in the United Kingdom.</p>

	<p>for a particular disease, but if these fail it would be useful to have presented some of the less common drugs. Similarly, for the pregnant patient, it would be useful to know which drugs are licensed for them at a glance. The proposed ability to list frequencies / probabilities of adverse events is revolutionary. For too long, the profession has used terms such as “common”, “uncommon”, “rare”, with huge variation in their interpretation by patients, and undoubtedly some ignorance on the part of the prescriber. Where better a place to specify these frequencies than the place the adverse effect of every drug is listed, viz. the BNF?</p>	<p>our duty in the United Kingdom, as a leader in medical research, practice and education, to open up such a valuable resource to a global audience.</p>	<p>into the free-text boxes.) The GMC Shape of Training consultation system was better as the questions were published as a PDF, and (if I remember correctly) it was possible to skip between different parts of the survey using a menu.</p>	
<p>Consultant Paediatrician</p>	<p>About time but while hospitals block wifi and internet access due to concerns re patient data safety then paper remains essential.</p>	<p>Must be searchable by all drug names. Current paper index that just redirects you to another part of the index is useless. Abolish the meaningless section numbers. For paediatric practice make it clear which drugs are licenced and to what extent. Clear details re breast feeding and interactions - possibly a link for each medicine rather than having to look up separately. Icons highlighting those drugs which have special issues - eg non-generic prescribing, drugs which have liver or renal dose adjustments</p>	<p>Must not lose the sections at front and back - how to prescribe remains an essential tool for training juniors. The references for BSA etc in BNFc are essential. Finally - you have overlooked advertising what you currently provide - apps etc will only help if you make them widely known.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

		etc - can be clicked on to take to more details.		
Consultant	I like the idea of a continuously updated BNF. However, in my specialty (Anaesthesia) the frequency of changes is low. I also welcome the move to ensure that information does not conflict with other sources. Although linking with NICE guidance is a good idea care needs to be taken not to limit a prescriber's ability to use alternative medications. Put another way I would not support developments that limit clinicians to being able to prescribe NICE - medicines only. Easily accessible information on drug interactions is also a good idea	The exciting challenge is to link an online BNF resource to a hospital's e-prescribing. Whilst recognising that we are moving to a digital world I still feel that a paper-based resource has a place eg problems with a Trust's IT server etc.	Our Trust has a Pharmacy Medicines advice service. Will this development make them redundant or are there possibilities for linkage? Will notice of withdrawal of a medicine be posted ahead of its removal from formulary. Also could this be used to highlight problems with supply?	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Palliative Care Pharmacist</p>	<p>As a palliative care pharmacist, having a free link to the on-line PCF would enhance the BNF immeasurably in my opinion. Currently there is only a small amount of palliative care info in the BNF and it doesn't necessarily agree with well respected and frequently used references such as the PCF. In my opinion, free access to the PCF online would be an invaluable resource for both generalists and specialists in palliative care. I would suggest that it would be an excellent education tool as well as being a very practical and helpful reference.</p>	<p>In my area of clinical speciality having a free link to the on-line PCF would be the most important element of an enhanced BNF.</p>	<p>Just to include a free link to the on-line PCF.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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<p>Senior Researcher in Health Economics</p>	<p>Overall an excellent idea. The continuous updating seems to be the best innovation.</p>	<p>I use BNF as a source for drug prices and dosing as an input into economic evaluations of healthcare interventions</p>	<p>In an economic evaluation it is important to make sure all prices are to a common price year. This is preferably the latest year for which price data are available for all resource use items, and tends to be a year or two prior to the date of the analysis (e.g. economic evaluations I do today would probably use a 2013 price year, or possibly 2012 if more recent data sources are not available for some items). Previously I have always used printed back issues of BNF to do this, but this is a bit tedious and risks errors, and having these back issues online would be extremely valuable. With continuous updating this may create a problem though as the price of a drug may change half way through an analysis! I would love to be able to get a 'snapshot' of the BNF at a particular date, e.g. 31st March 20xx so that I can ensure my analyses are using a consistent price year. If this was implemented as a part of the changes this would be of enormous benefit to all analysts undertaking economic evaluations for the NHS, NICE or others.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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<p>Head of Prescribing Support Unit</p>	<p>Greater and more timely integration with NICE would be useful. You argue that ensuring prescribers have timely access to accurate and up to date information on medicines is essential. This is only the case if prescribers have the time to access that information and have realised that they need to access that information. Doesnt most prescribing happen out of habit? With people doing what they always do and only when there is a query or a concern, do they seek help?</p>	<p>Include information on drug interactions and unwanted effects including rating of their frequency and seriousness, to minimise the risk of harm - this sounds potentially useful, as long as you dont just copy what is in a drug's SPC. Include links to high quality information for patients, including information to help healthcare professionals and patients reach decisions together - this sounds valuable.</p>	<p>Yes, Im unconvinced from the colleagues that I interact with that many prescribers (other than younger ones) use electronic / app type devices. Many still rely on paper BNFs. In my hospital, there is uncertainty over routimne access on wards to an electronic device whereas grabbing a paper BNF is a relatively easy task, especially for nurses. Likewise will community pharmacies be able to access an electronic version in real time? They seem to struggle to use their dispensing systems for activities other than dispensing. Anything that does not resemble the tried and trusted BNF will be hard for many to accept. Has there been any work in NewZeland to show the success and value of their electronic only formulary?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Staff Nurse</p>	<p>I feel that any resource that makes it easier for a nurse or doctor to make evidence based decisions on what is the best way forward for our patients is the best way forward. I think there is a place for both the digital version and the hard copy version. Sometimes it is easier and more convenient to flick</p>	<p>Be searchable and browseable in multiple ways to make it easily accessible. Being continuously developed providing up to date information. Include information on drug interactions and unwanted effects including rating of their frequency and seriousness, to minimise the risk of harm</p>	<p>I can not see anything at this present time</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will</p>

	through the pages of a book rather than find a digital version.			continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant Cardiologist	As long as the paper version continues to be produced that will be fine. Loss of the paper version would be a grave mistake	The enhanced features are very nice but only if you do not scrap the paper version	Do not scrap the paper version	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Senior Medical Adviser, European Qualified Person for Pharmacovigilance	The plans sound very sound to me, and take into account the changing ways for how people routinely access information. Also the attention to detail eg. utilising national and international sources of information, continuously updating the information and being fully searchable and browsable are particularly good points. Good idea to include commonly prescribed medical devices.	Being searchable and browsable. Being rigorously checked for accuracy and completeness of information, and updated regularly. Including information on drug interactions and unwanted effects (this is extremely important for all those physicians and other health professionals working in the area pharmaceutical medicine, especially pharmacovigilance).	It isn't specified in the consultation document, but I presume the new BNF would still include information on contraindications, warnings and precautions for each drug (not just the interactions and unwanted effects). Another suggestion is additionally to provide links to other standard reference information for each drug (eg. Martindale - The Complete Drug Reference, Meyler's Side Effects of Drugs etc). Finally it would be excellent if the key OTC (over the counter) drugs could be included within each section as	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

			appropriate (by active ingredient, not necessarily by brand name).	
GP	good to have up to date version	accurate and up to date information	When out on visits I carry a paper BNF; I will miss the book version if it is not available	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

Consultant in Palliative Care	I think that this is a very good idea. It would be very useful to have links to the Palliative Care Formulary version 4 too.	Be continuously updated with content updates pushed out to inform continuing professional development. Include high quality prescribing information to help improve patient outcomes by supporting health professionals to choose the right medicine, at the right time for the right patient, including patients with more than one medical condition. Include information on drug interactions and unwanted effects including rating of their frequency and seriousness, to minimise the risk of harm Be searchable and browsable in multiple ways, such as by drug, condition and patient characteristic, so it can be easily accessed Allow quick comparisons of key information on effectiveness, safety, patient factors and resource implications	Include the Palliative Care Formulary version 4	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Community Matron	To include latest evidence based practice. Up to date information, this may be compromised for us as it is now to be only updated annually, we have no way of accessing online information when out in peoples homes.	Up to date information.	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Medicines Management Pharmacist, Whittington	I think the vision that is set out works much better if using the BNF as an online document that you can search, rather than in	People knowing what's in their and how to access it. Pharmacists know the BNF back to front but from what I see on a	I think that switching from twice yearly to yearly distribution is a serious error. It gives an inconsistent message	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the

<p>Health ICO</p>	<p>paper. Information is often missed on paper as you skip straight to the drug monograph and miss the general information 'above' the drug monograph. I would welcome the more comprehensive information on drug interactions, as an MI pharmacist, the BNF interactions section is of little use other than to 'flag' interactions and direct you to more comprehensive resources e.g. Stockleys. Prescribers often see this information and then don't really know what to do with it. Comparisons would also be highly useful.</p>	<p>daily basis a lot of other doctors in particular will go to google first. Having a really effective search tool is important.</p>	<p>- either you support paper versions of the BNF or you don't. Supporting September but not March could give the message that it's ok to use an out of date BNF, or that updates throughout the year are 'minor' and the most important changes are published in September. I think it is right to look at the most effective use of resources, and reducing the amount of BNF's sent is part of that, but a much better option by far is to halve the amount of BNFs you send out, and continue to do so twice a year. not send out the same amount but only half the time. I haven't spoken to anybody who can understand the sense of your decision. I wholeheartedly support the push to use online electronic versions of your resources where available, and promote these all the time in practice.</p>	<p>development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Medicines Information Lead Pharmacy Technician</p>	<p>This is a welcome development.</p>	<p>It needs strong search tools, including patient conditions, e.g. able to find a medicine even if the user has made a minor spelling mistake, or has used a brand name. I like the focus on reduction of risk and harm; e.g. the suggestion of rating adverse effects and interactions by seriousness. I would like to see a much stronger and more comprehensive interaction search function, e.g. by putting in a patient whole medication profile, rather than searching each medicine one by one. I like the links to the most recent NICE guidance and would like to see other approved clinical guidance (e.g. that published and acknowledged by the Royal Colleges) and to MHRA approved publications, e.g. SPC/PILs It is important to retain the links to the Yellow Card Scheme; perhaps make these more obvious by flagging it on medicines that are black triangle. Able to communicate/link effectively with e-prescribing and e-dispensing systems</p>	<p>Is it possible to have a patient-friendly version alongside?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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GP Registrar	Promising vision. I hope to see it integrated with 'bedside' clinical reference services similar to UpToDate or BMJ Best Practice, which go beyond just medication prescribing information - this would mean that Healthcare Workers could, at a glance, see drug and non-drug treatment options for problems and further background together with diagnostic criteria and investigations. At present, purchase of resources such as these is done by individual NHS trusts and universities. The opportunity here would be to purchase or commission such a resource on a national basis, which would have the advantages of cost effectiveness and ensure all NHS staff are using the same, UK specific resource.	Mobile access, browseable in multiple ways. Including measures such as NNT, to assist in patient information. Links to Patient Decision Aids where available. Linked and integrated with bedside clinical reference services	See above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
aseptic services operational manager	seems sensible to get the most up to date information available	accessibility and currency	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>End of life care facilitator</p>	<p>It can only be of benefit to all health care professionals whether prescribers or not to have access to the most up to date information and with all the changes in modern technology it is great to think something as used as the BNF will be keeping up with the advances available. especially when the paper version will only be available annually.</p>	<p>with current technological advances any format that ensures you are prescribing or having the most up to date information is invaluable. I will be looking at the BNF app and the links within it, as I was unaware of this modification.</p>	<p>as a palliative care nurse who is currently on the NMP prescribing course one area that would be highly beneficial to my current and new role would be linking to the on-line PCF as I believe this could enhance the BNF. I think one of the most difficult issues you face is ensuring all health care professionals are aware of the updates, where to advertise and getting all relevant people are informed - as there are so many different professions in so many settings across the whole of the UK.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Community Specialist Palliative Care Nurse</p>	<p>I use the BNF book daily in my work. I prescribe in patients' homes using a prescription pad & pen. I work in a rural area & do NOT have access to technology in patients' homes & may not be near a GP surgery to access the internet. My prescribing would be severely hampered if I did not have a BNF in paper format.</p>	<p>The enhanced format might provide more regular updated information which would be useful for some practitioners.</p>	<p>I hope you receive feedback from a wide range of users so that you understand the reality of prescribing in remote rural areas, rather in cities with good internet access.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>lecturer Practitioner in Palliative Care</p>	<p>I use BNF on a daily basis but it would be helpful to have access on line for when in clinic settings</p>	<p>I would like to have access to PCF on line also.</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the</p>

				development of the enhanced BNF.
Consultant Anaesthetist	Agree with the vision	electronic version for smart phone is the way forward, free to users.	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Patient researcher	<p>The changes which are envisaged are to be commended. If one was able to waive a magic wand over the whole intended new computer based BNF, you might just get me to agree it is the best thing since bread and cheese. However, life is not like that. PLEASE, PLEASE, do not stop printing both the BNF and BNFC until you have set up a consultation period as we have here, as to whether the medical professional consider it SAFE to do so.</p>	<p>The ability to inter-relate between medications, particularly in respect to a particular condition, is of paramount importance. The programming must include many interfaces one of which will allow interrelation between medications in a variety of inter-related conditions. As an example, in the treatment of non-valvular atrial fibrillation, research based ACTUAL risk figures, as opposed to, RELATIVE risk figures in respect of the benefits and risks of anticoagulation, comparing the various ACOs and NACOs available from time to time.</p>	<p>I am EXTREMELY concerned that there will be a total loss of the ability to have something physical to handle and refer to as one investigates a subject/medication. No matter how much you try to convince me, you have an uphill climb to show how a computer based format can take over completely the advantages of hard copy to refer to. Computers when first made were supposed to save paper in that it would be unnecessary to have books to refer to in the future. To a degree this is true in that it is not necessary to have a hard copy of a novel or something which does not need referral to content. Just think, however, before computers, did you see A4 copy paper being sold in virtually every conceivable shop as occurs today due to the necessity to copy FROM a computer to get your hard</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

			<p>copy to refer to for future use. I challenge you to find someone in the medical profession who is willing to give up the hard copy BNF for a computer edition, certainly as things stand for the for the time. Therefore do not stop printing the BNF and BNFC until the medical profession is ready for you to do so. Perhaps this is case for The Innovations Unit on 02072508098 or through , contact@innovationunit.org might come into their own.. I have made these comments without the benefit of a hard copy of the consultation document before me and therefore further comments may follow.</p>	
Nurse Practitioner	<p>I think it is a good idea, I have tried to access the BNF app but do not have an Athens number. I would prefers any access should be by professional registration number.</p>	<p>inclusion of dressing hosiery and other items with pip codes to aid prescribing</p>	No	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Consultant in palliative medicine	<p>I am very much in favour for an enhanced BNF but need to check the things that are linked in are well researched I think this would have to be electronic - don't want paper version any bigger Also - please don't get rid of paper version altogether -</p>	<p>Easy to use Link to important documents - palliative care formulary, renal handbook</p>	<p>Will it be free for everyone if in health role?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the</p>

	very readable, easier than little phone screens etc			NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Medicines Management Technician	In essence I think this is a good idea. Need to ensure that electronic copys are available on all systems and devices. Especially portable as this is, i imagine, how most people will access the BNF when out and about, with no access to a desktop PC.	Not Sure	Medicines Management Technicians regularly use the BNF - (For example I use mine upto 10 times a day) Personally I think MMT should get a print copy of the BNF - we are often doing solo work and out on our own. BNF App only available at the moment on Apple, Android, and Blackberry smartphone - not accessible on a blackberry tablet. Needs to be thought about making the app accessible on Windows phones - used by Nokia - and other providers. To make it accessible to all electronic users.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
consultant	would be a major advantage to have free online access to PCF	would improve widely available free safe information prescribing of palliative care drugs	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Marketing	This from our point of view is essential as it allows us to update and maintain our key prescribing points within the BNF	n/a	Is there perhaps some area for showing updates (perhaps this is already done) and also new licensed products being listed, also whether the products are licensed, medical devices or unlicensed, and finally what their status is regarding NICE	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Chief Pharmacist & Controlled Drug Accountable Officer	I can't disagree with any of this as to be able to access all these benefits from a single point of reference would be ideal. I am concerned that many of us in community care / mental health do not currently have the technology provided to access these systems, particularly when working remotely.	Being fully searchable and providing links to other guidance Authoritative up to date information on drug doses, cautions, contraindications and drug interactions.	Currently I rely on the SPCs for more complete advice on many aspects of medicine use. Incorporation of this resource or easy links to it would be helpful.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Independent consultant	Offers exceptional potential to improve a valuable resource without losing the key elements that have made the BNF such an asset. Although it's a while since I've been a prescriber personally, the pocket book version was a constant companion, and to ensure it stays so for future generations its accessibility needs to be in line with their custom, practice and expectations. The opportunity to link with other systems could be	Accessibility: needs to be readily available on the spot in all clinical settings. Browsible as well as searchable: reading the general sections on prescribing areas was a valuable way to refresh knowledge, particularly for specialists who need a working knowledge of areas outside their specialist area but don't come across them regularly. Rapid updating and potential links to other systems,	Used, recently outdated print copies have been useful in developing countries without the resources to buy new ones - not sure this will translate to enhanced version.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE

	an important mechanism in reducing the significant contribution of prescribing errors to patient harm.	as outlined in the document.		Board.
Consultant Psychiatrist	It is abreast with current developments in technology and need for evidence based information at one's fingertips. However, there is significant onus of responsibility on ensuring 'continuous updates' and it's unclear whether this will be sustainable or at odds with a random online search on the day.	1. Easily accessible, both paper and online versions 2. Links to relevant references, texts, journals 3. Expert views to be incorporated as they often influence local practice 4. Timely alerts on side effects/serious adverse events	Some still do not have access to smartphones at work, hence they may be disadvantaged. Probably helpful to ensure email updates are an available option on key drugs/conditions/area of interest as an alternative to regular searches.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Hospital pharmacist - manager	great links to NICE guidance useful patient info good comparisons good	easy access finding info quickly	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant in Palliative Medicine	It would be helpful if it linked to the Palliative Care Formulary which is the gold standard for palliative care prescribing	Without linkage to the Palliative Care Formulary it is unlikely it would be used differently to the simple paper BNF	As above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Prescribing Information Support Pharmacist</p>	<p>I agree that the enhanced BNF should be accessible in as many digital formats that prescribers and other clinicians use.</p>	<p>Quick easy searching or access via chapters to individual monographs and interactions. Also the integration within GP and pharmacy clinical systems should be imperative. As a prescribing pharmacist I often access BNF online or BNF iPhone app to check interactions- if this could also be easily accessible via the prescribing systems that would be great. - ie Vision and EMIS the approved GP systems for Wales. links to product SPCs will be useful.</p>	<p>Probably further ideas will be forthcoming from the workshop attendees.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>GP and epidemiologist</p>	<p>I have switched to the online version of the BNF and BNFc. In a primary care consultation searching this is quicker than using a paper book. I still use the book for home visits because although I have downloaded the iOS apps they are very poor. They always need login details I can't remember and always seem to require wifi access to update when they load which prevents using the previous stores version. I would use the iOS version if it were better designed.</p>	<p>Must be very fast to search and must be able to access it easily. Web version and mobile apps are ideal but only if they are straightforward to use. Linking to other resources is useful but should not take priority over speed and ease of use.</p>	<p>I think more thought should be given to the user interface. GPs want a resource that is easy and quick to search first and foremost. The transition to a more integrated resource that links to other data is promising but will not be used as frequently.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

