

BNF Publications



FAQs

Introduction

1. What are the BNF Publications?

The BNF Publications (often referred to collectively as the BNF) are three key titles – the British National Formulary (BNF), the British National Formulary for Children (BNFC) and the Nurse Prescribers' Formulary (NPF).

The BNF is a joint publication of the British Medical Association and the Royal Pharmaceutical Society. It is published biannually under the authority of a Joint Formulary Committee which comprises representatives of the two professional bodies, the UK Health Departments, the Medicines and Healthcare products Regulatory Agency, and a national guideline producer.

The BNFC is a joint publication of the British Medical Association, the Royal Pharmaceutical Society in association with the Royal College of Paediatrics and Child Health, and the Neonatal and Paediatric Pharmacists' Group. It is published annually under the authority of a Paediatric Formulary Committee.

2. What is the purpose of the BNF?

The BNF provides prescribers, pharmacists, and other healthcare professionals with independent up-to-date information about the use of medicines and includes key information on the selection, prescribing, dispensing and administration of medicines. BNFC provides the same information with a paediatric focus.

3. How is the BNF developed?

Information on drugs is drawn from the manufacturers' product literature, medical and pharmaceutical literature, UK health departments, regulatory authorities, and professional bodies. Advice is constructed from clinical literature and reflects, as far as possible, an evaluation of the evidence from

diverse sources. The BNF also takes account of authoritative national guidelines and emerging safety concerns. In addition, the editorial team receives advice on all therapeutic areas from expert clinicians; this ensures that the BNF's recommendations are relevant to practice.

4. How is the BNF used?

The BNF is widely used in UK healthcare settings to support clinical decision making, for example, to support the safe selection of effective medicines, and offer advice to practitioners to help them help patients get the most out of their medicines.

5. Who uses the BNF?

The BNF is predominantly used by doctors, pharmacists, nurses and other healthcare professionals, particularly those in prescribing roles.

BNF transformation – general

6. What changes are being made to the BNF in 2015?

In 2015 a number of purpose-designed digital products and a revamped print edition are being launched which will greatly improve user experience. BNF users will be able to access bespoke digital content, starting with an improved digital experience online, a user-friendly print product and later in the year, an enhanced app.

7. Why are these changes being made?

As publishing has switched to a more digital focus, and as the NHS has pursued a digital strategy (seeking to achieve a paper-free environment by 2018) there has been an imperative to create a data structure that is not constrained by print (but which must also support print formats), and which can support the creation of purpose-designed digital products, particularly web delivery and apps.

BNF transformation - general, cont'd...

Purpose-designed BNF products mean improved access to the latest key content, helping to ensure that the best evidence-based prescribing decisions can be made. Making up-to-date information even more accessible will support doctors, nurses, pharmacists and other healthcare professionals to make fast and accurate choices – aligned with the aim of a more efficient and high quality NHS service.

8. **Why have you removed the section numbering in the BNF?**

One of the difficult decisions we had to make during the restructuring process was how to handle the BNF section numbering used in the current products. The section numbering was a major impediment to our ability to create really well structured digital products, and also meant we had to retain empty sections in print products for drug classes that were no longer used or were not appropriate in a paediatric context. After careful consideration of a number of options we ultimately decided that we had to remove them.

However, although the numbering itself will ultimately be retired as the old products are phased out, the concepts of drugs displayed in sections according to their therapeutic use remains. To replace the numbering system we have created a coded hierarchy, suitable for both print and digital products, which has a replacement numbering system. We are currently working on mapping that back to the NHS BSA codes, which were developed around the BNF section numbering. This new coding system will be made available before the old numbering system is retired.

9. **When will these changes come into effect?**

We have been testing a beta version via MedicinesComplete with a number of selected users since July 2015, with a view to rolling out to all users from October. The changes to content and enhanced functionality will also be added to the BNF content on the NICE Evidence website in the winter. The updated BNF, BNFC and NPF print versions were published in September 2015. We expect the enhanced app to go live later in the autumn.

10. **What will these changes mean for current users of the BNF?**

The new BNF means that healthcare professionals now have access to purpose-designed content, wherever they are, whenever they need it and in a format of their choice. This means that the latest BNF can help inform smarter and quicker prescribing decisions, leading to better outcomes.

11. **Do the changes mean the BNF is no longer available in its print format?**

No. We have listened to users and we recognise the continued value of the much-loved print version of the BNF. The print version has also benefitted from the improved data structure and will remain available to users, either alone or alongside the digital version if desired. The updated print versions of the BNF and BNFC became available in September 2015.

12. **Are there more planned changes to the BNF?**

Yes, we aim to continuously improve the BNF and therefore we will continue to evolve the BNF to meet the requirements of our users. However, future changes will be more incremental than this current transformative change.

BNF transformation – user specific

13. **How were the changes decided upon?**

The changes reflect feedback from users, much of which was gathered through a comprehensive consultation led by NICE in 2014. This consultation sought views on the proposed changes to the BNF from healthcare and social care practitioners, anyone who is involved in prescribing or handling medicines, as well as patients, carers, service users and members of the public.

14. **Will the changes alter the availability of the BNF in the UK?**

No, the BNF will now be easier to access than ever before.

Making this up-to-date information even more accessible will support doctors, nurses, pharmacists and other healthcare professionals to make fast and accurate choices – aligned with the aim of a more efficient and high quality NHS.

15. **Will users need new login details to access the latest BNF?**

No. We asked users to make the necessary changes at the end of last year.

16. **I am a user of FormularyComplete – how will the changes to the BNF affect this product?**

There will be no changes made to FormularyComplete in the short term, however we will be looking at ways to develop and improve FormularyComplete so that users can also benefit from the new data structure.

17. **Where can I find out more information on what the new BNF means for my clinical work?**

All information about the new BNF can be found at www.bnf.org, including the how-to-use guide and signposts to other resources.

18. **Why have you changed the size of the print BNF?**

Historically the BNF size was determined by it fitting into the pocket of a white coat. This is no longer required and now with BNF's greater extent, the increased width helps the book stay open.

19. **Where is Appendix 3 list of cautionary labels?**

The label information has now been applied to the dose form, rather than an individual product as before. This information is therefore included within the drug monograph.