Introduction
UKMI (UK Medicines Information) states its core value is to apply evidence-based principles in the provision of impartial, evaluated, accurate and timely information to promote safe and effective use of medicines. The MI department contributes to achieving the government target to improve patient safety in hospitals and primary care, and the Trust's own aims to reduce prescribing errors. It answers 2600 calls a year from patients and staff, and produces short bulletins named 'Clinipharm,' providing readily accessible information on relevant medicine-related topics to prescribers, pharmacists and nursing staff. These have not previously been evaluated by the MI department. Reviews indicate that if presented in simple, accessible format, clinical guidelines may reduce variations in practice and improve patient care.

Clinipharm
- Short evidence-based bulletins
- Available in written/electronic format
- Accessible out of hours
- Topics include 'treatment of hypophosphatemia/hypomagnesaemia', 'administration vitamin K', 'digoxin'

- A total of 114 responses were received
- 100% of pharmacists knew what Clinipharm was, compared to 46% of nurses and 28% of doctors
- 47% of those aware use them for drug monitoring and 28% for prescribing
- 70% describe them as 'as useful' or 'more useful' than other sources of information

Aim
To evaluate the use and acceptability of Clinipharm by staff at the Norfolk and Norwich University Hospital (NNUH).

Objectives
To determine:
- The method of access and the reasons for use of Clinipharm by healthcare professionals at the NNUH
- Satisfaction with current Clinipharm
- Staff opinion on the usefulness of Clinipharm compared with other sources of information
- Staff opinion on subject areas for future Clinipharm

Method
- Questionnaire was produced using 'SurveyMonkey,' a web-based survey programme
- Initially piloted on medical, nursing and pharmacy staff, and a small number of changes were made
- The survey was emailed to all doctors, nurses and pharmacists within the NNUH accompanied by an explanation of its purpose and an example of a Clinipharm bulletin for reference
- The link was made available for a period of 2 weeks

Results
The ability of Clinipharm to advise you on drug dosing/monitoring/administration
The clarity of information in the Clinipharm
The accessibility of Clinipharm within the trust
The appearance and professional presentation of Clinipharm

Discussion
The results indicate that those using Clinipharm find them useful, using them on a regular basis. Accessibility and awareness of them needs improving; the MI department intends to email staff reminding them which Clinipharm is available and where to access them. They will be discussed at junior doctors teaching sessions, and it has been suggested that a link to Clinipharm could be posted on the main intranet page.

Some suggestions for future Clinipharm are unsuitable, due to complex topics needing individual patient dosing (eg: IV iron administration), or being already available as full NNUH guidelines (eg: vancomycin, hyperkalaemia). Clinipharm is not designed to replace full, evaluated guidelines, though these suggestions may indicate poor access. Other topics include administration of epilepsy and Parkinson's medicines when no oral route is available.

Limitations
There are some limitations to this study: it is not possible to determine exactly how many staff received the survey, some answered only a selection of the questions, and some chose not to disclose their profession.

Conclusion
Although they cannot be proven to reduce prescribing errors, having Clinipharm available may improve the quality of prescribing, medicines management and administration, and therefore patient safety. Future surveys should look at staff beliefs, evaluating if Clinipharm are seen to improve practice in the Trust.

References
1: http://www.ukmi.nhs.uk/ Accessed 22/07/14
2: Pharmacy in England: Building on strength-delivering the future. April 2008
5: Guidelines in professions allied to medicine (Cochrane Review 2009) Thomas LH, Cullum NA, McColl E, Rousseau N, Soutter J, Steen N