Student Health Visitor	I prefer the book version	no comment	no comment	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
GP	I'd like this I use print book on home visits, but rarely in the surgery. I would like NHS prescribers' access to the BNF to include on-line access to the PCF (Palliative Care Formulary) too - currently cost prohibitive, I really miss this, as I used it a lot in the county where I used to work, where local PCT library purchased both PCF books and later an online subscription	areas where I don't find sufficient detail in BNF & cBNF for me to safely prescribe, as a GP palliative care prescribing in pregnancy & breast feeding (I use MHRA & toxbase online) kidney impairment - common in older people. I don;t have access to the Renal Drug Handbook or Maudsley book for psychoactive prescribing	areas where I don't find sufficient detail in BNF & cBNF for me to safely prescribe, as a GP palliative care prescribing in pregnancy & breast feeding (I use MHRA & toxbase online) kidney impairment - common in older people	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Patient	When it is, not, 'if', in existence then I guess we will have reached Utopia in the prescribing field, but I have a feeling I will not see it. Please persevere to the goals envisaged.	The simplicity of the format in which it is created. It must be user friendly above anything else. If it is not, then it will be a failure and a danger to patients. If it is not, it will undoubtedly be a source of litigation on the part of patients with clinicians. As a	I am sure not overlooked, but, the different platforms within the website must be fully tested before launch so that as few glitches as possible slip through. Once users are put off by problems within the site it will not be trusted.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the

		<p>patient I want to see the same information my clinician will see, not a simplified cut down version. A patient cannot be expected to have the knowledge to make decisions about his treatment without the FULL clinical facts. One of the biggest problems I envisage for the professionals when the BNF goes on line, is to become aware of the changes to the content which will happen every month. Take the case of NOACS currently evolving. There must be a way digital way of drawing attention to the updating and changes to text on a subject, as new or changed information becomes available. For example a different colour used in the presentation for a period of six months to show updating or changed text. The BNF cannot be withdrawn, if at all, until the NHS has got the hands on technology to enable everyone within it to have the necessary access to the site. Do the powers that be in NZ think they got it right and what would they have done differently in hind sight? e.g. Kept their formulary in book form still.</p>	<p>Presumably full advantage of the experience of the issue of the New Zealand on line Formulary will be used. I note as well, in the plaudits in NZ, there are comments as to how much the BNF book is missed. Access to the site MUST remain free and open to all in perpetuity.</p>	<p>NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Consultant in Palliative Medicine</p>	<p>Excellent to have access to up to date information - currently I do not use electronic access too often but would if the BNF developed as described. If it links to the Palliative Care Formulary then it would use it all the time. This gives detailed and up-to-date information about medicines used in palliative care - currently the subscription to the online version costs £50/year and so there are a limited number of practitioners who access the most up to date version.</p>	<p>In my palliative medicine role it would be extremely helpful if there could be an automatic link to the Palliative Care Formulary (PCF) - this is the main reference for medicines information for palliative care professionals. It would be very helpful for this to be funded nationally (as it is in NHS Scotland) as I think other non-specialist prescribers would also find the information very helpful, and there would be greater access amongst those specialist prescribers who can only afford the paper copies which rapidly become out-dated.</p>	<p>The links to local formularies are important as increasingly our CCG is making specific prescribing recommendations.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Consultant in Palliative Medicine</p>	<p>You need to continue with paper copies of the BNF. There are places and times where computers are not available.</p>	<p>Not sure - think you need to maintain paper versions as well as online.</p>	<p>Please include the Palliative Care Formulary written by Dr Andrew Wilcock. It is a fantastic resource for any health professional!</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>associate specialists old age</p>	<p>Would like the bnf in digital format with links within the app</p>	<p>Bnf app should be available on Kindle</p>	<p>Kindle app</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the</p>

psychiatrist				development of the enhanced BNF.
Locum Consultant Palliative Medicine	Should make prescribing safer but unfortunately paper version will be needed for sometime until more ward computers/tablets available	Suggested practice guidelines for common drugs in each specialty .. or links to specialty website prescribing guidelines eg Palliativedrugs.com formulary for palliative care drugs, many of which are used off licence and in ways not covered by BNF (I am an editor of this book)	See above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Community Specialist Palliative Care Nurse	Whilst I appreciate the difficulties and challenges of using the printed version of the BNF, in my daily role, I do not always have access to the electronic version of the BNF and without the printed copy, would find it impossible to continue prescribing in the community as my prescribing is done in patients' homes with handwritten prescriptions. If I did not have access to a printed BNF, I feel it would not be safe to continue my prescribing.	Current and up-to-date information and that it will be cross referenced with the NICE guidance.	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Specialist Cancer	Think it is a great idea	To cover all topics throughly so that you only need to look in one resource - similiar to mediciines	I would like the BNF to link in with other resources such as Stockleys and the Pallative	Thank you for your comments, they have been considered along with the other comments received in the

Pharmacist		complete but expanded	Care Formulary (PCF) to save me having to perform several searches for one drug. As I work in Palliative Care having to carry a paper version of the PCF (as our online account is limited to use in MI) this would be great for me.	consultation, to inform the development of the enhanced BNF.
Paediatric Advanced Nurse Practitioner	I think having an updated easily accessible BNF/BNFc will be beneficial for patients. Being able to search when you maybe don't know the exact spelling of a drug (parents often have no idea!) and search more easily for drug interactions will be very useful. I am concerned about totally losing the paper copy as we have significant issues with accessing computers in a timely manner on the shop floor in a busy emergency department particularly if that is then going to take sometime when the nursing staff need them to assess patients/print notes etc. I have the apps on my phone but it is frowned on to be seen using phones openly in public/patient areas and the app is not yet as user friendly as I think it could be (this is recognised in the consultation document).	'sounds like' search facility 'condition' search easy interactions search - ie put 2 or more drugs into the computer and ask it to tell you what can and can't be given together, with maybe suggestions for alternative drugs that could be used instead why sudden changes to guidance or links to the underpinning research (eg reasons as to why there has been a complete change on paracetamol + ibuprofen dosage advice for children) ability to link with local formulary - eg in case of antibiotic prescribing where local resistance rates necessitate change from usual guidance.	need some sort of back up if there's intranet failure how much further advanced were NZ in their computerised healthcare before they removed paper copies? are we near that yet across the whole of the nhs services? - eg community practitioners with poor 3G/wifi while out visiting patients or in remote clinics, not able to get up to date access. ?need ability to update devices on a daily basis + then use offline?	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

<p>Snr.technician Medicines Information</p>	<p>The enhanced digital version/s appear to be a good source of up to date information but if users cannot access them readily (especially in hospitals where internet access is limited - especially on wards and in clinics) then potentially out of date paper copies of the book will be used - potential risk.</p>	<p>Access via the internet would be my personal preferred option and the information must be clear and easy to read.</p>	<p>Access to e-versions is not always available at all times in many locations and old copies of the book will probably be used.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Consultant in Palliative Medicine</p>	<p>I think these are good aspirations for the BNF</p>	<p>Online access to regularly updated information Info on interactions</p>	<p>The Palliative Care Formulary (PCF) is an essential formulary for all working in general and specialist palliative care. It too has an online regular updated version, alongside a paper version every 2 years. However it now requires an online subscription to keep it running and this has serious safety issues as some clinicians are unaware of significant updates. To have the PCF e linked with the BNF would be the way forward.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>community Matron</p>	<p>this is an idea that is in keeping with the ever changing need for up to date information. technology has been a vital component of the NHS to drive forward changes to meet</p>	<p>access in every format possible to allow for trust who have limited access to wifi and those who rely on a paperless system. In keeping with the carbon footprint</p>	<p>from what i understand there will be increasing reliance on paper less service. so need to consider places in extreme parts of country where remote access may be reduced. also weather and user demand may</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to</p>

	increasing health care needs.		slow process down at times so need multiply system back up. Will save have to carry book around good for moving and handling.	portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Epilepsy Specialist Nurse	Conflicting advice could be an issue for practitioners Mobile/Community workers like myself do not always obtain a signal when out and about Current practice allows ease to obtain prescribing information within seconds by looking up in BNF also can flick between pages not so easy electronically when sitting in someone's house Always having to ensure mobile device is working battery charged to obtain information I do not feel hard copy of BNF should be discarded Enhanced BNF good idea for practitioner sitting in a surgery with guaranteed internet access looking up/comparing information will I believe take longer	Up to date information available	Community workers gaining a signal to be able to access the document	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Lead Pharmacist; Education & Training, Research & Development	I very much support this. I like the idea of including common medical devices being available. All of this if done properly will make decision making alot easier and quicker.	Access to more vital information.	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Managing	Complete agreement except i	The BNF is a good resource	NO but ... The BNF has been	Thank you for your comments, they

<p>Director Healthcare IT Strategy Solutions (previously part of BMA/BMJ responsible for BNF)</p>	<p>question the real value of the added purpose to provide "patient information". The reasons are as follows: (a) there is a lot of "good enough" information already available - as a patient I don't feel i'm lacking in information, (b) the BNF should maintain its purpose being for clinical use, (c) products that seek to serve both patients and clinicians get watered down and then become useless to clinicians and (d) to avoid the dilution mentioned in (c) you'd need to build two separate products off the same base. This is costly to build and maintain (we did this with CLinical Evidence and Best Practice (patient facing evidence based medicine) when I was at the BMJ. In a cash strapped NHS I don't see this as the most effective use of the limited funds available.</p>	<p>now but it needs to support e-prescribing and decision support. This is essential. In addition an enhanced BNF should "Allow quick comparisons of key information on effectiveness, safety, patient factors and resource implications", It should support some of the more complex prescribing issues like co-morbidities and poly pharmacy and should draw out (recognise) patient characteristics and develop medicines information which supports better prescribing and resulting in fewer ADEs. Thus,in addition to the comments above, for your list in section 2, I'd prioritise: Include high quality prescribing information to help improve patient outcomes by supporting health professionals to choose the right medicine, at the right time for the right patient, including patients with more than one medical condition Include information on drug interactions and unwanted effects including rating of their frequency and seriousness, to minimise the risk of harm Be searchable and browsable in multiple ways, such as by drug,condition and patient characteristic, so it can be easily accessed</p>	<p>revered for its advice and the support that this has provided to clinicians. Don't drop the advice. However, this advice needs to be turned into smart, patient specific information that is computable to help improve decision making. NO except... not all clinicians have the same level of experience and expertise. When writing the enhanced BNF the "6- 8 profiles of typical users (which probably needs updating)" needs to be kept in focus.</p>	<p>have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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<p>Prescribing specialits mental health pharmacist / Joint course leader non-medical prescribing</p>	<p>Would welcome a BNF that utilised technology better, the current interaction section for example is very difficult to use and prescribing students often struggle with this. I am concerned how community based practitioners would be able to access this, for example as a prescriber I visit people at home, with no wifi connection and no access to hand held devices.</p>	<p>Better interaction section with the kind of information Stockleys has. Updates occuring frequently. Down loadable so it can be carried into homes without internet, fast to use. More detailed sections on pregnancy and breast feeding.</p>	<p>The investment needed in the NHS for technology that enables practitioners to take an electronic version with them.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Consultant in Palliative Medicine</p>	<p>I think its a great idea to go on-line and reduce reliance on print. But you will have to make sure that you have access available through a variety of means i.e. website, web-links through NICE, apps (apple,android). Please also consider producing a PDF version.</p>	<p>almost everyone has access to internet and a smart phone now so I think rapid and easy access plus regular updates for me would be the most important elements.</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Consultant Ophthalmologist</p>	<p>I would be happy to access the BNF solely by electronic means. I was not aware of the app but considering that the majority of doctors in the NHS have smart phones this would be a great way of accessing this</p>	<p>IT would be great to have a dose calculator linked with the BNF so that patient weight could be entered to calculate the appropriate dosage particularly for the children's BNF</p>	<p>No that I can think of</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	information.			
Medicines Information Manager	<p>As a regular user of print/online versions of the BNFs, I appreciate the benefit to using a digital platform that can ensure the info is the most up-to-date, but there are definite situations where the print copy is still necessary. I have concerns over the accessibility of the online/app version in areas with limited access to IT resource. The lack of print resource may work against the proposed access to information at the 'right place and right time'. I appreciate the need for accreditation standards, but I hope that in applying the process that info is updated (to reduce any conflict), but not lost, in the re-formatting. Whilst the consultation paper indicates it will be high quality info to improve patient outcomes will be developed, further information on how this would be done would be useful, as if this simply a reflection of NICE pathways then this may not be extensive enough. There is the suggestion that this would be a single authoritative resource which is ambitious. Whilst I think access of information in an accredited</p>	<p>The online version should concentrate on its ability to integrate with any potential e-prescribing systems. The necessity for an Athens password is a barrier to the rapid access required for this information. Fluidity of incorporation into formulary documents is something that would benefit our prescribing practices locally. The decision support tools proposed would be very useful in assisting joint decisions and should assist in bringing medicines adherence and optimisation to the forefront of prescribing decisions. The BNF itself as a publication needs to remain close to its current format. Both versions must be a reflection of each other to avoid confusion. NHS evidence search as a search platform has significant limitations in its functional ability to filter and narrow down searches. Other information which has previously been incorporated onto this site has been 'lost' or extremely difficult to find. Several colleagues feedback that you have to know</p>	<p>The current need to find funding for March 2014 Print copies leaves budget holders in difficult financial positions with little time to plan. Resource in the future will obviously move towards IT development, but there appears to be little consideration as to how this potential financial impact for resource management locally may affect patient care in the interim. Reliance on personal mobile devices is not appropriate with the NHS. Current financial restrictions at local level do not appear to have been considered in this proposed development. New Zealand has been provided as an example of a successful move to digital resource. The health economy, scale and structure is not the same as the UK. A dedicated e-learning package should be devised that can be incorporated into mandatory training. The roll-out of appropriate training for an essential resource on an online platform is absolutely</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	resource for the majority of HC staff is useful ofr point of care access, other resources are still necessary for more complex medicines enquiries.	what you are looking for in order to find it. The consultation paper indicates the the BNF content will be accessible/browsable in multiple ways but the information is limited on on how this would be be executed to fully provide comment.	necessary. Although the apps can be used without internet connection(which can be problematic and inconsistent), the governance issues around ensuring access of updates has not been investigated. It is not clear if, and how, CQC for example would monitor this, (particulary if there was a reliance on personal devices in the workplace)	
GOVERNANCE PHARMACIST	supportive of proposals - links to palliative care formulary would also be advantageous	continually updated	Add access to Palliative care formulary PCF document since specialise area of knowledge Also explore other specialist areas of prescribing , dispensing, administration and recording - hyperlinks to SPCs	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
pharmacist	very good	Have links to evidence based guidance like how the NHS evidence website is now. Easier to browse on mobile devices- but should assure the user that there is no opportunity to miss any information in the BNF about medications	not that i can think of	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Chest Pain Assessment Lead Nurse	I feel well used to using the print version of the BNF - it is easy and portable. Using on-line facilities is very dependent on computers being easily available, etc, which can make things very difficult. I also don't carry a tablet or mobile device with me	I would be happy to use a mobile device if one was provided by my employer for me to use - it would be good to harness the use and power of on-line methods of accessing information.	Don't think so.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the

	at work, so accessing the BNF this way would be difficult.			NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
macmillan cns	sounds fabulous but it MUST be user friendly and easy to navigate.	palliative care information contained in the new BNF would help reduce the multiple sources of information required to be accessed to gain appropriate guidance. The palliative care formulary being incorporated or as an addition would be very useful and as we move to national pal care guidelines it will be easier to standardise the guidance.	would there be a paper version at all?	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant Informaticist	A single source of accurate information is a vital; the BNF is unique in having the JFC to assess and assure the information it provides. This information must be available seamlessly at the point of use - which is within systems. In primary care, the entire medication process is systems based; secondary care is behind the curve but must catch up soon. Consequently, the BNF must be embedded within medicines use applications. In	I want to see the BNF content available for use in active decision support in clinical systems throughout the NHS. An enormous amount of work was undertaken within the BNF to lay the foundation for this but has not been taken through to a full production. This was an extremely sad outcome, and indeed the BNF has now lost key staff that had the expertise to make that happen. I still see requests from clinicians on fora and the like for BNF-based	Please note that it is not just that prescribers that need to use the BNF (2.2); section 4.2 says that much better.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

	<p>order to minimise harm, the content must be active, not just passive as at present - see all the evidence and discussion of investigators such as Bates et al for active clinical decision support. Being searchable and browsable in multiple ways is good, but it is by no means enough in today's world and definitely will not be enough for tomorrow's world. Patient focussed information may be useful, but it is not the BNF's core strength. The BNF should try to move properly into the 21st Century with the quality content that it has now rather than to try to branch out into other areas.</p>	<p>active decision support and I know that the BNF has received numerous requests from system suppliers over the years. Please, NICE, consider that evidence!</p>		
<p>Consultant</p>	<p>I whole heartedly agree with the concept but I still need access to a book when I am out on home visits. I do not currently have access to digital content outside the hospital and even if I did it would not be appropriate or practical in some situations.</p>	<p>Integration with guidelines, evidence and current best practice. Information on side effects and interactions</p>	<p>It assumes that everyone will eventually have digital access and that this is practical to use in all situations.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

Consultant Psychiatrist Urgent Care	I really like the new system although sometimes it depends on the network coverage (iPhone app). I am also aware of the Athens access which maybe could be covered in a BNF register with the creation of a personal account for prescribing practitioners.		No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
GP	would be great to have on line but it must be easy to search and quick and user friendly - we are in a remote area and internet connection can be slow at times.	I would like to do everything I can do with a paper version . mostly I want to be able to search for a medicine quickly either by brand name or generic name. it would be good to be able to search by topic- eg migraine also . I need to be able to look up side effects and issues to do with pregnancy also .	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Clinical senior lecturer	Sounds good.	Not really relevant for my practice.	Please ensure that you never change the numbering of your subsections (except for adding new sections with new numbers or new numbers if splitting a section into two or more, eg if you wanted to divide lipid-lowering drugs into statins and others, or oral hypoglycaemic drugs by class). The Health Survey for	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

			England is one of a large number of ongoing research projects that uses the BNF as its coding frame for prescribed medications,	
Clinical Nurse Specialist in Palliative Care	It's very useful as it is, so any enhancement will add to this and enable enhanced patient care, symptom management, efficacy and safety.	Free and easy access to all professionals who need to use it. Up to date.	Opportunity to link to the on-line Palliative Care Formulary (PCF) to the BNF, this would enhance the BNF. Free and up-to-date access to both BNF and PCF would enable enhanced patient care, symptom management, efficacy and safety. Provision and free-access for UK health professionals of the BNF on-line and PCF on-line is a fundamental part of optimising safe and efficient prescribing. I have just completed the Non-Medical Prescribers course and am due to start prescribing in September 2014. In my specialist field of palliative care on-line free access to both PCF and BNF is vital in supporting safe and current prescribing practice.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Sexual Health Nurse	<p>The benefits of an immediately available, frequently update BNF are obvious when prescribing in a busy clinical environment. Despite working in a specialist area where you believe you keep up to date, one can be "caught out " by new advices introduced between clinical updates</p>	<p>Clear information pathways Timely updates</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Consultant in Palliative Medicine	<p>I think this is important and necessary, to enable important information to be accurate, up-to-date and readily accessible. The key challenge would be to ensure that the local version can be readily updated. To some extent, I already do something similar by downloading NICE guidance pdfs to a portable device. My main concern would be people using an offline version (such as saved to a tablet that is not regularly updated) which would become out of date. Perhaps a clear datestamp/review date or prompt to update would be useful.</p>	<p>Interactions information could be streamlined - presumably an electronic BNF would allow a drug's potential interactions to be presented by drug name, as well as by drug class. (i.e, when looking up erythromycin, all macrolide interactions could be presented with the drug). Currently, interactions are checked against drug name and class to avoid missing anything important. Links to NICE guidance for drugs such as abiraterone would be helpful if feasible. Adding access to other related formularies would also be important. For example, the PCF and the renal drug handbook.</p>	<p>No - I think this is an important step and agree with the proposal in the main.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Senior Pharmacy Technician</p>	<p>The regular updating of the BNF is certainly a great thing. This ensures that I always have the most up to date info available. Also the ability to search by drug, condition and patient characteristic will be of huge benefit when providing advice or answering specific questions.</p>	<p>The regular updates.</p>	<p>There are occasions when a branded medication may appear in the printed BNF but cannot be found in the apps, i think this needs addressing. Also I feel more differentiation needs to be made between search results in the app for example I may search for Clopidogrel and get two results one will be for the actual entry and the other will be for the pack size and pricing information, but it is impossible to distinguish between the two on the search screen</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>CHIEF PHARMACIST</p>	<p>What are your views on the vision for an enhance BNF as described? Better digital platforms for the BNF offer the opportunity to provide significant new functionality over and above that currently available. As a first step, they might improve integration of information, for example improving linkages and presentation between contextual text, information in appendices, and information in individual monographs. In addition, they could allow better control of revisions and updates with potentially positive impacts on patient safety. They might also enable embedding of BNF content in e-prescribing systems as decision support directly, as</p>	<p>What do you think are the most important elements of an enhanced BNF? The suggestion of providing new functionality and improving the BNF through updated and revitalised digital platforms is to be welcomed. However, the BNF is a successful brand because it is concise, authoritative, and accessible. These core values must not be threatened either by addition of new functionality or by the work involved in achieving them. It is therefore essential for the success of this initiative that future digital platforms not only add functionality over and above that available currently, but also present overall safer, easier to</p>	<p>Do you think we have overlooked anything? A complete and wholesale switch to digital only platforms for delivery of BNF content is undoubtedly the right way forward. However, achievability of this from a user perspective needs to be given some thought; in particular the barriers, both cultural and practical, to achieving such a switch need to be identified and understood. Notwithstanding this, providing appropriate education and support is in place, a complete switch to digital only delivery within 5 years seems potentially feasible. The BNF book has a number of</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	<p>opposed to relying on current third-party solutions. However, whilst the overall vision is to be welcomed, it should also be noted that a valued attribute of the BNF currently is its ability to reflect both an assimilation of the evidence-base as well as practical and pragmatic clinical wisdom. It would be a shame if increased focus on the former precluded consideration of the latter. Taken to its conclusion, an entirely evidence driven approach would prevent the BNF's useful function of standardising licensed indications and adverse effect profiles for drugs in the same class. Similarly, the BNF has a potentially crucial role in operationalizing the evidence-driven recommendations of others: for example, providing guidance on appropriate alternative courses of action where the regulator identifies safety concerns for an individual medic</p>	<p>use, and more timely products than are currently available. The ability for continuous updating of products on digital platforms is to be welcomed, and if such platforms were the universal access point to BNF information in the future, this would represent a real change with patient safety benefits. Also particularly welcome is the suggestion that the BNF is enhanced such that it is a resource aimed not only at professionals but also at patients. For the BNF to link to information that enables healthcare professionals and patients to reach decisions together would be potentially hugely beneficial, particularly as healthcare professionals evolve their approaches to thinking about choices between treatment options.</p>	<p>useful spin offs, not least perhaps its distribution and use in the developing world through the Pharmaid programme. The BNF also has an international reputation in other contexts. It would be a shame if this laudable approach to spreading good practice, in particular through the Pharmaid programme, were affected detrimentally by the switch to digital only versions.</p>	
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Lead Pharmacist, Medicines Information and Formulary	<p>Electronic access on wards in NHS hospitals is variable and very limited in some circumstances. There are in addition issues around using personal Smartphones in clinical areas where there are Infection Control Issues. Not everyone has Smartphones and nurses doing medication administration frequently refer to the BNF for information which would be difficult without a paper copy or a hand-held tablet. Issues over Clinical Governance if an annual paper copy is issued as they will possibly remain in clinical areas longer than 6 months - are the CQC going to overlook expired information being present?</p>	<p>Improved electronic access in the NHS. A need to investigate Infection Control issues over using personal Smartphones Advice to Trusts and funding for Tablets in clinical areas</p>	<p>The decision to move to annual paper copies has been done without adequate consultation with staff in the front line. There are a number of clinical areas without electronic access and staff without Smartphones who will be unable to access the electronic BNF.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Advanced Terminology Specialist / Pharmacy Quality Lead	<p>ok</p>	<p>ok</p>	<p>More work to align / work with existing terminology products, such as SNOMED CT and dm+d</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Director</p>	<p>Are all the features described in Section 2 (e.g. interactions, linkages to conditions, unwanted effect etc.) to be fully machine readable i.e. actionable in active electronic prescribing decision support systems? This is a major technical and ontological challenge. The amount of input required by knowledge workers is great - both initial setup and maintenance. It also brings the BNF into direct competition with (and duplicates) major electronic drug databases like Cerner Multum, First DataBank Multilex. I question whether the time, skills and resources this would require are best spent on this endeavour even if they are available.</p>	<p>Improvements in searchability, cross referencing and browsability of the The introduction of a standard terminology/controlled vocabulary underlying the BNF is I assume already a part of these plans. Will this be published? Links from BNF to relevant NICE guidance would be welcome. Maintenance of these links and the level(s) / kinds of data elements within the BNF to which these links will inhere is not however obvious.</p>	<p>Editorial or technical alignment with the NHS Drugs and Medicines Dictionary (dm+d) is not mentioned here. Given the latter is now a DoH mandate I had expected an explicit statement on this.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>specialist nurse practitioner</p>	<p>Agree with the principle of have immediate information that is continually up-dated as required.</p>	<p>Ease of use advanced search facility (eg search by drug, condition, contr-indications etc)</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Medical and Dental</p>	<p>I think their idea to have a more digital & thus searchable & more easily updated BNF is good. Important to keep it a manageable “size” so as not to limit its useability day to day.</p>			<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Senior Pharmacist, Medicines Information</p>	<p>Having up to date information available digitally is of paramount importance however I am aware that my colleagues on the wards do not currently have easy access to computers and do not all have mobile phones which they can use on the wards. They therefore rely upon paper BNFs at present. Within Medicines Information we do tend to use electronic versions of the BNF - via Medicinescomplete primarily however there are times, even in this day and age, when internet access is not available and we then rely solely upon the paper BNF. We also still tend to flick through the paper version if we require a quick answer as it is still quicker than the internet on some occasions.</p>	<p>Being up to date</p>	<p>The fact that on many wards there is not easy access to electronic versions of the BNF at present</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Advanced Practitioner Sonographer</p>	<p>I completely support the vision for the enhanced BNF. Using electronic media will ensure that the most up to date advice is available at all times. I currently find myself using a book which is more often than not out of date.</p>	<p>A link to the guidance for the medicines is an excellent addition ensuring that prescribers can see the latest guidance and where necessary look at the comparator and alternative medicines within a specific group. Also the link to ensure that the interaction of medicines is clearly defined will be an excellent addition leading to improved patient safety</p>	<p>A concern on the robustness of networks, ensuring that access is always available. Whilst in most instances a delay in accessing the information may not be life threatening, it could certainly be an inconvenience both for prescribers and patients.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

Lead Oncology Pharmacist	<p>In theory it sounds very interesting and would love to see the development of this , especially for an app which is freely available to healthcare professionals, currently we are provided with a hard copy of the bnf</p>	<p>Enhanced features would be to link to other special sources such as the palliative care formularly (PCF) which i extensivley use as the BNF does not provide full info, maybe for online applications the drugs could be linked to their SPC from the emc site or your own indivual database. Other sources which were really helpful in the past were medicines for children which does provide a lot of additonal information. Ambiguos terms and direction should be removed and linked to known sources which are used clinically like hte PCF or chemo protocols , or unlicesed doses.</p>	<p>Renal drug handbook can be linked in to provide better dosing instructions , along side with catogeries of drugs used in pregnancy or breast feeding to simplify like ABCD etc Can the tablets be crushed is a common question or mixed with anything , taking into account people with swallowing difficulties .</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Medical Director and Consultant in Palliative Medicine	<p>It is a very good vision. In my opinion it is absolutely essential. With the current changing book format, there is a danger that professionals may not access the correct version and hence run the risk of prescribing inadvertently.</p>	<p>On-line as well as on an APPs. Easily readable version effective for a quick reference guide in the midst of a busy working life and ward rounds etcetera.</p>	<p>No.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Consultant Paediatrician	<p>This sounds very appropriate and useful. Having printed versions available is also helpful, even if only annually updated. The majority of drugs we use have standard doses that do not change</p>	<p>Having a unified source of information and easy to use</p>	<p>Paper copies need to be available as technology is not fail safe and often more time consuming.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the</p>

				NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Medicines Information Pharmacist	<p>Digital platforms will provide functionality over and above that currently available. They will improve integration of information from different sections similar to the way other resources do via use of hyperlinks. It would also allow better control of updates to facilitate assimilation of up-to-date evidence into practice. However, there can be a danger of information overload and lack of focus as links are followed. The current strength of the BNF lies in the pragmatic assimilation of the evidence, especially in the text information that precedes individual drug monographs. This is easily lost in digital formats when search functions direct the user to specific drugs. It is unarguable that for a resource to support safe and effective use of medicines, information needs to be up to date, accessible, evidence based and reliable. The vision for an enhanced BNF is laudable but I suspect overly optimistic in being achievable, in particular the plan to allow quick comparisons of</p>	<p>The BNF is successful because it is pragmatic, authoritative, and accessible. These are the most important elements of the BNF. Many other resources provide evidence based information that support patient centred care. If the enhanced BNF can provide the latter without detriment to the former it will truly become a first-line must have resource.</p>	<p>Accessibility is fundamental to the use of the BNF and the range of formats proposed is welcomed. The reasons for the popularity of the print version in this age of technology must be explored and understood to facilitate the widest accessibility. I note that although the NZformulary is only available in digital formats it can also be downloaded in e-book format and printed from pdf should that be preferable to the end user. Many healthcare professionals are limited in their ability to do their job effectively by their lack of access to IT notably in patient homes, community pharmacies and on hospital wards. A wholesale switch to digital formats without the continued availability of a print version (even in cut down form) that can be used as a 'back up' (healthcare professionals are aware of the limitations of print versions but they are better than nothing!) could be detrimental not only to patient care but also to the</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	<p>key information on effectiveness, safety, patient factors and resource implications. However, I am pleased to see that information on drug interactions and unwanted effects will include a rating of their frequency and seriousness. This will facilitate patient discussions about therapy choice and will be an advantage over information in patient packs. I am also pleased to see that medical devices will be included; it would be helpful if these also included an evidence base of efficacy.</p>		<p>aim of the BNF being a widely accessible respected resource.</p>	
<p>GP</p>	<p>see below</p>	<p>see below</p>	<p>Apps available for too few tablet devices and phones - they need to be available for ALL devices including kindle fire HD. I DON'T have a smart phone and the only tablet device I have is a kindle. Also it would be best if the BNF was integrated into primary care prescribing software - i.e. Vision, EMIS, system 1, etc as too often the internet is too slow on the archaic N3 network to make it possible to look things up on the electronic BNF quick enough in a 10 minute consultation. Also GP registrars need to take a paper version on the BNF to the CSA as they are not allowed electronic devices or internet</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

			during the exam.	
Senior Technician - Medicines Management	I think if there are no paper copies of the BNF available for the medicines management technicians it will be very difficult for the technicians to provide the service to patients on the wards that they currently undertake. As the ward based teams are not allowed to use mobile phones on the wards, they may not be able to access a computer on the ward, as usually the Dr's, therapists and ward staff are given priority as they are ward based. As the technicians are not clinically trained, they are using the BNF to confirm doses, different strengths of preparations available etc. Not being able to find this information out independently will increase the pressure on the ward pharmacist, and make the technicians role in medicines management and medicine reconciliation more difficult. This would lead to a risk of more errors occurring.	No comment	No comment	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

Pharmacist	<p>I think it sounds good I am just concerned about access for some healthcare professionals who do not have internet access if the print version is stopped. For example, I do cardiac rehab talks with patients, and use the BNF for help if asked questions I cannot immediately answer. It would not be possible for me to use the online BNF unless my hospital provides me with a tablet, which seems unlikely. Also, many community pharmacists incredibly do not have internet access and so will be unable to access the BNF, which obviously will mean they will be unable to practice safely.</p>	<p>x</p>	<p>x</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Associate Director East Midlands health Innovation Education Cluster	<p>Yes we need to move to online tablet based. Recently reviewed uptodates CDS system which has worked well in the USA so this should work here as we become used to this style of working.</p>	<p>Nothing to add</p>	<p>Implementation usability. Will this work at the bedside? How will patients feel if their doctor is on the tablet in front of them? Will this reduce patients confidence? These things need to be considers</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>General practitioner, medical director of children's hospice, executive member Association of paediatric palliative medicine</p>	<p>I feel that the way forward is through an enhanced BNF by the use of information technology.</p>	<p>The enhanced BNF needs to be updated quickly and easily. The pages should open within various devices in a clean manner with out data or dosages split across pages</p>	<p>There are a number of other authoritative formularies including the adult palliative care formulary and the children the Association of paediatric palliative medicine drug formulary. The BNF needs to consider how it can integrate the up-to-date evidence within these formularies or even to take over the work for these types of formularies. I'm sure that other specialities also have similar formularies e.g. the neonatal formulary. It may also be possible in the future to attach these other formularies as appendix to the BNF itself.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Advanced Nurse Practitioner</p>	<p>this new proposed format will allow frontline clinicians to prescribe both drugs and devices with a feeling of safety. by allowing such an extensive access to information, considered and thoughtful prescibing will be enhanced with the proposed information links that will allow partnership working and meaningful discussion between prescriber and patient.</p>	<p>current, up-to-date information. no longer subject to out-of-date books that are always lurking in the work environment. it will be an easily readable and shareable format - prescriber and patient can view screen together and make responsible choices quickly and with confidence.</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

Consultant in palliative medicine	<p>Fully support this approach, could use/be linked to suitable resources which already exist, such as: the Palliative Care Formulary (www.palliativedrugs.com), the Renal Handbook, the Maudsley Prescribing Guidelines.</p>	<p>Inclusion of detailed evidence based guidelines for each specialty. Easier to use information re drug interactions, grading of adverse effects.</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Hospital Pharmacist	<p>In a busy ward area/pharmacy department it can be difficult and timely to access the BNF online (due to lack of computer access and time taken to log on to computer- as each member of staff is expected to log on/off each time they access a computer). Currently there is limited use of mobile devices (due to cost). So having access to a print copy of the BNF is essential to enable myself as a pharmacist and independent prescriber to carry out my job. By having a print copy of the BNF I save time (i.e do not have to spend time moving around the ward to find a computer and then log on access the online BNF). Also some of the information on the online version of the BNF is difficult to use (interactions section in particular). With print version it is easier to read over a larger section of information to get an overview of a section, this is more difficult to achieve on the online version as less</p>	<p>Ease of use is the most important factor so that the relevant information is easy and quick to find and use. Obviously would want the information to be up to date, authoritative and relevant to clinical practice as well.</p>	<p>BNF is seen as an independent national resource where as NICE is an department of health English resource which may not be relevant within Scotland and Wales.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	information is immediately available and can involve a lot of clicking on links and moving back and fore between screens. Sometimes you need an overview of a section to guide your clinical practice rather than just a particular detail (which is relatively easy to access either online or in print)			
ST3 Paediatrics	The use of digital technology to help with BNFC access is long overdue.	Digital access on NHS computers (i.e. not having to log on to the internet and log in) Digital access on smartphone/tablets Easy to use above systems	N/A	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant	I strongly agree. I'm keen to see more easily browsable BNFC.	Electronic version with tabs and easy manoeuvre	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant in palliative medicine	Looks good	Easier access	Would be very useful to have access to the palliative care formulary on line or via app nationally. Currently a subscription only service. This would compliment the enhanced BNF.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Professor of Clinical Nursing	With the majority of users still relying on print versions, optimising for digital formats is likely to herald unanticipated problems in use unless a full risk assessment is completed and	Clarity, brevity, most used information clearly visible at the first attempt, not multiple layers to access essential information	The case for going digital is made but the considerations for managing paper copy in that environment does not appear to have been so adequately described.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital

	findings addressed			infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Specialty Doctor Palliative Medicine	It would offer a more rounded service and guaranteed to be up to date. It is often difficult to access the most recent BNF book.	That it will be searchable using a number of criteria.	Linking to NICE Guidance. Opportunity to develop national guidelines for management of symptoms that aren't covered under NICE Guidance and have these available online. It would be helpful if a patient has a serious side effect from a drug to be able to enter the patient's full list of drugs and be able to identify the likely culprit or whether the side effect is due to a combination of drugs or possibly an as yet unreported side effect. Linkage to 'yellow card' system for reporting side effects. Reminder that it would be appropriate to check certain blood parameters e.g. if prescribing methotrexate Link to eGFR calculator for those drugs where dose modification required in renal impairment/failure.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Senior Practice Pharmacist</p>	<p>Better digital platforms for the BNF offer the opportunity to provide significant new functionality over and above that currently available. As a first step, they might improve integration of information, for example improving linkages and presentation between contextual text, information in appendices, and information in individual monographs. In addition, they could allow better control of revisions and updates with potentially positive impacts on patient safety. They might also enable embedding of BNF content in e-prescribing systems as decision support directly, as opposed to relying on current third-party solutions. However, whilst the overall vision is to be welcomed, it should also be noted that a valued attribute of the BNF currently is its ability to reflect both an assimilation of the evidence-base as well as practical and pragmatic clinical wisdom. It would be a shame if increased focus on the former precluded consideration of the latter. Taken to its conclusion, an entirely evidence driven approach would prevent the BNF's useful function of standardising licensed indications and adverse effect profiles for drugs in the same</p>	<p>The suggestion of providing new functionality and improving the BNF through updated and revitalised digital platforms is to be welcomed. However, the BNF is a successful brand because it is concise, authoritative, and accessible. These core values must not be threatened either by addition of new functionality or by the work involved in achieving them. It is therefore essential for the success of this initiative that future digital platforms not only add functionality over and above that available currently, but also present overall safer, easier to use, and more timely products than are currently available. The ability for continuous updating of products on digital platforms is to be welcomed, and if such platforms were the universal access point to BNF information in the future, this would represent a real change with patient safety benefits. Also particularly welcome is the suggestion that the BNF is enhanced such that it is a resource aimed not only at professionals but also at patients. For the BNF to link to information that enables healthcare professionals and patients to reach decisions together would be potentially</p>	<p>A complete and wholesale switch to digital only platforms for delivery of BNF content is undoubtedly the right way forward. However, achievability of this from a user perspective needs to be given some thought; in particular the barriers, both cultural and practical, to achieving such a switch need to be identified and understood. Notwithstanding this, providing appropriate education and support is in place, a complete switch to digital only delivery within 5 years seems potentially feasible. The BNF book has a number of useful spin offs, not least perhaps its distribution and use in the developing world through the Pharmaid programme. The BNF also has an international reputation in other contexts. It would be a shame if this laudable approach to spreading good practice, in particular through the Pharmaid programme, were affected detrimentally by the switch to digital only versions.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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	<p>class. Similarly, the BNF has a potentially crucial role in operationalizing the evidence-driven recommendations of others. The BNF must consult more on how content not driven solely by published evidence is derived, but conversely this function should not be overlooked in the move to digital platforms.</p>	<p>hugely beneficial, particularly as healthcare professionals evolve their approaches to thinking about choices between treatment options.</p>		
<p>Consultant Psychiatrist</p>	<p>The enhanced BNF offers some minor advantages in the proposed format however it should not replace the hard copy that clinicians currently use. Access to internet based resources is severely limited in my region by slow 3G networks and patchy coverage. To remove access to the hard copy would mean that clinicians would have to make prescribing decisions without access to appropriate prescribing information and this would put patients at risk.</p>	<p>The live updating function would be useful. Other functions are well served by the current format.</p>	<p>It isn't clear from the consultation paper whether access to the print format will be maintained. Access to an e-version requires hardware (eg a smart phone) and internet access. In this region internet access is not available in rural areas where many patients are seen, due to poor 3G coverage and connectivity.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>CT3 LAS Psychiatry</p>	<p>To be specific, detailed, not giving too much repetitive generic information. e.g some of the basic information about drug category is repeated in each chapter but there is not enough information about the "dosing".</p>	<p>clear, specific and full dosing details in one page not in different places.</p>	<p>To recommend physical health checks about some treatments before during or after the course. Or be in tune with NICE guidelines.e.g to suggest requirements before clozapine initiation; things like ECG, blood tests and physical examinations</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Pharmacist</p>	<p>I think the BNF currently plays a vital role in medicines management and the available information is key to all prescribers. Updated quality information on drugs is key. It will be useful to have a more easily updatable reference source and if you can search in multiple ways, such as by drug, condition and patient characteristic, this will be better still. It will also be useful in this format to assist in electronic prescribing in the future and overlaying information onto local formularies. However the key issue will be availability particularly in a secondary care setting when terminals are at a premium.</p>	<p>Medical devices would be really useful and maybe some of the commonly used herbal remedies. More information on commonly used off label medicines will allow Gp's etc more information about these medicines and give them the confidence to take over clinical prescribing.</p>	<p>Not enough emphasis on the IT issues and the fact that several settings do not have adequate access. Secondary care staff are often sharing terminals which are used for many other uses. Timely access to information is key to avoid delay in the prescribing process and guesswork may take over.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Research Pharmacist</p>	<p>I think it would be very problematic to introduce an online only BNF, nice as it would be. Having recently come out of community pharmacy where I was for 15 years, I have never worked in a pharmacy that had adequate internet access. This may be in capability (speed, poor internet connection) or in that it is not always possible to access a terminal when you want to look something up. In a busy pharmacy, quite often all terminals are in use with labelling. Also, many consulting rooms do not have internet</p>	<p>Easy to access, easy to use, access to info on OTC drugs, side effects search</p>	<p>OTC drugs and use with POM medication. If, for example a server went down as does happen, how dangerous would it be for a pharmacy to potentially be without access??</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	access. I think having more info on frequencies of side effects (more like Medicines Compendium) would be useful.			
Locum Consultant Palliative Care	Great idea in principle - allows for information to be up to date and accurate	Clear, concise information Would be useful to have it linked with the palliative care formulary especially for our field of work	as above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Specialist Renal Pharmacist	I think it relies on having adequate access to computers for all users. At present within my organisation we do struggle for computer access therefore if everything is electronic finding answers to questions will not be as simple and fast as it once was before. Also i feel people will continue to use out of date copies which will leave us open to errors.	Ease of use and accessibility	Yes computer access.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

<p>professor of prescribing and medicines management</p>	<p>I am concerned about nurses working in rural communities with no access to the internet, also staff nurses on wards where the BNF papercopy is the only mobile source of information. Many employers don't have the hardware or the IT systems with internet access available to all staff. This reduction in printed copies needs to be phased in to allow employers to get their systems in place. Reducing to one paper copy per year will mean that this is the only source of information some practitioners will have access to. This risks patient safety considerably, as with around 60,000 report medication incidents per year (and this being the tip of the iceberg) giving only one paper copy (when there are on average 4 significant changes per month) when many don't have access to internet is irresponsible.</p>	<p>I think that many will not be able to access the online version, and that phasing this change in over a period of time is what is required. I also have concerns about staff using mobile phones on wards or when they are with patients. The Nursing profession has had many unhappy patients in recent years and the accusation that they aren't caring, if staff are looking the BNF up on their smart phones, will public perception be that they are answering texts or going onto social media sites, or that they are using this as a clinical tool! I believe that it could be very harmful to how all medical and allied staff are viewed.</p>	<p>Yes the poor staff and their patients who don't have access to the internet and will be at risk, and who employers wont provide the required hardware to. Getting a BNF can be a challenge, getting a tablet or laptop will be almost impossible in cash strapped NHS organisations!</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>senior Lecturer</p>	<p>pleased to see that evidence base is being considered furtye to enhance decision making</p>	<p>greater calrity fo side effects</p>	<p>NPF to inclde interactions section to aid prescribers using this formulary</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

Consultant in Palliative Medicine	<p>I would welcome an enhanced BNF and feel now would be timely as our hospice is moving from a paper system to using Crosscare. Electronic prescribing would be aided by an enhanced BNF. Information on interactions and side effects at the time of prescribing would be advantageous. The ability to highlight any current issues e.g. supply problems would be valuable. More detailed advice on prescribing in hepatic and renal failure could be included or hyperlinks could permit access to existing resources.</p>	<p>1 Easy access in a variety of settings 2 Continuous updating including supply alerts 3 Highlighting interaction/side effects 4 Reliability and speedy resolution of potentially conflicting advice from other sources.</p>	<p>Direct links from the BNF to the on line Palliative Care Formulary (PCF), opioid conversion tools and syringe pump compatibilities would also be very useful.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Macmillan Lead Cancer Nurse	<p>Would welcome ready, free access to PCF</p>	<p>access to PCF</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
CT1 Psychiatry	<p>Print BNF are still essential especially with multiple home visits in order to ensure safe prescribing. The BNF app frequently updates itself and then requires a memory of the NHS athens password which frequently is changed/easy to forget with multiple passwords for other purposes. Without the print edition i will have little ability to check the BNF so will have to see a patient, go to the office and then go back to see the</p>	<p>I think it would be helpful to have more of an understanding of the frequency and severity of interactions.</p>	<p>More information would be good on renal/liver prescribing. Possibly icons regarding safe in pregnancy/renal disease/liver disease.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE</p>

	<p>patient and provide the prescription once i have accessed the BNF where i am unfamiliar with the medication. This may delay prescriptions by 2-5 days.</p>			Board.
GP	<p>seems fine</p>	<p>Linking to prescribing support and evidence bases is good. i use CKS as easiest to use. Unifying the best practice and prescribing seems good. Build in calculators -eg chadsvasc/hasbled</p>	<p>I think every ccg is ring to repicate the BNF in part as a local formulary - all doing this individually and sourcing IT support and web hosting to do this. Why not have an ability to "skin" the bnf according to local need incorporating local guidelines. 212 ccgs each spending lets say £5000 annually to maintain a formulary- £1m annually nationally</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Consultant in Palliative Medicine	<p>Although it will be challenging for me to get used to using an online version rather than the print one I am used to, I think it will be beneficial to be confident that the information I am accessing is up to date & linked to other sources of prescribing info,</p>	<p>I would want the enhanced BNF to be linked to the online version of the Palliative Care Formulary & Electronic Medicines Compendium, both of which I use regularly.</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Surgical Care Practitioner</p>	<p>The BNF should move away from a model that is based on the paper version.</p>	<p>I would like to see a BNF that is up to date at all times. The digital link between the BNF and supporting evidence form other sources is what would be most beneficial to myself.</p>	<p>Linking to NICE guidance and clinical trials. For example, under ACE inhibitor the BNF will provide prescribing information for ACE inhibitor following MI. This could be enhanced with linkage to NICE guidance and significant published trails.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Clinical Nurse Specialist Malignant Bone</p>	<p>I agree with the vision of the enhanced BNF in that it is based on exploiting the advantages offered by digital media to provide the right information, in the right format, in the right place, at the right time. however total reliance on IT and internet access at present does not support this use in the acute setting. access to trust WI-FI from devices other than PC's need to be considered.</p>	<p>I would want this to be linked to the electronic rescribing, as suggested be searchable and browsable in multiple ways, such as by drug, condition and patient characteristic, so it can be easily accessed. Include high quality prescribing information to help improve patient outcomes by supporting health professionals to choose the right medicine, at the right time for the right patient, including patients with more than one medical condition.</p>	<p>links to an upto date electronic version of the palliatve care formulary (PCF) which comprises of drug momographs and more general medical topics would enhance prescribing for patients with life limiting conditions or for patients requiring symptom management as part of their cancer treatment</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Consultant in Palliative Medicine</p>	<p>I agree that it is a sensible and appropriate approach.</p>	<p>I think having the ability to keep the document updated and linking to other sources of prescribing evidence is very helpful. In particular I was interested in the links to other sources of information. As a specialist in palliative care I would value a link to the Palliative Care Formulary 4 (or future updated versions). As well as a being a full time clinician prescribing for patients with palliative care needs I am also the co chair of the Scottish Palliative Care Guidelines Steering group. We have been fortunate in Scotland to have had the PCF4 available as an online resource via the NES Knowledge Network. As you will be aware the PCF4 is a core text and source of evidence for prescribing in palliative care and we plan to have links from our electronic guidelines to this site. I also regularly use it clinically as it contains more information on specific drugs that we use in palliative care than the BNF could carry in a paper format. I also find it a very useful teaching resource especially when using medications that generalist clinicians may have little experience of and can direct fellow clinicians to it when required.</p>	<p>No I think you have covered the main points.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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Macmillan Lead Principal Clinical Pharmacist (Palliative Care)	<p>I would be happy to support all the principles described in the consultation document.</p>	<p>I would be keen to see linking to additional core texts/resources I routinely use. In particular I would like to see linking to the on line Palliative Care Formulary (PCF) which I use in my own practice and as an aid in advising other clinicians.</p>	<p>No. Thank you for the opportunity to comment.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Pharmacist	<p>Broadly supportive, but feel it may be too ambitious. For BNF-C in particular, the main use is in finding out what dose to use, rather than choice of therapy. Indeed choice often comes down to local factors which may or may not include appraisal of NICE guidance, and it may take quite a change of practice before people start using BNF to help them decide what to prescribe. I would find referencing of dose recommendations useful to help decide whether to follow them e.g. the recent change of co-amoxiclav frequency from 8 to 12 hourly in children under 3 months seems largely to have been driven by SPC changes that were being harmonised across Europe rather than being based on any sound evidence. Since co-amoxiclav is safe when given 8 hourly to children > 7days old, is a time dependent agent, and we live in a time of increasing antimicrobial resistance, it is tempting to</p>	<p>Recommending (with references) doses that are perhaps not licensed, but where a strong body of published evidence exists to suggest a different dose should be used.</p>	<p>No.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	ignore BNF-c dosing on this.			
Senior Pharmacy Technician	I am for the enhanced BNF if access to network can be maintained at all times and Trust IT can provide the resources needed for mobile phone or ipads apps to accessible. Every area of hospital need access to network - currently staff are fighting for access to PCs There has to be drive to train or all staff to use technology rather than papercopies (which should be removed from all locations). Need to have more user friendly navigation system	Up to date information at your finger tips.	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant in Palliative Care Medicine	Will improve the usefulness of information.	Include the Palliative Care Formulary (see below)	The BNF should remove its sections on palliative care and adopt the Palliative Care Formulary which is a far superior source of information on palliative care prescribing. As many conditions become more life limiting than life threatening the need for high quality information on palliative care prescribing will become increasingly important.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Medical Officer in Palliative Medicine	Sounds good	Easy, up to date access	Please link PCF (Palliative care formulary) to BNF as this would enhance the service	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Specialist Medicines Management Technician	<p>Good idea as always the most up to date version available. Worry about staff not having access to digital version eg when out on visits or in places with no signal for internet</p>	<p>Constant updating Easy to use online</p>	<p>Just concerned for those without digital access. We are not supplied with smart phones / iphones so not everyone can access the BNF if no paper copy available.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
medical secretary	<p>Positive step forward and reflects modern thinking and ways of working</p>	<p>Easily accessible and easy to navigate</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Medicines Management Pharmacist	<p>I agree with the general aims, however I find the current BNF online is not formatted in a way which is easily read. It is best used for specific questions, such as the dose of a particular medicine. The notes on prescribing in each section of the BNF are extremely useful in my work and these are not as easily accessed or as obvious in the online version. There is a risk that prescribers looking for a particular piece of information will neglect to read them entirely. While electronic resources are becoming more and more</p>	<p>Accessible Easy to read format for all information</p>	<p>Not that I can see.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	important, my hospital does not yet have sufficient computer terminals on wards to facilitate regular access to an online BNF. This is further complicated by the fact that the wards do not have access to the external internet, and ward staff are not permitted to carry smartphones while on the ward.			
Community Heart Failure Specialist Nurse	I believe it is a good idea to move towards the digital approach of delivering the BNF and updating information on a regular basis. Having access to a laptop, as we move to mobile working in the next month and a blackberry to download any Apps, I am happy to dispense with my print edition.	#NAME?	No I feel it has a comprehensive consultation which is appropriate given the times we work in; however I would like a print version to be maintained for those times when remote access or IT systems break down!	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Pharmacy Manager	As long as access is restricted to healthcare professionals as patients will end up demanding certain things or scaring themselves	more updated details rather than only every 6 months	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Associate Specialist Palliative Medicine	Would be helpful. I would particularly value inclusion/link to the PCF (Palliative care formulary) an invaluable palliative care resource that I frequently use.	Up to date evidence based information	As above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Improvement Manager</p>	<p>We are very supportive of this proposal and can see the benefits of improved safety and the linkages with NHS England vision for all people with long term conditions to have access to digital care plan by 2015.</p>	<p>Improved safety and speed of access to searchable data. This proposal has potential to link with digital care plans that will allow patients to access drug information.</p>	<p>We have made the following assumptions: - the e BNF will be embedded within GP systems for ease of access to information. - e BNF will be free - users will be updated of changes via e bulletins/alerts - consideration will be given to people living or working in areas with poor signals - recognition of the hardware and software costs for organisations have been taken into account.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Medical Library Manager</p>	<p>It seems inevitable that the BNF has to progress to online only and use existing / emerging technologies</p>	<p>Offline usage</p>	<p>You need to include the Channel Islands in the deal - we cannot access any NHS ATHENS resources and are extremely disadvantaged in this respect. We have a fair sized hospital as well as over 100 GPs, and everyone relies on the print version, which is not really viable anymore, especially when compared to the app. To purchase online access is too expensive as it stands. Though it is free online on registration, offline handheld access is really what is needed. We are especially stretched financially as we have to create a bespoke collection of online databases, books and journals to try and provide parity with NHS Evidence, which is quite</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

			a tall order, given a small library budget occasional contributions from other department. Please help us!	
pharmacist	It's all well and good having an on-line version, and the updates in between printed editions are useful,, but I don't think it can replace the usefulness of having a printed book. In a busy community pharmacy it is easier to look up what we need more information on in a book so that the computer can still be used for other procedures. Perhaps the on-line version is more pertinent to hospital pharmacy.	That it be user friendly, eg allow two or more tabs to be open if looking up related things.	Don't know.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Academic Pharmacist	The BNF is widely considered to be the authoritative quick reference guide to medicines and as such should be the single recommended resource used by front-line NHS services. It is widely used by many healthcare disciplines involved with medicines and and contains relevant additional information, guidance and support e.g. introductory sections / appendices. As such the vision to make this even more widely available, accessible and authoritative is welcomed. I would hope that this would reduce the excessive printing	Ability to access content via tablet, smart phone and other handheld devices. Ability to easily search by multiple routes / search terms / categories as stated. Web links to further information e.g. NICE guidance and electronic Medicines Compendium (SmPC) A patient-centred version providing links to PILs and relevant information on medicines and general advice. Ability to open this content within App or browser screen, without having to access an external site.	Full integration into existing electronic prescribing (primary and secondary care) and PMR software. Inclusion of detailed guidance to guide not only safe and efficacious, but also cost-effective choice of medicines. electronic compliance monitoring e.g. push new guidance / updates to user and requires them to digitally sign to say they have read, understood and will comply with this.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

	and distribution costs. The BNF is widely used as a teaching aid within undergraduate and postgraduate education of healthcare staff involved with medicines.			
Chief Pharmacist	Need to ensure that everything matches and that information provided is accurate and up to date. In terms of medicines, need to highlight in the BNF products which are referred to generically but which are unlicensed 'specials' from a primary care point of view useful to include NICE agreed pathways within the BNF to support optimisation of treatments.	Easy to use; links to other authoritative guidance easily; includes up to date prices; includes medicines optimisation advice supporting concordance before automatically escalating.	People still like hard copy for easy reference and to browse. Need to consider whether like the drug tariff you have a pdf version which you can download if you wish-not necessarily to print out but sometimes easier to use in this format. Access to electronic version available to all NHS staff....	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Retired pharmacist	Good idea, but the project needs to be done very gradually and piloted to a wide range of user groups and refined thoroughly several times before being launched. Examples of the proposed links between NICE guidance and BNF would be good to see. With no single computer system in the NHS, getting everything to work on all the UK's primary and secondary care systems will take a great deal of time and effort in testing before launch. Please a) learn from the originators AND the	Addressing the point you raised about the sometimes conflicting advice from NICE and that in the BNF. Get this right in the print version first, for BNF users to see what it's all about, then move to digital.	As above: do not underestimate how long all this will take to do. Ensure the expertise and knowledge of the current BNF team are fully used throughout the project, as the changeover from the existing digital format for print to the new format will no doubt throw up all sorts of problems which will need to be solved on the spot by experienced production staff who also know how the BNF is used in practice. Make sure that plenty of 'detail people' are involved	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board. NICE will undertake extensive user testing on any enhancements made

	<p>users of the New Zealand changeover about what did/didn't work/what they would do differently if they were doing it again b) do NOT get rid of the print version until everything is working smoothly with digital. I have seen chaos caused by people insisting on sticking to unrealistic project deadlines, rather than taking a bit more time for thorough testing of new technology. Users rely on the BNF to be there, in whatever format, for quick reference in busy clinical situations. This must not be forgotten by any of the advocates for change, it and must be top priority for the teams creating the enhanced version.</p>		<p>at all stages - the BNF chooses every word with great care because of the importance of its information. Yes, you will need planners and people who can see the big picture, but the success of this project will stand or fall on detail. Users must have easy and reliable access to the new format by whatever means they use, and attention to detail will be the means to ensure this happens first time, every time.</p>	<p>to the BNF.</p>
<p>GP</p>	<p>The print format is so useful for the majority of times needed. If there are recent, urgent changes, these can be sent via email/text. BNF via Kindle, or SMART phone would bridge the gap for those carrying them. As for print BNF vs Kindle equivalent, you can't write in the margin as you can with the book version. BNF in book format is a vital bit of kit in Third World of course.</p>	<p>Speed and ease of access</p>	<p>To be able to add one's own notes eg on using a particular meds with a particular patient, would be good as can be done with pen in the print form</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Macmillan Palliative Care Clinical nurse specialist</p>	<p>Excellent idea we need to embrace new ideas, but may also need fall back on access to hard copies. We are going wi fi here at our trust but we do not always have the hard ware to access on wards</p>	<p>checking odes, medications, and contraindiactions</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Lead Surgical Pharmacist</p>	<p>Although I find the print format easy to use, a good digital source is as accessible, and more up to date. Sadly, the BNF and BNFC apps are not even remotely good digital sources; I've found downloads and updates to fail on a regular basis, and the information within it seem less than within the print book, meaning when I can access it, I don't entirely trust what I find there. The apps should, at the very least, contain everything the print version does. As it is, after using them for a while, I deleted them as not being worthwhile. Access via a computer is useful, but often on a ward or dispensary setting is actually more time consuming than using a print version, because of the need to find a free computer to use. In the absence of the print versions, I would use them more often, however, as the content is better than the apps.</p>	<p>The same information as in the print version should be available, but take advantage of the extra opportunities that digital media offers - the chance to hotlink to other sections within the BNF, or even to advice from other sources, where that has been the basis of what the BNF says, allowing users to go straight to the original source material. Linking to SPCs and PILs, where available, via the eMC, makes a great deal of sense and would be a great help to prescribers when looking at drugs. Making it easy to access and widely available is also of vital importance, as on a ward, doctors and nurses are likely to refer to a print version (even if old) because of simplicity - any digital media needs to be as simple and easy for them to use, and as widely known, or people will default to what they have always done in the past.</p>	<p>Although using medication in such a way is outside of product licenses, and evidence is largely anecdotal, could it look at how to administer medication to patients via PEG tubes, ng tubes, which medications can be crushed or dispersed in water, etc? This is something that arises on an extremely common basis on wards, and although there are some useful books out there (we use the NEWT Guidelines in my Trust, though we have others available), but if we are going to make easily accessible digital media, then being able to answer these questions in such a format would be greatly useful to doctors, nurses and pharmacists on an almost daily basis. The problem, of course, would be finding evidence in such a manner that it would satisfy NICE.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Lecturer in Clinical Pharmacy & Pharmacy Practice</p>	<p>While agreeing with the vision and that it isn't possible to maintain the absolute currency of the material in the paper format, access to the digital format would need to be carefully thought through. At present only NHS staff may access the App therefore excluding all pharmacy students and all community pharmacists. The on-line version is less easy to use and has less functionality if this could be addressed or allowing wider access to the App then many of the disadvantages of going away from the paper format would be resolved. If it was on-line or App only what would happen in areas where network coverage and broadband access is poor e.g. rural parts of the country?</p>	<p>Important and useful elements of an enhanced BNF/BNFc would include: easy search tool; links to related material such as NICE guidance, MHRA information, key evidence; more portable; compatibility with decision-making tools; signposting to safety information such as pre-treatment tests and on-going monitoring recommendations;</p>	<p>Just to repeat the need to consider access to the digital format, whether on-line or via an App, in terms of who has access and what is to be done in areas of the country where network and broadband access is poor.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Senior Lecturer in Clinical Pharmacy and Pharmacy Practice</p>	<p>Whilst I think the vision from the prospective of keeping up to date with the most current changes and advice is essential, I am concerned that for everyone online access is not always ideal. From a teaching perspective it is vital a student can 'use' a book correctly and not simply really on a search online bringing up an answer for them. Using a book such as the BNF I believe is an essential skill that must be learnt. Also some students still don't have access to smart phones and IT outside of the university as we see a widening in participation in Higher Education and so this should be kept in mind. Also when IT fails, EPSr2 being a key example, we can find ourselves in difficult positions if we rely to heavily on IT alone for day to day practice. I am not against electronic versions, simple feel there needs to remain a dual approach.</p>	<p>The most important element is being up to date with the latest information. It allows things such as MHRA alerts, NICE guideline changes and other information to be actioned immediately, keeping clinical governance high on the agenda and putting our patients first.</p>	<p>See comments above</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Prescribing Adviser</p>	<p>I think this is a positive development</p>	<p>I find it more difficult to find the relevant part of the BNF when using the App & online access. Only limited text is displayed. I can navigate around the paper BNF to find the information I require more easily. I hope the enhanced BNF search facility would rectify this problem. If conflicting information from sources could be rectified as part of the process then that is important - common conflicts are between 'consensus best practice' and 'manufacturers authorised doses / indications' etc.</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Director of Quality and Clinical Effectiveness</p>	<p>I am supportive of the concept as it means timely update of effectiveness and safety data with its respective advantages for clinicians and patients. Improving accessibility via enhanced digital access provides timely decision making information.</p>	<p>Robust evidence informed decision making as evidence of effectiveness and safety is continuously updated should improve patient outcomes.</p>	<p>Digital delivery needs to be phased as need to take into account e-prescribing system availability in the various locations where healthcare is provided. BNF is used not just by clinicians with prescribing rights, but also by other healthcare professionals, and digital access may not always be available.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Consultant in palliative Medicine</p>	<p>I agree that the BNF should be available to professionals via electronic media and should be the primary source of drug information for prescribing in the UK</p>	<p>From the palliative care perspective, I think it is essential that medical and nursing staff caring for patients in the last year of life have free access to the latest online version of the Palliative care Formulary (currently available on subscription via palliativedrugs.com) There are compelling reasons for this: - most patients towards the end of life receive primary and secondary care, but a minority receives specialist palliative care (the group that generally invests in access to this either via the website or as a book), and therefore many patients do not have the benefit of their caring professionals accessing that resource - many of the professionals who do access the PCF at a cost currently, work for hospices which are largely charitably funded, and would greatly benefit from free access to the PCF online as part of the BNF - it is rigorously researched, and clearly states sources of evidence for recommendations (making it easy to see the level of evidence that has prompted the advice).</p>	<p>Please include free access to the palliative care formulary for those who have access to the BNF It may be useful to include links to the not-for-profit emcMedicines website, that would allow users to access the SPCs and PILs for drugs they are considering prescribing, so that they can decide - in partnership with patients - whether or not to prescribe drugs, having been able to access information on the frequency of various side effects etc</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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GP Registrar	Good idea.	Local formulary annotations.	I want to be able to make my own notes, and have these sync across devices, please. I think you should consider merging the BNF and the BNF for children. More intelligent ordering of search results in the apps / website.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Paediatric Consultant	I fully support such an initiative. For long I have been using american systems for interactions etc but these are frustrating as it does not integrate with anything here.	A digital format capable of interacting and being in apps which can integrate with other systems would fall in line with a vision of single point of access and ability to connect with other software systems.	Childrens BNF should also have an enhanced interface with drug interactions as well as integration with medical calculaters	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
GP	Please do not get rid of the print version. Our computers are unreliable and internet access is slow. It would seriously impact on consultation time if I had to rely on internet access.	I think it would be useful to have guidance in one place but that should not be only on line or downloaded version.Until IT improves in rural locations the print version is essential.	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
GP	Please do not get rid of the paper version , vital to be able to glance through , takes seconds rather than minutes. Our internet is so slow here, as is the mobile	that there is a paper copy too	No but I am concerned that those that do not have easy access to the internet are overlooked	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital

	network service			infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Core Trainee in Psychiatry	This is much needed.	Linking to evidence about each drug.	No	Thank you for your comments.
CNS	It is an excellent suggestion and will be a welcome change which will give added benefit for the patients we see.	Again a very useful document to have while on the community, and in areas where sometimes the mobile phone signal is poor.	Not from what I can see.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Clinical pharmacist-critical care	In principle the planned vision sounds good but might be difficult to complete in practice. By stating the resource will be a single authoritative source there has to be acknowledgement of all the unlicensed and off label uses of medicines which currently the BNF does not provide information about. I work in a critical care area with	Comprehensive information irrespective of cost implications. The BNF differs from NICE as it states the information rather than apply pharmacoeconomic principles- the integrated NICE information should be separate to the BNF information (links to the NICE guidelines on a separate website would be fine though). Unlicensed	Martindale is a fantastic resource for diseases and treatment options with the reference sources available. The enhanced BNF should acknowledge primary and secondary research and include links where appropriate to this information so that healthcare professionals can see the evidence base for	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE

	<p>access to a clinical information system and having a link to the online BNF is good but there is also the understanding it is not the only resource available and all healthcare professionals should have access to multiple resources to ensure appropriate treatment options are used. Having an enhanced BNF with links to NICE guidelines, primary evidence, UKMI resources, SPCs, Martindale, Stockley etc. would be a very valuable resource. Often there can be conflicting information from reliable resources, the enhanced BNF would have to acknowledge this conflict rather than pick one definitive option to recommend as there is not always just one answer. I agree that the hard copies of the BNF are now out dated and therefore an electronic only format is more appropriate. Continued links to CSM and MHRA safety updates and tables of equivalence (steroids) which are very useful.</p>	<p>medications need to be acknowledged as well as off-label use of medicines. The off-label use of medicines is contentious but also used regularly in all areas of the NHS.</p>	<p>treatments recommendations. The medicines compendium is also a good resource and having links to manufacturers literature would enable HCP make correct decisions. More information about pharmacodynamic effects of medications and the pharmacokinetics of medicines. Having easy access to the half-life of medications or how a drug is metabolised would be a great help. From a pharmacist point of view- the BNF is used as a resource available when taking the pre-registration exam. If the book ceases to exist how would this be accommodated in this exam?</p>	<p>Board.</p>
<p>Consultant Psychiatrist</p>	<p>The BNF already has the characteristics that the document aspires to. I think BNF should remain a source of information for drugs and therapeutics. Whilst it is informative to refer to the guidelines from NICE the source of information should remain</p>	<p>Easier online access. The apps need to be easier to operate.</p>	<p>Nothing apart from above.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	independent of NICE.			
Medical director	Please could you link the BNF to the current Palliative Care Formulary to provide evidence based prescribing for specialists and non- specialists in end of life and palliative care? This online service was free until recently and an electronic version free to all professionals like in Scotland would be great	Accessibility for all, multiple formats including paper and online, regular updates	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant in Palliative Medicine	Palliative Care Formulary is essential for my work and would be an excellent resource for all clinicians to be able to access.	Range of practice	Palliative Care Formulary is essential for my work and would be an excellent resource for all clinicians to be able to access.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant Respiratory Physician	Very much welcome the move towards enhanced content and utilisability. More immediate access via apps & with up to date changes will be great. I was not aware that apps were available to NHS staff for free. Would definitely use this, if so.	Real time updates Apps & immediate/anywhere accessibility	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Macmillan Palliative care nurse specialist	It is a good resource, as it is updated regularly.	It gives sound advice about prescribing, prices of medicines and alternative, less expensive products.	Off license prescribing for palliative care.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Advanced Nurse Practitioner/Non Medical Prescribing Lead	having discussed this with non medical prescriber colleagues, we feel it meets the needs of modern healthcare. It enhances patient safety as up to date and with the additional interactions help. Gives evidence based guidance. For those of us who are working in the community it will very much enhance our practice to be able to access digitally via apps etc. 2 main concerns: If digital only some areas will then struggle, I am thinking of places like care homes where there may be no computer access when admin staff have gone home. Also relies on good consistent internet connections and needs to be user friendly as not everyone is technologically competent.	Accurate and up to date information. Ability to access information re drug interactions. Links with local formularies.	Just to please bear in mind that access to computers/smart phones cannot be assumed to be universal.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Clinical Pharmacist	The points set out in Section 2 are commonsense and digital access is already important for many users. Overall though, this is a narrow NHS- and NICE-centric vision for the BNF. If all this is going to be done, then it might as well be shared widely. Why limit the BNF - and the skills	Access on line and via hand-held devices - which most prescribers use daily. The latter are something of an insurance when online fails - as it does often in hospital - or is just so slow that people skip it. However, whatever is said, it is often useful to have a plain old	Yes - you have completely failed to take a 'global good' view. Just because other institutions take a narrow user-pays view does not mean that the BNF/ NICE have to follow suit. Through my links with other countries, I am led to believe that NICE has	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE's remit is to provide access to the BNF and BNFC in the UK. NICE International operates on a

	used to create it - like this? It is also a rather selfish approach. For many years, prescribers in much poorer regions than the UK have used the BNF as a prescribing standard - while access was often by handed-on copies, there is an opportunity right now to share the benefits but it is not evident in this rather selfish vision	paper copy - especially when several people are discussing something. Also, it's easier to flip between pages in the paper version.	expensive consultancies whereby it 'assists' others in healthcare issues. For once, taking a global good perspective and making access available, ideally freely or certainly cheaply, for example through WHO, would be a real service - and I am sure DFID could use some of the resources it uses not so well in some areas to assist here.	strict non-profit fee-for-service basis and follows Her Majesty's Treasury regulations on commercial activities by public sector organisations. Costs for all international activity have to be fully recovered. Further information is available here: http://www.nice.org.uk/About/What-we-do/NICE-International/About-NICE-International
Advanced Nurse Practitioner, Paediatric Critical Care Unit, Sheffield Children's Hospital	I am broadly in favour of developing the BNFC into a single sources of reliable evidence as long as a number of issues are taken into account. These are; 1. Poor high level evidence dose not mean there is a lack clinical of knowledge in that drug in children. There is a porosity of evidence in many agents used in children particulate in the older agents. However a body of clinically based evidence has developed over time because by necessity drugs have been used. These has been crystallised into the best available information which is in the BNFC. Before BNFC some drugs information was available in RCPCH medicines for children, this was very useful but contained a limited no of drugs and before that references from single centres were used.	Its clear that an electronic platform has many advantages over paper copies but much effort needs to be invested in ensuring these systems are constantly available. I currently have the BNFC app on my I-phone which is accessible about 50% of the time. This because of signal problems rather than App problems. Currently poor 3G coverage makes anphone App difficult to use and the book is resorted to every day. This is inside a children's hospital in a major city, the community use of the App is currently next to impossible. A whole NHS strategy is required to sort the technology issues out.	Yes two very important areas are; 1. Drug dosing in obesity, which is an increasing problem in children, partially with regards to when to change doses. 2. Clear guidance in BNFC about when to start using adult dosing, this is a source of considerable confusion in Paediatric practise especially as there few Nurses left who have an adult background so have no "feel" for standard adult doses.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board. Since they work offline, a connection to the internet is not required once the BNF and BNFC apps are downloaded onto a mobile device.

	<p>This lead to wide variety of clinical practise across the UK. It may be that the best evidence is through professional consensus guidelines and as long as that's acknowledged this has to be an acceptable bases for decision making in Paediatric drug use if no other evidence is available. 2. Evidence from outside of the UK is taken in context. In the resent guidance on the use of Codeine in children concerns were raised in America because of the deaths of a number of children after ENT surgery. This obviously should be avoided at costs but the American situation was just not comparable to that the UK with a totally different surgical technique, no use of non steroidal and very high doses of Codeine. In short the use of the dru</p>			
consultant	<p>Sounds like a good idea. A resource that is regularly updated and is transparent is obviously key. If we can compare drug effectiveness this would also be very useful. References to the relevant NICE document or Cochrane review would be useful.</p>	<p>Easy access to dosage, pharmacological action and side effects. Ability to search for interactions. The advantage of any electronic resource is space so an enhanced version could be a useful tool to link to evidence base.</p>	<p>Mentioned but not clear about how-I would really like a patient resource that I could print off in clinic to give to my patients.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Clinical pharmacist	<p>Strongly disagree. Although it sounds sensible it may actually increase ther risk of harm to</p>	<p>searchable. Robust. Uptodate. High quality</p>	<p>Current online version is difficult to navigate and lacks much of the info that is</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the</p>

	<p>patients. Junior & inexperienced staff may use the information to make clinical decisions without referring to experts or specialists. Obviously, professional judgement is required by the users but on night shifts etc, I fear patient care may inadvertently be compromised</p>		<p>contained in the print BNF. Now your abandoning print, the online version needs to be fit for purpose</p>	<p>consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Clinical Pharmacist and Medicine Information Manager</p>	<p>See overlooking comments</p>	<p>See overlooking comments</p>	<p>Idea is good. People generally have smartphones, but will they wish to use them on the wards for work purposes. Access to ward computers is difficult enough (lack of PCs, COWs) and erratic generic internet access. Clinical staff on wards need a book reference on their drug trolleys, to check medicines, doses, etc - it is impractical to leave to try to access the computer. Those Trusts in financial difficulties or very large teaching Trusts, will be viable to purchase a large number of BNFs for Trust use? The Trust will have to weigh the clinical risk of not buying the new BNFs and leave the old BNFs on the ward for prescribers/nurses, etc to use. A number of BNFs go missing. It is not good ethos to see many healthcare professionals on their phones (work or social</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

			<p>purposes?). We are considering not to buy BNFs and leave the old ones in the clinical areas for use and its subsequent risks. There is also concern this is part of a long-term plan for NICE to stop distributing BNFs.</p> <p>Smartphones can get lost, need constantly charging and will not be able to be carried at all times on the wards, where a BNF hardcopy is available for all to use on the ward - despite its small risk of being slightly out of date compared to the eBNF - if you can get generic access to a computer and are trained to use the eBNF efficiently.</p>	
Practice nurse and non medical prescriber	<p>I believe it is the way forward. All clinicians in primary care have access to the online version. it is more up to date and fairly easy to use. Having a 'one stop shop' for medicines information would be extremely useful. Paper copies are quickly outdated and should be phased out. The system would need to be easy to use. I am in full agreement with the vision.</p>	<p>keeping information updated. the ability to quickly obtain medicines advice, information for pts to make an informed decision and gold standard evidence in one place.</p>	No	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Practice pharmacist	<p>Pro online and digital media. Only issue is when needs to be used in the classroom for students work, not every class has a online access or BNF app.</p>	<p>Updated live, one stop shop,</p>	<p>if its online, could incorporate other media types e.g. photos, graphs etc.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>PRACTICE EXCELLENCE LEAD</p>	<p>Good idea, everything is easier to access electronically, as long as there is a plan for if the IT systems are inaccessible, it may not work well for staff that work without IT access as a normal part of their role</p>	<p>Having accurate up to date information</p>	<p>no, but i do not use medicines as much as I have in previous roles</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>GP and Prescribing lead for South eastern Hants CCG</p>	<p>Sounds like a good idea . I think it important to maintain paper option as well as online we are all aware that it can get out of date but not always possible to access online when visiting patients at home</p>	<p>Up to date Easy to access Browsable Link with key evidence</p>	<p>I think the NHS should be firmer about what is best option for prescribing and the BNF is best way of communicating this</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Pharmacist</p>	<p>- The BNF is used by more than prescribers yet all your vision is designed only for prescribers; I may become a NMP in the future but I'm not sure that will change the way I need to use the BNF - I make de facto prescribing</p>	<p>Facilitation of ease of access - see above interfacing and contextualising of info with local EPMA systems - there are relatively few EPMA providers in the UK - agree a core set and work with them to achieve this interface centrally so individual</p>	<p>- really like the idea of it being a portal to medicines info - but the current NICE portal (that has been bolted onto the front of the old Athens page, that did work!) doesn't work for me - I can never ever find what I need - ease provide a more</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	<p>decisions every day of the week</p>	<p>trusts don't have to fund and deliver this - it is such a pointless duplication of work & expense accessing the eBNF must be as easy as accessing the book - you're taking the book away and irrespective of the risks of using OOD editions, it remains the easiest point of access - having to log in and wait for the profile to wake up is too slow - realise this is a local IT problem rather than a NICE problem but you are overlooking these constraints really like the idea of PDAs being included in the BNF but some are already in development by non specialists and this work needs to be coordinated: www.england.nhs.uk/ourwork/pe/sdm/tools-sdm/option-grids/ or optiongrids or choiceandmedication or www.england.nhs.uk/ourwork/pe/sdm/tools-sdm/brief-decision-aids/ or sdm.rightcare.nhs.uk/pda) Smartphones and iPads are a great idea for easy access but are not readily available in clinical settings where decision aids are provided, contextualise those with non-drug treatments</p>	<p>explicit</p>	
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<p>Consultant Pharmacist in Medicine & Medication Safety</p>	<p>I think this is exactly the right vision for the future. The paper BNF is destined for the history books. The enhanced BNF must however not lose its place as the authoritative guide for UK Health professionals on medicines. In particular it needs to maintain its practical and pragmatic advice for example about classes of medicines and guidance on prescribing in renal impairment or how to give injectable medicines etc. This type of advice will never be covered by NICE guidance but the BNF would not be the BNF if it was only allowed to present information about medication that had grade 1A evidence base. Its strength is it is intended for use to in real patients not just "ideal" clinical trial patients</p>	<p>The enhanced BNF must however not lose its place as the authoritative guide for UK Health professionals on medicines. In particular it needs to maintain its practical and pragmatic advice for example about classes of medicines and guidance on prescribing in renal impairment or how to give injectable medicines etc. This type of advice will never be covered by NICE guidance but the BNF would not be the BNF if it was only allowed to present information about medication that had grade 1A evidence base. Its strength is it is intended for use to in real patients not just "ideal" clinical trial patients</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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<p>student health visitor</p>	<p>I think it is beneficial to be able to access it quickly through an app as this would help to inform practice in the now and allow for better decision making regarding medicines for patients. As a student health visitor I am currently undertaking the prescribing module. Once I qualify I know I will need to gain confidence in prescribing and by having access to the bnf in an app this would provide me with valuable knowledge to aid my prescribing. I also agree that by having it on line etc updates can be added as they happen which is beneficial to being up to date and evidenced based. Having an app may also be useful in that would not matter if you did not have an npf or bnf to hand such as in a clients home as would allow u to access the required information allowing u to complete a prescription there and then.</p>	<p>New information clearly seen so perhaps online site or app could alert u to any changes in some way. Easy to find what u r looking for. Logically presented. information such as what drug is for, side effects etc. safety alerts. Npf section for community staff to access.</p>	<p>Access to computers etc has been considered.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Interface lead Pharmacist</p>	<p>I am supportive of the digital format of the BNF and BNFC, very user friendly, very easy to get information. Can be used off line, but if access required to links this is not possible in areas where there is no wifi/internet signal.</p>	<p>As above, search function lists possible option thus making it easier to pick what is required, very easy to use, quick to download, regular updates</p>	<p>Link to NICE guidance available offline via the NICE app as well (so if you have the NICE app and the BNF app on your device they will link thus access to the NICE information is available and visa versa.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will</p>

				continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
NMP Lead	This would work in acute trusts however in primary care you are assuming a level of digital technology that does not yet exist	I think it is premature to go ahead and withdraw access to hard copies to staff working within primary care undertaking home visits	Yes, prescribers working in primary care and undertaking care in patient's homes do not have access to the technology as yet	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p> <p>NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Policy Advisor, Transparency Team</p>	<p>I support the vision but would advocate that the underlying standards, schemas and codes that are used and referenced with the BNF are published as open data. This does not mean to say that the content should be published as open data (although it would be good to consider which elements might be), but if the codes etc are published then it will result in benefits as seen in other domains (including parts of the health space), such as: More joined up systems with more consistent data; and A more competitive market as provides will be able to build tools/apps outside of procurement processes. Consideration should be given to the terms underwhich the content is licenced too.</p>	<p>The points mentioned above about open data.</p>	<p>The points mentioned above about open data.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>community pharmacist</p>	<p>Good intention. Important to have up to date information. However working at a busy pharmacy, it is more convenient to have a bnf book on hand. Referring on line can prove difficult because of the number of staff sharing the computers. Hence I prefer to have bnf book published twice a year.</p>	<p>dosage, side effects, contraindications, drug interactions</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

				NICE distributes print BNFs free of charge each September. Copies of the March editions are available for purchase here: http://www.pharmpress.com/
Community Matron	Sounds like a good plan. I'm keen to utilise BNF in digital format.	searchability and browsability, accurate information quickly, knowing that all info is up to date	can't think of anything	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
nurse practitioner	whilst i appreciate that things are changing and we are a much more computer/technology reliant age I VERY much like my paper copy of the bnf and bnfc I would be very lost without these. Not everyone has access to tablets etc. my use of the online bnf so far has not been extensive. we need to have provision for power cuts and areas of poor internet accessibility.	having bnf linked to systems in gp surgerys would be useful. we already have some prescribing support tools and I think it is poss to get the bnf info linked but for me this kind of thing needs to be simple and easy to use and well publicised. there seems to be a lot that I am just not aware of with regard to online prescribing support.	no. lots of extensive information.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

Consultant in Palliative Medicine	sounds like a perfect world	I don't have access to apps but know that many colleagues and my inpatient hospice unit would make use of comparisons and links to primary sources, algorithms for safe practice, for example dose modification in renal failure links to specialist formularies - eg palliative care formulary, renal failure prescribing guidelines would be very useful I would personally access all these things on line on my desktop if they were available	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Associate specialist in palliative medicine	Good idea Currently use mims app a lot Still good to have some print copies while in the transition phase	More information where differences between nice and bnf Advice on patients with multi morbidity and frailty Ability to link to PCF. Palliative care formulary which gives advice where medications are used to manage symptoms ,	What are costs of the BNF apps going to be ? Currently clinicians are not obliged to buy their own print copies .	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. The NICE BNF and BNFC apps are available free of charge to NHS employees. We expect them to continue to be free of charge. More information on how to access the apps is here: http://www.nice.org.uk/About/What-we-do/NICE-apps-for-smartphones-and-tablets
consultant palliative medicine	agree with everything proposed	no need to check other literature, its all there. Palliative care section in BNF is poor and including pall care formulary	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the

		within BNF would be ideal		development of the enhanced BNF.
salaried GP	Consistency of advice has to be a good way forward	current advice	palliative care prescribing advice in line with palliativedrugs.com formulary. This would be useful as some palliative care prescribing is off licence or anecdotal so advice from experts in the field would be incredibly helpful.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Pharmacist Manager	A very good and useful idea for community pharmacy. It would be more up to date than using a text version which is published twice yearly and will give information much quicker on medication queries through digital search functions. However, it would be useful to have this fully integrated for FREE in pharmacy dispensing programs (e.g. proscript) and access to all areas of the eBNF should be FREE on and off site for pharmacy managers.	From the POV of a pharmacist, medication usages, directions, side effects, cautions and other aspects relating to the use of the medication must be substantially clear and quick to access. The current online BNF does not do this as well as the hard copy book version and makes it difficult to use day to day. A more interactive and detailed version of the eBNF would be required to go forward.	No, this looks like a very good approach to making prescribing and medicines delivery safer and quicker. I think this will be a massive step forward for medicines formularies.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Clinical Pharmacist	Offering electronic access to prescribing information must be done in such a way as to keep the content accessible and user friendly. Paper copies will never be prone to computer glitches.	It must be updated more frequently and be as usable as the print version in daily use and in remote locations - away from connections to the internet.	Any electronic version must harness the full benefits of electronic delivery while still remaining as portable, useable and reliable as the print version.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user

				requirements, subject to ongoing monitoring and review by the NICE Board.
Medicines Management Adviser	<p>a good idea to move towards a system that enables users to access the most up to date info at all times. However, as mentioned, access to suitable IT hardware for all healthcare staff and reliable access to the internet via phone line or wifi in all care settings may be a challenge e.g. in patients homes. Enabling links to key documents such as NICE or local formulary would be great. Using NICE accreditation criteria is a concern as much of the most useful info in the BNF is from specialist opinion and common practice, and may not have a robust evidence base that would satisfy NICE. Experience of NELM/ NPSA/ NPC having been incorporated into NICE is that the quality of these services and the accessibility to the info on the NICE website has deteriorated. The current online BNF is not good to access / search - you need to be able to flick between several pages at the same time, as you often need to do in the paper version.</p>	<p>easy access from all devices. Better searching facilities, including ability to flick between several pages at the same time. Links to NICE guidance, doh guidance, green book. Ability to add local notes for local users?</p>	<p>poor internet and phone signals in many rural areas</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>NICE Accreditation assesses processes used to develop guidance such as the BNF, rather than appraising specific medicines. The inclusion of recommendations which are not formed from a robust evidence base is acceptable, as long as the reasoning for inclusion is made clear.</p>

<p>Senior Pharmacist for Patient Safety & Clinical Governance</p>	<p>I think this is a very good idea. However, I think the online version of the BNF needs to be more user friendly & easier to navigate through.</p>	<p>In enhancing the BNF, it is important that it doesn't become too complicated to use for basic information required. In order to help prescribers & pharmacists alike, I think it would also be useful to have integrated calculators e.g. Cockcroft Gault equation, how to calculate BSA, BMI, Immunoglobulin doses.</p>	<p>I can't think of anything at present. As mentioned in the box above, one thing that may have been overlooked is the use of available calculators that can be integrated into the BNF online.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Consultant Paediatric Anaesthetist</p>	<p>I would be very wary of enhancing it too much. The success of electronic apps is that they are functional and not clunky. It is a balancing act getting enough info without affecting the ease of use and accessing that info. I personally feel that the balance is good at present, and that whilst it is important to maintain the evidence base for the BNF, I would rather see links and notes to access greater info in the paper version rather than in the app. As someone who has developed an electronic app for anaesthesia too much isn't always a good thing.</p>	<p>It has to be functional and easy to use i.e. the structure is just as important as the content. It needs to be comprehensive certainly, and with a good search facility. As stated above, I think the balance is good at the moment.</p>	<p>No.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>Pharmacist</p>	<p>This would be more useful and I might refer to the BNF more often. I work in areas where the BNF is not of any use and normally find myself jumping straight to other reference sources which are more</p>	<p>I hope it would become a more complete and useful reference source</p>	<p>No comment</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

	informative as I know that the BNF has no useful input.			
Locum Consultant Palliative Medicine	Would be a great opportunity to make information in BNF more accessible and keep up to date. Would provide opportunities to link with other helpful resources, e.g. palliative care formulary which I also frequently use.	I currently use the book form most frequently as I am most familiar with it and therefore can look things up quickly. I find the online version does not replicate it well. Therefore I would suggest that a clear site is the most important element to use as easily as the book.	Links to other helpful resources	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Senior Pain Nurse Specialist	Although I agree with the vision for the BNF, I would like to point out that in secondary care access to digital resources cannot be somewhat delayed. If you are working in a clinical area with limited computers, then it is far easier to look at a paper copy of the BNF rather than waiting to access it online. Also we cannot utilise APPS as this is quite rude and offputting in a clinical area	Interactions, side effects and NICE related documents	conversion tables would be useful	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

<p>Registered nurse</p>	<p>Very admirable, appreciate the need to make the formulary available through digital media, however will not have access to a computer/ipad on a drug round so printed formularies still vital for nurses dispensing drugs for quick referencing. They can stay in the drawer of the drug trolley! Computer access on wards is also an issue and the time it will take to access the information you require. Again in the clinical environment you may need to find information quickly so any apps, on line formularies need to be easy to use and intuitive. Passwords and usernames will slow clinicians down as well as the speed of the internet. It's easier to grab a printed version which may be out of date. Links to further information to support prescribing advice i.e. research, evidence base for meds etc would be great. A specialist palliative care formulary would also be a key asset as currently practitioners like myself are having to pay for the benefits of an up to date palliative care formulary on line through the palliative drugs site. NICE supporting this as well as the general formulary would be a great reassurance for those of us who work in a palliative care environment also.</p>	<p>Search terms facility on line which will enable quick links to information you are searching for, specific drugs or groups of drugs that may be helpful for managing specific complaints i.e prescribing advice for insulin regimes in diabetes as well as being able to search for a single drug. Quick reference guides for dose conversions for use in palliative care, maximum dose ranges/regimes for medications in renal failure. Having the enhanced BNF as a resource with latest supporting evidence and links to that information</p>	<p>No not really, any on line formats just have to be incredibly user friendly to compete with printed versions of the formulary that most will feel more comfortable using.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Retired. Emeritus Professor of Clinical Pharmacology, Birmingham. Senior Medical Advisor to the BNF 2000 - 2012.</p>	<p>Very pleased that the BNF is going to get a new lease of life making use of enhanced technology. I hope its reputation will be maintained in the new era.</p>	<p>The BNF content will become more widely available - which is good. The worry is that Nice will push the move to mainly electronic too fast. Some students, nursing homes, district nurses, and other non-medical prescribers will not have the necessary access and/or skills.</p>	<p>Not enough thought on non-medical prescribers and those who need to know about the drugs their patients are on eg dentists, optometrists. Taking this opportunity (the new era) to enhance the role of the BNF as a key educational tool - undergrads in medicine, pharmacy and non-medical prescribers and for postgrads as part of CPD. Do not overestimate the need for rapid updates (allow time to digest and read the criticisms) or for keeping the paper and electronic exactly the same (a warning note may suffice)</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Specialist Nurse</p>	<p>I understand the vision completely and it seems to be the direction most service applications are going in, however reservations for reliance upon more and more 'technology' does concern me as frequently its this technology that can let us down. I also feel we spend so long in front of a computer, completing forms etc that our patients will increasingly feel like they talk to the side of our heads! that being said, i can see the practical advantages of this, the updates will be more frequent and i suspect the overall cost will be cheaper and more environmentally friendly.</p>	<p>Efficiency, easy access in clinics and reliability. We cannot use mobile phones in clinic settings either from a trust point of view yet also they are a distraction and this shouldn't be overly encouraged is an opinion amongst some of my colleagues.</p>	<p>Please look at appropriate training and or online advice to compliment any changes as time delays in clinic with patients are rarely appreciated.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Hospice Community Nurse Specialist Team Manager</p>	<p>Ease of access is crucial. With the reduction in frequency of paper copies being printed from 6 monthly to annual, the phone apps become more important in community prescribing to ensure information is up to date</p>	<p>I would like it to be linked in with the Palliative Care Formulary as this is as relevant to my practice as the BNF</p>	<p>Not that I can identify</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>NICE distributes print BNFs free of charge each September. Copies of the March editions are available for purchase here: http://www.pharmpress.com/</p>
<p>Senior Medicines Optimisation Pharmacist / Non-Medical Prescribing Lead</p>	<p>I welcome digital development of the BNF and am impressed with the way in which the app has been developed. However, I have some reservations: - cost of providing hard copy March 2014 BNFs has been passed to organisations with little notice of change; need more notice of future changes to allow organisations to plan infrastructure changes to support these developments, especially in view of massive cost savings being demanded within NHS - what functionality / safeguards</p>	<p>Early communication of developments with organisations / stakeholders Fully accessible offline Concise of itself with optional links to associated apps (rather than internet resources) as far as possible Supported by appropriate training Additional NPF app or functionality within BNF app to provide more than just a list for Community Practitioner Nurse Prescribers</p>	<p>NPF - as above. The timing of this development coincides with the integration agenda, which is moving more specialist care away from traditional healthcare locations and will increase reliance on mobile digital devices, which is an opportunity, but also represents a financial, governance and training challenge for organisations. Although organisations retain much of the responsibility for strategy to manage this it may be more appropriate for some</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

	<p>will be put in place to support organisations to ensure that users update resources appropriately? - what can be done to improve the download speed for the updates (app suggests 10 minutes to download, but regularly longer than half an hour on fast broadband wifi)? - linking to other resources is a great option, but need to keep BNF itself manageable as a first-line resource - must avoid issues such as those with NICE guidelines app that requires link to internet to access algorithms, rather than them being available offline within the app - NPF isn't mentioned, although reference is made to inclusion of appliances - need clarification of plans for NPF - although many users will be IT literate there a large number of professional staff who haven't 'grown up' with computers and will require training to utilise digital versions, even in the basic sense; will NICE make provision for this? e.g. extension of CPPE training package</p>		<p>of the governance and training issues to be dealt with at national level. Monthly update of the BNF is an excellent concept, but only if staff update the app promptly. Organisations need to have some way of assuring this is the case, e.g. might the app itself have functionality to support 'feedback' to the parent organisation. A nationally commissioned e-learning package would ensure a common high standard.</p>	
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<p>Advanced Clinical Pharmacist</p>	<p>I view the vision of the enhanced BNF as positive as this will ensure that the latest evidence is available for clinical staff when making decisions. I however have reservations in access and competence in using the technology especially for nurses doing drug rounds where it is far easier to reach for a book on the top of a drug trolley to provide information rather than to leave the drug trolley to find a computer, log into this and find the information they need. The time delay in accessing the information electronically taken away from caring for patients and "doing the drugs" means that is hard to imagine nurses ever doing this. I would therefore have reservations about stopping a print version of such information and would wish this to continue annually until a time when such access and competence has been addressed and there is no negative impact on patient care. I also have reservations about the evidence based content. I work in palliative care where there is limited good quality evidence on effectiveness in our specific patient population. This no doubt leads to inherent variations in practices which is why local palliative care formularies are in</p>	<p>Availability of access to non-NHS staff e.g care homes/Hospices/Charities/ Homecare including care agencies, nursing and AHPs. Links to other peer-reviewed sources of evidence e.g. palliative drugs.com for palliative care, renal handbook for drugs in dialysis, administration via enteral tubes, stockleys, SPCs etc One-stop shop for all info e.g. how to administer, interactions, dose in renal, monitoring, special precautions, if there is a drug/device recall on the product, simple information on pharmacology would be good for doctors as medical students don't seem to cover this much now, link to yellow card reporting on each page, links to social media (may already be on app?)</p>	<p>Depending on scope as mentioned above there is also a need to make information timely which is the reason for going electronic. Updates to information e.g. product recalls/safety information must be within 24 hours which will mean providing a 7 day service (like the NHS!) There will be other functions that can wait longer but hopefully not as long as it takes to go through a NICE review. What product licensing requirements and costs will be involved. I am thinking that for a Hospice (non-NHS) or care home to make one paper copy of the BNF available to its staff is not a huge financial outlay. To arrange multiple access to an electronic version will cost a lot and maybe financially prohibitive. Will this be accessible through athens if they can get NHS athens access? Again there are issues around competency in accessing and using the information for nursing staff some of who do not access email or the internet regularly. If print copies were to be stopped this may have a financial impact on the publishers if such non-NHS organisations choose not to</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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	existence. Guidelines can vary locally depending on the setting the patient is in e.g. Hospice, community or hospital and the use of off-label and unlicensed medication. This presumably will affect the scope of the enhanced BNF. Maybe the enhanced BNF can link to other peer-reviewed guidelines already in existence?		buy into the electronic version especially if staff are unlikely to use it.	
practice nurse/senior lecturer	As a PN this looks as if it would be a very useful service but could duplicate what is already used in practice unless it were to replace that. As a senior lecturer this would almost impossible to utilise within the classroom situation.	It would provide a very useful up to date and extensive resource which should ensure safe prescribing.	This is reliant on all health care professionals being computer literate and having the appropriate devices which is not currently the case. It will not be possible to undertake the case scenarios which I currently use with the classroom setting unless all students have access to the most up to date version of the BNF/BNFc either electronically but ideally in paper formatt.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Student health visitor	A single source to go to for up to date evidence will be fantastic. Electronic sources very useful. Transparent service is ideal	Up to date Accessible from computer or app Public aware	Not that I can think of.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Deputy Director of Pharmacy, Clinical Services	I agree with the principle of harnessing technology in various ways to enhance the BNF. This is long overdue and will improve usability and accessibility. With the progress in electronic	I think the most important element is navigation. This is currently very poorly executed. Other than getting navigation right, I believe that the following are the most important functions	It is always a surprise to myself and colleagues that the BNF does not include information on products such as contrast agents which are used medicinally and are	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital

	<p>prescribing, online and pc access are arguably more important than the access via apps, especially on wards and in clinics. The online version is not user-friendly in the slightest, I believe it needs a complete refresh. The paper copy however is still invaluable, even in my organisation which has electronic prescribing and electronic access to the BNF. The advantages of the portability and low-tech nature of the paper version should not be underestimated. Also, pre-registration pharmacists and other HCPs use the BNF in exams and assessments - this currently has to be a book. The paper BNF is also used extensively overseas and depriving developing and other countries of this excellent resource would be a huge shame. Therefore, I would like to stress that continued development of the paper BNF will always need to continue, even though it will not be as up to date as digital versions.</p>	<p>- searching in multiple ways, dose calculators, risk calculators, transparency of evidence, links to SPCs, PILs, NICE guidelines, standards and TAs, more detail on drug interactions and contra indications.</p>	<p>under the responsibility of pharmacy departments, even if they are not strictly speaking, medicines. Understanding, the restrictions of the paper BNF, it would be very helpful if digital versions could include information on agents such as these.</p>	<p>infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Practice Educator Pharmacist, Pre-registration Pharmacy Trainee Tutor</p>	<p>I have a clinical role and therefore do use the BNF on-line as a first resort but do not find it as helpful as the paper copy when relating to multiple drug therapy, interactions are particularly annoying as each monograph has to be checked individually instead of looking at one entry in an appendix. I have a major concern with regard to the pre-registration trainee pharmacists. The GPhC in its wisdom has recently decided that the registration assessments held annually in June will use the paper copy BNF issued in March of that year; if there is not to be a paper copy some consultation with the GPhC needs to occur!</p>	<p>A useable search engine that does not require exact data but will offer a choice of entries.</p>	<p>As above registration assessments for pharmacists using open book techniques.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Medicines Management Adviser</p>	<p>Useful to have all medicines information in the one place....with links to different sources of information. It would be important to keep the information about drug interactions and unwanted effects and if this could include the frequency with which these occur (as the SPCs state) then this would be useful. Searching by patient characteristic is an interesting novel approach....not sure practically what this would look like but could be beneficial Links to patient information would also be helpful</p>	<p>Key thing will be simplicity of use.... Majority of current graduates will be competent with various digital media but still a significant proportion of prescribers who are not confident using digital media routinely as part of their working day.... Addressing areas of conflicting advice will be helpful in having discussions locally with clinicians about decisions being made</p>	<p>Not currently</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Haematology Pharmacist</p>	<p>I think the idea of an integrated service with NICE and BNF is really good. The difficulty is access for eg I have access to my own paper BNF at work however if I want the app or to access online I have to pay how will this be addressed if it was to become digital would Pharmacists automatically get access</p>	<p>I would use it at ward level, in Ward rounds and when writing guidance for hospital policies. The proposal of guidance when faced with conflicting advice via the BNF and NICE would be really useful.</p>	<p>no</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board. The NICE BNF and BNFC apps, and online content are freely available to all staff who work for the NHS, or for a service commissioned by the NHS. Check http://www.nice.org.uk/mpc/BritishNationalFormulary.jsp for information on how to access the BNF content digitally.</p>
<p>Health visitor</p>	<p>I think it is appropriate to keep abreast of change by introducing computerisation of the BNF with links to aid decision making in holistic management</p>	<p>Up to date information with links to management of conditions ..like map of medicine Easy accessibility Patient information on drugs</p>	<p>As a health visitor it is crucial to have right the tools to do the job. In the community we would need access to a laptop to be able to make decisions on prescribing and also to give patients information. Even when drugs have been prescribed by other professionals patients are asking questions....particularly with infants and breast feeding mothers.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

Specialist Psychiatric Pharmacist	The BNF is more often than not, my starting point for accessing medication and prescribing information. To be able to access further references from the BNF would be both efficient and have the potential to reveal sources of information that may not otherwise have been considered or known to be available. On-line access ensures data is up to date.	That it's a single point of entry in to a wide variety of sources of information.	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Pharmacist	Always a concern that information we are using is up to date and is based on practical application would be useful to have reasons for change in policy or access to same	Ability to use on ANY tablet device with reliable search function would made for useful practical tool	Demonstration videos for medical devices?	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
CONSULTANT OLD AGE PSYCHIATRIST	Very important to make best use of electronic communication methods and for patients to be able to access information			Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Triage Nurse	It sounds like a good idea, but I am worried I will not be able to use an online system effectively and most importantly quickly in a 10 minute consultation.	It needs to be very easy to use and if there are special ways to access information it either has to be completely self explanatory, even to people who have no natural affinity with the internet, or there needs to be clear guidance to help the user.	The user who is likely to struggle with using the internet after 20 years of looking in a book for the answer. Users need to be sure that they have accessed all the appropriate information if using an online system, so they can have confidence that they have not missed something important because they did not use the	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing

			right search.	monitoring and review by the NICE Board.
general practioner	this all seems sensible for a "formulary" document - i am so familiar with the bnf as a reference book- and i would not like to lose this - as an aid to prescribing within a consultation the BNF is hard to beat- if i need more complicated advice, i would find the references after.	usability- so people don't think twice before using it- accessibility and ease of use. An electronic version can be kept up to date more easily than a paper version	can the electronic version be accessed through android phones(which are in use across our local trust)	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board. The NICE BNF and BNFC apps are available for Android phones, you can find more information on how to access them at http://www.nice.org.uk/aboutnice/nice-website-development/NICEApps.jsp#X-201206111614351
consultant	It is very important to keep printed versions at least once a year. Not everybody has access to apps and the internet in the trust is very slow and sometimes not accessible.	more choices	no	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the

				NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Pharmacist	I am very concerned of the move from the Joint Formulary Committee for the development of the BNF to a NICE accredited process. My experience of NICE guideline development is that pragmatic advice has to be omitted because there is weak or no evidence base. Whereas the BNF is a very comprehensive and useful tool for prescribers because the committee has a strong background of using expert opinion when reliable evidence is lacking. I fully support the vision for an enhanced BNF which exploits the use of electronic media to improve accessibility to the product . I have experience of working in community services where non-medical prescribers do not have access to technologies that would allow them to make good use of eBNF etc. There will need to be double running of both paper and electronic formularies until there is comprehensive use of electronic prescribing across all healthcare settings, including in	Allow integration with electronic prescribing systems and local formularies so that the right information is available at the point of prescribing Include links to Patient Information/Decision aids	The Joint Formulary Committee for the BNF has always produced a high quality, reputable and comprehensive product. In my opinion the development/committee arrangements do not need to be changed to allow the proposed and worthy vision of exploiting digital media to enhance the electronic BNF product.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

	patients own homes.			
Honorary Secretary RCPSG	The rationale for an enhanced digital format is sound in today's digital age. Nevertheless, it can be quicker to open the book to find what is needed in clinics and on busy wards than to find an available computer, the website and search through it for the right page. I appreciate the added benefit of an online version but we are not quite in an era of tablet ward rounds or e-prescribing yet. I wonder if it is a bit early to remove the paper format.	I think a format designed for mobile devices is probably best. Tablets will be coming to wards in future and the rest of the time we will most likely use our phones as they are faster. I'd like to be able to type in quickly a drug -ideally with text recognition prompts to help with the more complex names. I'd then like to choose if I want to see all the information or to focus on sections such as indications, complications, interactions, dosage. If I go to a section or a hyperlinked additional page, I'd like to be able to click a menu icon to access the bread-crum trail I have used to find where I was before quickly.	Please don't remove the print one just yet.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
GP Partner	Lots of really interesting suggestions, however it's a fantastic resource as it is. One of its great strengths is the fact that it is so compact , comprehensive and portable. I would find it frustrating if it became difficult to sort out the core information from all the additions. It's crucial there is a top level summary interface of	See prior section. Drug interactions/ contraindications/ unwanted effects : more nuanced information such as indications of thresholds of concern in cases of impaired renal & liver function, relative or absolute contraindications (such as the UK MEC guidance in Contraception) Comparative Cost of Drugs Dressings etc :	I'm concerned at the phasing out of the Print BNF entirely.I agree it ' important to ensure that transition to digital from print format is timed appropriately and does not preclude access to any users' however is also should not preclude any circumstance either. What is the evidence that the 4 or so significant	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user

	<p>information, akin to current Print Version, though hyperlinks to other resources and sources of data that could be dipped into on a need to know basis would be helpful. . There has be clarity about the over arching structure and it must be very clear and evident at what level / tier one is in , if delving into greater detail. In reality I think a busy GP is not likely to source much more information than is currently available in the Print BNF, during a consultation / busy surgery in real time. The level of detail required must differ between different specialisms - eg : I can appreciate that links to more detail and evidence may be extremely valuable in oncology or HIV medicine etc, but is far less so for many other drug / medication groups. There is a great danger that it becomes too unweildy to be user friendly.</p>	<p>how many of a given item are in a pack or box (which is how patients/ district nurses etc often submit requests!)</p>	<p>changes per month have a significant or adverse impact on patient care , or one which is more than the risk of not being able to access the electronic BNF at all because of IT problems? These occur on a weekly if not daily basis in Primary Care! GP IT systems are often run slow, we have numerous software interfaces to deal with in consultations , it is genuinely often much quicker to check something quickly in the print version. Electronic / digital sources of information have some advantages, but speed of access / use is NOT inherently one of them. . Also the whole IT system crashes rarely , but it does occur- what happens then ? What happens when there are wide spread power cuts eg: during these recent storms etc? The print version is very useful for home visits. Searching for info on the small screen of a smart phone is not necessarily very user friendly and what about people working in rural & remote areas with patchy internet connection/ broad band coverage....</p>	<p>requirements, subject to ongoing monitoring and review by the NICE Board.</p>
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<p>Consultant in Palliative medicine / Hospice Medical & Education Director</p>	<p>sounds excellent as long as this is additional to a hard copy and is produced in an app form that is truly quick and easy until nhs technology catches up with 'apple' there's no chance of it working sufficiently reliably to be of use at the speed that doctors have to work If it takes longer than it takes to look it up in a hard copy it will not be used.</p>	<p>easily accessible and constantly updated easily searchable and being able to see where you are in the whole thing which can sometimes be hard</p>	<p>yes the unreliability and slow speed of nhs technology its a very exciting prospect and I love technology - but not at work!</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Student school nurse v100</p>	<p>Love the idea of being able to access bnf on a mobile device, but aware this is currently dependant on network coverage and the need for an Athens account. For it to be accessible for all in the right place at the right time, I think that this restriction needs to be removed to help move this forward as an innovative idea.</p>	<p>Having open access to an online or offline copy will aid prescribing as a V100, as it will make it possible to access the NPF and enable the prescriber to ascertain that what is being prescribed is the best option in the circumstances, as an NPF can in theory be up to two years old, it is not up to date enough to make what is consider as out of date and not necessarily what NICE guidelines promote.</p>	<p>Remove Athens account requirement to aid access.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Medicines Management and Utilisation Pharmacist</p>	<p>The BNF and BNF-C are both difficult to read on-line, and errors can result from an inability to see the full page. I welcome the move towards a bespoke screen based BNF, however I feel that this has been a long time coming, and we could have been provided with this facility some years ago.</p>	<p>Users would wish to have ready access to an up-to-date document, I am not sure that this new development will deliver this to users in areas delivering patient care.</p>	<p>The main issue with moving towards a single annual paper edition is that users will need to use the on-line version in order to access current information. I can foresee the following problems: Users are not always computer literate Users do not always have access to a computer, as they are more often than not in use by other users, and access can be difficult. Users rarely have a computer close to the location in which they wish to use the BNF. Most Wards are not equipped with a screen at each bedside. Having to lock a medicines trolley in order to access current BNF information will inevitably lead to a reduction in patient safety.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>associate specialists old age psychiatrist</p>		<p>I would like for the bnf app to be available on Kindle.</p>		<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

<p>Health Visitor</p>	<p>The reliance on digital information depends upon the technology being available at the point of need, it also needs to be fully functional. It has the potential to enhance the information available; however it also has the potential to leave prescribers without resource should the systems supporting it fail. Problems recently in banking should be used to learn lessons to ensure those who prescribe can access information through a 'Plan B' route should 'Plan A' fail. It is also reliant on prescribers being provided with equipment to access these resources.</p>	<p>An enhanced service would mean easier access to BNF/BNFc (currently working without information technology and only NPF) in community, assuming appropriate technology to support this becomes available.</p>	<p>No</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Critical care doctor</p>	<p>I don't see how in day to day practice it would add much to the current status quo with paper and online versions</p>	<p>As with the current online version, it will have new medications as soon as they are licensed. However by definition, these will be used only by a minority initially. Comparison of side effects, such as currently be done most easily with a paper copy, will likely be the most useful</p>	<p>The paper version is the most useful, as it does not depend on a creaking IT infrastructure, power, or the ability to access a computer or the internet. Many hospitals have frequent problems with wifi (as evidenced by wifi phones cutting in and out), and computers are in very short supply. IT systems are less accessible and take much longer to access than the paper version. While I have accessde the BNF online while working remotely (such as at sea) for non-UK based companies, again, this was</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

			dependent on internet access. A paper copy was much missed and I was frequently requested by other staff of multiple nationalities to leave copies behind when I left. The publication is highly regarded, perhaps even more so by those from outside the UK who have nothing similar.	
Commissioning Pharmacist	The ideas proposed within the consultation document are very good, especially the ability to have a facility which can be downloaded to local formularies. Every NHS trust in the country has to have an online formulary that is clear and easily accessible to patients. NHS trusts use valuable resources maintaining these formularies, usually bought in at a one-off cost but often requiring annual maintenance fees. NICE and the BNF could be doing more to support trusts with this DH initiative and an enhanced BNF is one way of achieving this.	The ability to be able to download this to local formularies. Accessibility for patients.	No. The success of this project will rely on good promotion and some thought should be given to this.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Nurse	Fine	Better precision, less fuzziness	Merge bnf and bnfc	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Prescribing Studies Programme Manager</p>	<p>I support the delivery of more up to date advice and links to other reference sources using digital media but I am concerned about the loss of the paper BNF. I regularly use a range of reference sources via the internet so am very familiar with this medium. I do occasionally use the BNF through Medicines Complete but I would sorely miss my paper copy that I can flick through. I regret the decision to go to an annual print only. I am concerned that having a digital copy only would increase the risk of missing important drug information that could affect patient safety.</p>	<p>Provision of high quality up to date drug information with links to national guidance. Excellent search engines for drug interactions detailed information about side effects interactions etc.</p>	<p>The BNF has been an excellent and essential reference source for many years. Be careful that in trying to enhance what it can deliver that you do not take away the essential function of providing reliable information about drugs and all that entails.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Clinical nurse Specialist</p>	<p>I believe utilising digital applications is obviously the way forward - but due to cash strapped NHS systems - not really supported in reality. I use my BNF app all the time and find it really useful. I rarely cannot find the info I am looking for - but if this happens I will use the book as a reference - but I can use the app because I have a personal phone that supports this practice. The NHS Nokia would not. I have found the monthly update supportive - and probably take more notice of them now as they come in "bite size" bits of info.</p>	<p>The comparison of effectiveness would be really helpful. And the ability to browse in different ways - via PC or tablet helpful - please keep the app as simple to use as possible - because if it becomes too complicated it will take too much time when prescribing in the patient's home.</p>	<p>No - it was clear and well thought out. Yearly BNF's would seem sufficient as we have other means for checking accuracy. I do believe we will require some printable versions for ward areas etc who cannot keep accessing digital data - at least in the foreseeable future.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

GP Also CCG Chief Clinical Officer	I really like what I have read. I have used previous electronic versions of the BNF but over recent years the web version has been slow & I have reverted to a paper copy. I am aware of other colleagues who may be less welcoming. I like the fact that it will be continually updated and recognised as the authority	Timely Single authoritative source Integration with other systems to be single source High quality prescribing info Accessible for patients	Nothing that I am aware of	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
GP Principal	Very positive IF user friendly enough.	Software operates rapidly in real time (to be used during consultations)	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
cluster matron	this is an excellent move in keeping with modern technology. However not all phones will support and app and this will need to be addressed to ensure that all clinicians have access to the BNF app	Better links with clinical information such as disease specific prescribing and local formulary	not clear	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Value & Access Director	Good	Updating	Yes	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Senior Dental Officer	Sounds good. -so long as the computer doesn't go down!	up to date easy to access drug interactions, side effects, etc. ability to look up condition and find the drugs actual prescribing of these drugs is probably nnot impnt to me as a dentist but it so often happens that patients can only tell what the drugs for what it starts with and that it's pink! ideally what the drug preparation looks like. full prescribing information	not that I have noticed	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Consultant Dermatologist	will be helpful I will still need the paper copy of the BNF to refer to	continuing to provide the paper issues	some of us do not have smart phones so cannot use apps	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Clinical Pharmacy Manager	An excellent initiative - but time and thought must be given to the reliability of access / means of access available across NHS premises and the current restrictions on use of OWN devices and lack of consistent funding and support for cross-organisation devices.	See above	See above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will

				continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Principal Lecturer in Pharmacy Practice	I welcome the moves to develop the online / e-sources but believe strongly that print editions should not become the poor relation in this initiative. Print editions are key for several reasons: - in education (and therefore assessment) access to these resources are vital to ensure a robust assessment of future professionals' competence in using the resource - in some community pharmacies, for example, access to the web is not easy so the print edition needs to remain available and authoritative. A similar issue exists in domiciliary visits.	Continuous updating, Easy to use interface.	Not that I can think of	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant in Palliative Medicine	Sounds really good!	An app would be great, as well as a website - for me it would be great to have a link to the PALLIATIVE CARE FORMULARY for detailed monographs on medications I would use, and especially for syringe driver compatibilities/ diluents.	No, great ideas!	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Locum Pharmacist	It would be useful if this was also linked to the on-line Palliative Care Formulary so that there is up-to-date detailed information available to pharmacists supporting Palliative Care Teams, patients and carers in the community. It is important to include items which may be designated appliances, but may also appear to be medicinal products.	Ease of access in different formats: information at one's fingertips. Information current and rapidly updated to take into account changes in evidence and guidance, although it is important to remember that guidance may lag behind current evidence.	The accessibility of the BNF to all healthcare professionals is of paramount importance.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Dr	would be useful	prefer an online version	none	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Specialist Nurse and Team Leader	I have limited access to computers in my clinics and find that the print BNF is essential to my practice.	The BNF gives all information essential to maintain good practice and standards and allows my professional development to be supported.	I feel that the printed copy for primary care staff who do not have access to computers within a clinic is a essential	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

GP	An online,easily navigated resource would enhance consultations in my room but a paper BNF still provides accessibility for the housebound/residential patients	Struggled to access the consultation document using existing NHS IT-that's the barrier to a purely web based service	The wide variability in IT accessibility	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Senior hospice physician	Good idea to go digital - PCF4 gets updated regularly this way. However main problem is then accessing it in different locations especially if lack of computers in ward office. Still need paper version for home visits.	Links to other sources eg. pcf4 for palliative medicine	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Pre-registration pharmacist	I think the visions are really good and would be appropriate since most people/healthcare professionals are tech-savvy now. It would make access to BNF and BNFC really easy, thus saving time.	Ensuring that all the information currently available on the printed versions are still in the enhanced BNF.	No.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Library Services Manager</p>	<p>I applaud the idea of an integrated BNF, containing commonly-prescribed medical devices, drug interactions, patient information, NICE guidelines, etc, that is continually updated and easy to search. However, increased reliance on electronic resources leaves clinicians extremely vulnerable in the event of network or power failure. It is important that access to paper copies is still available as backup. Also, we have visiting consultants in this Trust who prefer to flick through a paper copy rather than log on to a specific website to check a drug.</p>	<p>Integration of NICE recommendations and BNFC, BNF and NPF with the facility to limit searches to any one or combination of these categories. A vastly improved search engine and better display. The current digital version is not as user-friendly as the paper version where it is easy to flip to see similar drugs, contraindications, etc without losing one's place. With a paper copy it is easy to keep one's finger in a certain page whilst flipping to read other pages. This is not true of the current digital version.</p>	<p>Older versions of BNF are sometimes used in court cases to demonstrate recommendations and dosages in use on a certain date. If BNF is constantly updated how will this be achieved in future? Will there be an online archive?</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Clinical Specialty Lead Physiotherapist</p>	<p>I am writing on behalf of the prescribing group of physiotherapists as working in CF The suggestions for creating a more digital system are excellent and there is an appetite for an up to date BNF to be accessed. It should be mandatory for this to be accessed easily from trust intranet systems and for drugs to be searched based on patient condition and infection. It would be great if you could link to key pieces of evidence for that medicine and patient group.</p>	<p>To be searchable in a number of different ways - by patient condition, etc Integrate NICE guidelines Include drug interactions, unwanted side effects</p>	<p>It's great for this to be digital but access can be difficult in some hospital settings and also in the community Tablets are very helpful</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

clinical pharmacist	More clarity on why recommendations made:			Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Nurse consultant Palliative Care	I agree with this strongly the app at the moment is not fit for purpose, it is slow and buggy.	For it to be open to flexible interrogation of information, to flag interactions automatically.	Need to link in effectively with specialist formularies in my context the Palliative Care Formulary.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Dental Surgeon	Potentially a good idea and I would use it personally. There might potentially be access difficulties within dentistry, regrettably not all dental practices are computerized witness the Dental Services Division of the NHS BSA which recently wanted to make all dental payment schedules available online only by withdrawing paper schedules, this plan had to be scrapped because a significant number of dental practices did not have computer access. Equally practices would need to be provided with free of charge access rights to an enhanced online BNF i.e. login and password authorization.	The ability to be searchable/browsable in multiple ways. Dentists do not have access to patients medical records, frequently patients present without knowing exactly which drugs they are taking it then becomes almost a game of charades trying to identify a patients medication from details such as medical condition, the initial letter, colour of the tablet and dosage a multi-search online version of the BNF would help to narrow the options. The real time updates so that we can be sure the most current advice is available	As noted not all dentists have computer/internet access in surgeries, therefore the option of a paper copy needs to be retained.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

nurse practitioner	I think we need to progress forward and the needs to ensure we need up to date information, although i really like having the BNF book at hand.	up to date and evidence based a must.	Ensure that interactions continue with meds as i use this daily	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant in Palliative Medicine	I support this but it would require two further things to be fully functional for me: 1. My employer providing a suitable portable phone/tablet as I travel around the community on foot 2. Inclusion of the Palliative Care Formulary	A good search tool Cross-referencing	See above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Specialist clinical pharmacist	I think the print version, although able to go out of date quickly still has a valuable role. It is largely unaffected by powercuts and internet outages, and does not run out of power and is hugely portable. In healthcare there seems to be the thought that computers will solve all the problems but we seem to have entered the age where the converse is true. Systems that do not talk to each other and poor user interfaces are	Frequent updates will be very useful, and remove the need for issuing errata. Unlike the current app it would be very useful if the updates ran silently and quickly in the background so the user can still access the information.	Print copies are used by students during open book examinations - reduced availability of print copies may cause logistical problems, and allowing students access to electronic copies may not help as they may be able to access too much information, or content on the electronic media may have changed between the time the exam was set and sat which may complicate marking / fairness.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE

	<p>frequently slowing down professionals at work. Coupled with this should be remembered that, by trying to move everything onto computers you increase the need for access to computers hugely. The NHS is currently in a dire state for affording and maintaining computers, both financially and spatially, so when you have nurses, doctors, pharmacists etc all needing a PC for accessing the BNF, drug charts, electronic discharge, x-rays, patient notes, electronic rostering etc but you only have 2 PCs available on the ward you put patients at huge risk of something not being done. Immense care needs to be taken to ensure infrastructure can cope before adding another PC-based aspect to work.</p>		<p>Medicines information departments often keep back copies of the BNF because some information removed between versions may still be useful for a large number of reasons. How will superceded information be kept available for those that need it? Local copies on intranets need to be available for when internet access is lost. The interface needs to be easy to use, and stable (the current version has problems)</p>	<p>Board.</p>
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Medicines Information Manager	<p>Although an enhanced BNF, which would include access to guidelines is in principle an excellent idea, before implementation, particularly in secondary care, it is important that a robust electronic solution is in place. Currently there are insufficient PCs on the wards and no personal access to the Trust's wifi, making use of the app on mobile phones difficult. There are also areas of the hospital where use of mobile phones is not permitted. We are therefore disappointed that paper copies of BNFs are only being supplied annually, as this will pose a clinical risk due to insufficient access to the electronic source in clinical areas. This needs to be addressed nationally before a reduction in the supply of paper copies occurs.</p>	<p>To have all the necessary prescribing information under one umbrella, including links to NICE guidance, CKS, MHRA safety advice. It would be useful to have more detailed information regarding the use of drugs in pregnancy and breast feeding with links to UKTIS reviews and UKMI Q and A 's. Compatibility information relating to iv drugs would be useful, as this is currently not available via the BNF.</p>	<p>The fact that electronic access to the BNF is currently insufficient in many NHS Trusts has been overlooked and this must be addressed before distribution of the paper copies is reduced. Sudden reduction in the supply paper copies will pose clinical risks and may result in out of date copies of the BNF being used.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
GP	<p>Regularly updated version as app would be idea</p>	<p>Able to access electronically with limited or slow data downloading</p>	<p>Including a link to the palliative care formulary would be useful</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

Pharmacist	I support its development into a more responsive resource. Link into work undertaken by organisations such as UKMi.	Access to other resources. Improved functionality. - To include a navigation bar - The ability to expand more than one section within a monograph (e.g. if looking at ferrous sulfate - to have the ability to open up the section for ferrous sulphate aswell as Ironorm drops).	Availability of medications - Supply problems More information about unlicensed medicines in common usage / dosages - restricted to Healthcare professionals? etc. Access to risk assessments and tools to support the implementation of medications /	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Head of Central Data	Vision seems sensible giving the increased use of technology and the growing need for information at the point of care. It would be helpful to include interoperability clearly within the vision, supporting even greater access to wider audience. Not all uses want to 'step into the BNF' in its entirety. Organisations also need to be able to link to relevant chapters and content, so that the right content is accessible within our own systems eg. to support labelling of dispensed medicines with BNF cautionary labels.	Most important :- integrity, accurate content, accessibility and interoperability. Not all uses want to 'step into the BNF' in its entirety. Organisations also need to be able to link to relevant chapters and content, so that the right content is accessible within our own systems eg. to support labelling of dispensed medicines with BNF cautionary labels.	Not all uses want to 'step into the BNF' in its entirety. Organisations also need to be able to link to relevant chapters and content, so that the right content is accessible within our own systems eg. to support labelling of dispensed medicines with BNF cautionary labels.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
AIMD pharmacist	The electronic versions will be good to ensure up to date access, but relies on access to electronic devices, which can be problematic on the wards.	Ensuring access to the most up to date version of the BNF/BNFC	No	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>Podiatrist</p>	<p>All good points. A link to MHRA would be great too. However, to be quite honest having researched products that are listed in the antimicrobial dressings section I have become quite disillusioned by what I thought would be high quality clinical trial data to support the marketing authorisation achievement by some of the listed products. In fact, some of the traditional herbal medicinal products have more high quality research to support their use and they don't even need that evidence of efficacy. So when the BNF posts an answer to 'Why are there no listings of homeopathic and herbal products in the BNF?' as being 'because we like to stick to what we are good at'. I find it snobbish and a bit like 'burying the head in the sand' type reaction. Therefore, I would recommend a stronger link to the MHRA for these products so we can advise our patients accordingly, because they are using them whether we like it or not.</p>	<p>Ease of navigation around the site. No broken links. Clear and simple site.</p>	<p>Summary of product characterises and patient information leaflet for each item. Include herbal, homeopathic, and medical devices</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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<p>HR & LEgal Manager - Regional Manager - SENIOR Pharmacy Dispenser</p>	<p>This is good idea but not when you are in a busy practice dispensing precriptions and being on the phone using an apps will appear to the patient you are not dispensing. Also this may lead to false accusations of using mobiles during work and in particular if there was an error how can one prove they were on the BNF and not texting or calling. Pre registration pharmacy students cannot use an apps in the examination.</p>	<p>ensure patient safety and also pharmacist and staff can access without problems such as potential distraction if app is on phone - pre reg students cannot take this into an examination</p>	<p>yes as above also we feel PHARMACIES who use the BNF a lot have been overlooked and not consulted on the first incorrect decision NICE have made of sending the September BNF and not the March. Why were we not informed or notified as a stakeholder and also as one of the main primary care user of the BNF</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p> <p>NICE distributes print BNFs free of charge each September. Copies of the March editions are available for purchase here: http://www.pharmpress.com/</p>
<p>Medicines Information Pharmacist</p>	<p>I like that information is updated more regularly using e-versions. However, I have concerns with relying on downloading apps on a monthly basis. I tried to use my amrt phone app in a location with little/no 3G and it spent 30minutes attempting to download the March update and I was unable to access the information I wanted. This is not suitable for making decisions at the bedside! The NHS would need to invest a lot in their infrastructure to enable access to</p>	<p>Would not want to lose useful, practical information from the current BNF versions, particularly from the BNFc which is sometimes based on historical use rather than from trial evidence. Would not want the 'conflicting advice' that you refer to to mean that advice not in line with NICE guidance is lost. Sometimes NICE guidance does not apply (it is guidance rather than policy after all). Sometimes to apply to a particular patient you need to follow information</p>	<p>It would also be useful is the sections on pregnancy/lactation were more sensible - based on a range of specialist information rather than just 'the manufacturers' advise to avoid'</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board. We recommend using a WiFi connection to download monthly</p>

	apps before this is really a feasible option.	from other authorities than NICE.		updates to the NICE BNF and BNFC apps.
CASH nurse	I believe that this is a retrograde step to reduce the frequency of production of BNF to annually as many community staff like myself dont have access to electronic resources or devices that support apps for use in peoples' homes or may well not have internet access making prescribig devsiions without a hard copy resources wouls be risky and unsafe	instanateous access is the best feature as long as this is accessible in a variaety of formats	yes ther needs to be an interaction section added to the NPF to aid community formualry prescribers decision making	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Consultant Obstetrcian & Gynaecologist St Bernard Hospital Gibraltar	It is appealing but in Gibraltar we I am concerned if we would be allowed access as now most things is reliant on @nhs.net account which we do not have	I would use it regularly depending on font size, but history teach me that access is slower than using a book	Font size & colour	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

Consultant forensic psychiatrist	<p>I am concerned about the access to the electronic version that will be possible in community settings.</p>	<p>Access is really important and making it user friendly</p>	<p>I have nothing to add here</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
Acute Oncology Clinical Nurse Specialist	<p>I think an enhanced BNF would be a very helpful addition to supporting my practice.</p>	<p>There needs to be consideration of the palliative care formulary, I have found that this is an area of medicine management that worries dr's and nurses and the formulary gives clear guidelines and rationales on prescribing outside the usual guidelines</p>	<p>Pricing needs to be addressed, in a world of tight financial restrictions within the NHS the individual practitioner is looking for applications, reasonably priced, to inform their practice as quite often up to date hard copies of the BNF can not be found in clinical areas.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
Consultant in Palliative Medicine	<p>I like the idea of the enhanced version to be kept more up-to-date. I suppose I have some anxieties as to the complete absence of a paper version: for those of us over 50 (myself included) it is quicker to just pick it up. I appreciate that more and more clinicians are more savvy with technology, but what if access is down?</p>	<p>Having all the cross-referenced guidance, and I presume, most recent formal guidelines will be a big advantage. It will hopefully follow the same format as the paper BNF (like the App does).</p>	<p>I regularly access the Palliative Care Formulary (PCF4) in my practice, and I would hope that the detailed information included in that would also be included in an enhanced BNF; there may be other specialities with similar needs.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing</p>

				monitoring and review by the NICE Board.
Consultant in Palliative Medicine	It sounds like an excellent idea to have authoritative information readily and freely available to relevant staff.	I would strongly favour having the Palliative Care Formulary (PCF4 currently, currently being revised) as this is frequently used by palliative care staff throughout the country. There is no serious rival to the PCF for use in palliative care, and it contains much information that the BNF does not.	Need to ensure that all staff have access to electronic information- many doctors have smart phones, but not all; many ward staff may not. Being able to access the information off line (eg via app) is very appealing.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.
Palliative Medicine Specialist Registrar	I particularly agree with the proposal to try enhance access through digital means as people often have better access to the internet than a BNF paper copy in some situations. That said, I don't think the digital version should completely replace paper, as I would tend to use the paper copy over digital in an emergency situation.	I think having paper and digital access should be a priority. Digital copies could be updated as soon as a new drug is licensed. I would also suggest that having links to pictures of the tablets would be really helpful for commoner drugs.	As a Palliative Medicine doctor, I use the Palliative Care Formulary over the BNF in most situations. I purchase the PCF personally at a cost of £49 and appreciate that this expense means that it may not be feasible to provide paper copies for all wards but I feel strongly that NICE should consider funding the online PCF for all healthcare professionals to access. Not only does the PCF give syringe driver compatibilites	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

			that are unavailable in the BNF, it also has doses that are more appropriate for patients at the end of life.	
Senior Clinical Pharmacist	I can see the reasoning for an enhanced BNF, and think that it is a good idea. However, access to an electronic version whilst I am working on the wards concerns me - at best there are 3 computers on the ward, and many other healthcare professionals needing access to these at the same time that I would. At least with a paper copy, I can take this with me to each bay as I assess the drug charts - with the financial state that the NHS is currently in, we won't be given individual electronic devices to access the eBNF on the ward so if the paper copy is discontinued, I will be wasting a lot of my time fighting for access to a computer to check interactions, etc!	Ease and speed of use, accessibility, reliability.	It would be extremely useful to have the BNF linked with the Palliative Care Formulary - a formulary which I have to use often to obtain further reliable information that isn't contained in the BNF on palliative care.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

Palliative Care Nurse Specialist	Would be an excellent resource, to have constantly updated information. If it was able to have the ability to show interactions etc	It might help to reduce polypharmacy. It would be educational. Typically we see new patients on upwards of 10 medications so if it made it easier to eliminate unnecessary and prevent potentially harmful interactions.	Will it link into the palliative care formulary	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Clinical nurse specialist in palliative care , non-medical prescriber , lecturer	Excellent idea	Integrated with palliative care formulary - lots of errors out of hours with prescribing for end of life care and I do,not think the Bna contains enough guidance on eg titration opioids, emergency symptom management	See above	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
1. Coordinate my care clinical facilitator the Royal Marsden 2. Lecturer Peninsula Medical School, 3. NHS IMAS interim	Excellent, the most logical best forward move	That it will draw from combined clinical and research findings to obtain the most up to date information and guidance e.g. integrating the palliative care drugs wealth of experience through linking to the on-line PCF	No it looks great	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Associate Professor in Clinical Pharmacy Practice	NICE and the BNF need consider how to link with guidance produced by Royal Colleges and other professional bodies and the standards that must be met for them to included. The process for ensuring this needs to be transparent.	Needs to replicate the paper version as closely as possible.	Other formularies, like the Palliative Care Formulary, complement the BNF and it would be beneficial to be able to link to them from the BNF portal.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.

<p>GP</p>	<p>The main reason for using BNF remains looking up adverse effects and/or interactions of drugs. I have no problems with BNF being designed mainly for online use, but the paper version remains quicker and easier to read. It is also occasionally pleasant (and good education) to read some of the advice accompanying each chapter and I still prefer to do this in hard copy form at leisure.</p>	<p>1) Concise easily available information on doses, cost, effects, adverse effects and interactions of drugs IN ONE PLACE. There is no time during the consultation to follow links to evidence. 2) This may be usefully followed up at a late, quieter time, but is seldom appropriate at the time of using BNF. Authoritative guidance at the turn of a page (not 2-4 clicks of a mouse) would be pleasant. 3) A font size that is not prejudicial to aging eyes would also be helpful. 4) A useful size for browsing - i.e. tablet access or a small, bound volume as at present (NOT a loose leaf folder)</p>	<p>Computer failure with loss of access to e(phemeral)-information. Hard copy back up remains essential.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>
<p>Señor sister/ward manager of inpatient unit - hospice</p>	<p>I would like to suggest that linking to the on-line PCF would enhance the BNF. I work in palliative care and currently have to pay for a copy of PCF . I consult this formulary on a daily bases, currently my colleagues in Scotland do not have to pay to receive this vital resource.</p>	<p>No comment</p>	<p>Yes PCF</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
<p>HTA & EBM Manager</p>	<p>MSD is in agreement with the ABPI response.</p>	<p>MSD is in agreement with the ABPI response.</p>	<p>MSD believes that a consultation with stakeholders to discuss the sources of evidence to be considered for inclusion in the enhanced BNF and the methods by which any conflicting guidance will be</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>

			aggregated is essential to ensure that the BNF remains a robust source of information.	
GP	<p>Sounds great, but I am wary of grand IT schemes. Also, you can have too much information. One of the problems with the NICE guidance is its sprawling nature. One of the great things about the BNF is that it is constrained to fit into a finite book, and is CONCISE AND TO THE POINT. In a consultation I do not have time to read essays, nor exhortations to be nice to my patient. So I am strongly in favour of keeping the style of the current BNF.</p>	<p>Mostly I use the digital BNF as part of the EMIS prescribing package, integrated into the patient record it also gives me warnings about possible interactions with other meds that patient is on, or conditions the patient may have. This is very useful - though having too many warnings leads to one ignoring them. It has the same general format as the book (eg cautions, contraindications), which makes it quick to navigate. Drawbacks are the difficulty accessing the more general overview or advice sections, and lack of information on whether a medication is prescription only. Dressings, equipment etc are more difficult. Links to oteh rguidance would be useful, aso long as tey work, are robust. Decision aids would be good to add in.</p>	<p>Speed is of the essence. Choose and Book is still too clunky and slow, and I try not to use it for that reason (locally we had a better system for referrals to the local hospital, which was closed when C&B came along). Talk to people like EMIS. All the information should be on webpages: there is not time to download PDFs etc. Fonts need to be large and clear. Links need to go to pages which exist. It must not crash. We will still need some paper versions eg when our computers go down/go slow. We already have a version of a local formulary (Scriptswitch). Are you talking to the MHRA? Our local pharmacists put MHRA advice into our Scriptswitch (eg when guidance on generic prescribing of antiepileptics changed). Anything new needs to be an improvement on what we already have. Best to introduce a skeleton system, then build on it, while getting feedback on what works; do not go for too grand a scheme to begin with.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.</p>

<p>Clinical Solutions Director</p>	<p>It is hoped that the proposed vision for an enhanced BNF will also mean there is greater scope for embedding the data into third party products, thus making BNF information more readily accessible to NHS end-users who are also using third party information resources in the course of their clinical workflow activities. This would also provide an alternative access route for those users who do not have ready access to the printed copy or NICE/BNF online platform. Enabling greater integration will be directly beneficial to NHS end users by making it easier for them to access disparate information and evidence sources in support of clinical decision-making, contributing to improvements in the quality of care and ultimately better patient outcomes. Making BNF data readily available beyond the confines of the NICE platform will help to drive up usage and build on the BNF's already valued position as an aid to prescribing and clinical decision-making.</p>	<p>One of the most important elements for an enhanced BNF would be to allow access to the core data in such a way that it can be embedded in 3rd party products to be delivered to NHS end users alongside other clinical information and evidence as a trusted source of drug data. As a leading provider of clinical information resources and online skills solutions to the NHS and wider UK healthcare market, the ability to receive a regular feed of the BNF data as an API that could be pulled automatically into third party products would improve the user experience for both healthcare professionals and students. This would lend itself to the consultation proposal item - 'Be searchable and browsable in multiple ways, such as by drug, condition and patient characteristic, so it can be easily accessed'. End users could both view BNF data for specific drugs/conditions/patient characteristics independently within the NICE application, and also by searching/browsing/linking in the broader context of third party authoritative sources of information relating to those drugs/conditions/patient characteristics. If such a datafeed could also be real time</p>	<p>Within the consultation document there is no mention of possible platforms for delivery of a datafeed/API, as previously mentioned in response to the earlier questions. Would being 'searchable and browsable in multiple ways' be limited to a search index based on BNF data alone? Since the range of evidence and information used in clinical decision-making in the UK also draws on non-UK sources about specific drugs/conditions/patient characteristics, the ability to search via international drug names/spellings would enable greater discoverability of BNF content in that international context. For example, where a UK clinician is using a journal article about the use of a particular drug in a US context to inform the course of treatment for a patient, it would be beneficial if the clinician could easily check the corresponding BNF data for that drug. This could be achieved if a search for the US name would resolve to the correct BNF monograph for that drug in the UK.</p>	<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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		or updated on a regular basis so the information is as accurate and up to date as possible, this would further increase the quality and value of the data to end-users.		
Pharmacist	Although I currently prefer to use the print version, I agree there are significant benefits to moving to a 'designed for digital' publication. It is essential that the non-drug specific information is accesible and easy to find e.g. list of manufacturers, palliative care advice, appendices.	As above, it is often not the monographs but the other bits and pieces which I turn to the BNF for - these need to be retained. Suitability for phone/tablet is also a key issue and making it easy to download / update. Also size is an issue as don't want to fill my personal phone with a work related product - keep images, colour etc to a minimum to reduce size of mobile app.	Suggest looking at opportunity to link with wider range of keys reference texts (which may require consideration of national subscriptions) - these valuable resources could include Palliative Care Formulary, Bradman & White's medications via enteral feeding tubes book, Stockley's drug interactions and Martindale. Also, a trsutworthy source on herbal medicines would be a useful addition.	Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.
Community Pharmacist	In examination and OSCE conditions for pharmacists, pre-registration pharmacists, technicians, medics, dentists, nurses, opticians and many other healthcare practitioners, the BNF is the standard reference resource for the examination. How will this large cohort of healthcare practitioners access electronic copies of the resource in a controlled manner in test or examination conditions never mind its invaluable roll in their day to day working lives.			Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF. NICE acknowledges that digital infrastructure and access to portable devices throughout the NHS is not fully developed. Distribution of print formats will continue in line with user requirements, subject to ongoing monitoring and review by the NICE Board.

<p>Head of Service Development - Pharmacy</p>	<p>This is an important part of providing patients with the tools to look after themselves and support concordance with treatment once they have reached a decision to take a medicine. The information provided as part of the NHS Choices website would be a sensible link so that accredited information sources can be linked without any commercial ties or prejudice. The current Medicines Guides content provided by DataPharm would be a credible source although it could be improved in some areas in terms of scope and complexity of information. The information is however, already linked to disease and condition information and so lends itself to coding the BNF information to the content to provide useful links for patients.</p> <p>A joint development with NHS Choices would optimise the resources available to the NHS for supporting trusted information that can be accredited and aligned with NICE standards for information development.</p> <p>NHS Direct experience of working with patients across multiple digital channels and providing patient facing web material supports this piece of work.</p>	<p>Opening up the API of the BNF to make it available to other systems to use the content would help and support other system developments for decision support, prescribing and dispensing.</p>		<p>Thank you for your comments, they have been considered along with the other comments received in the consultation, to inform the development of the enhanced BNF.</p>
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