Single National Formulary (SNF) - New Formulary Categorisation system

Background

As part of NHS England's Single National Formulary (SNF) programme, South East London (SEL) is preparing to adopt the new national formulary classification terminology as an early adopter site. The SNF aims to standardise formulary terminology across England, making prescribing responsibilities clearer and reducing variation between local formularies.

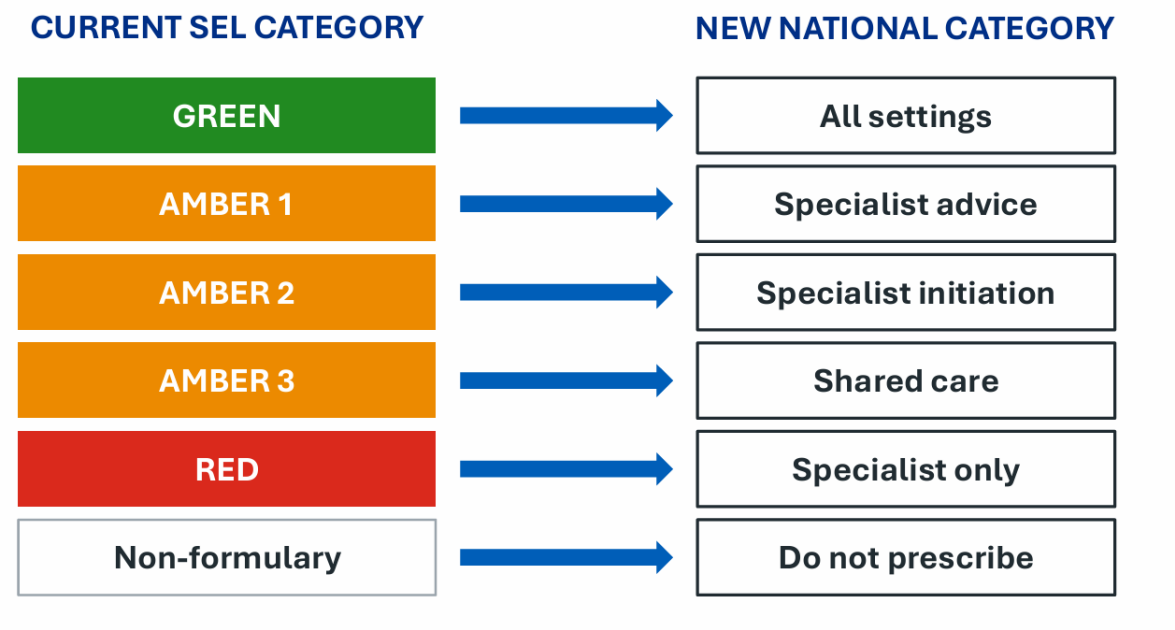
Over time, all Integrated Care Systems (ICSs) will be expected to adopt the SNF classification system. This will support greater consistency in how medicines are categorised, managed and communicated across local formularies. Further information on the national direction and rationale for the Single National Formulary is available in NHS England's update 'Fairer, faster access to medicines for NHS patients: delivering the Single National Formulary'.

What does this mean?

As part of this transition, SEL will phase out the traditional traffic light classification system (Red, Amber and Green) and replace it with the new word-based classification system used within the SNF. The new system removes colour coding and instead uses clear descriptive terminology to indicate prescribing responsibility and any associated requirements. This is a change in terminology and presentation only; **it does not change existing prescribing responsibilities, shared care requirements or specialist-only restrictions.**

During implementation, SEL formulary entries will be reviewed and updated to reflect SNF terminology. Where further review or harmonisation is required, the current local formulary position will continue to apply until the revised classification has been approved and published.

The figure below provides a quick reference guide comparing the current traffic light classifications with the new SNF terminology and SEL implementation approach. See Appendix 1 for full definitions.



How formulary classification decisions are made in SEL

The adoption of SNF terminology does not, at this stage, change local decision-making arrangements. In SEL, all formulary classification decisions are considered through established local governance processes, with review and approval by either the SEL Integrated Medicines Optimisation Committee (IMOC) or the Joint Medicines Formulary Committee (JFC) for adults, or the Evelina Medicines Committee (EMC) for paediatrics.

Key message

For most users, the impact of this change will be minimal. In SEL, existing formulary classification decisions will continue to be managed through established local governance processes. The transition to SNF terminology is primarily a change in language, supporting national consistency while maintaining current decision-making and prescribing arrangements.

Implementation is planned for week commencing **Monday 5th October**, with a **go-live date of Friday 9th October.**

Contacts and further information

For formulary information, please refer to both the SEL adult Joint Medicines Formulary (https://www.selondonjointmedicinesformulary.nhs.uk/) and SEL paediatric formulary (https://app.clinibee.com/publications/d53c53db-7a21-4462-88f1-a34fa1ef7d33).

For queries, please contact the SEL ICB Medicines Optimisation team for primary care, or your local organisation's formulary/pharmacy team for acute and mental health trusts, using the contact details below.

Please remove all patient identifiable data (e.g. name, address, DOB, NHS number) from communication. If these details are required, the recipient will contact you.	
Acute Trusts	
Guy's and St Thomas' NHS Foundation Trust	gst-tr.selondonformulary@nhs.net - adults gstt.selpaediatricformulary@nhs.net - paediatrics Medicines Information extensions 83849, 83855, 88750; Formulary extension 83854 - outside line 020 7188 3854
King's College Hospital NHS Foundation Trust	kch-tr.FormularyKCH@nhs.net 0203299 1110 extension 31110
Lewisham and Greenwich NHS Trust	lg.formulary@nhs.net Medicines Information 020 8836 4900; Formulary 020 8836 4847
Mental Health Trusts	
Oxleas NHS Foundation Trust	oxl-tr.medicinesinfo@nhs.net
South London and Maudsley NHS Foundation Trust	pharmacy_staff_medicines_information@slam.nhs.uk
SEL ICB Medicines Optimisation Team (query will be directed to the most relevant team member)	
Medicines@selondonics.nhs.uk	

Please see individual Shared Care Guidelines for specific directorate contact details.

Appendix 1: South East London Formulary Classification Key

Old SEL definition	New SNF definition
Green GREEN Medicines that can be initiated in primary and secondary care. 'GREEN' medicines are suitable for non-specialist initiation.	**All settings** Suitable for initiation, ongoing prescribing, and discontinuation in all settings. These are established therapies without the need for specialist input.
Amber 1 AMB 1 Suitable for initiation in primary care, following specialist recommendation. The first prescription can originate from primary care after recommendation by an appropriate specialist. The recommendation may be provided in writing, verbally, or based on clinical guidelines.	**Specialist advice** Medicines usually prescribed in primary care where prior advice or recommendation from a specialist is required before initiation. Following specialist advice, prescribing and monitoring are undertaken in primary care without the need for ongoing specialist involvement.
Amber 2 AMB 2 Specialist initiation with maintenance in primary care. These medicines require specialist involvement during initiation and may require a period of treatment stabilisation before primary care prescribing is appropriate. Initial prescription(s) are issued by the specialist. If a specified minimum duration of specialist prescribing is required, this will be detailed in local recommendations.	**Specialist initiation** Medicines that must be initiated and stabilised by a specialist. Once stabilised, prescribing and monitoring can be undertaken in primary care, where this can be safely delivered without structured ongoing specialist involvement.
Amber 3 AMB 3 Specialist Initiation with shared/collaborative/transfer of care documentation. These medicines require specialist initiation/first prescription and a period of stabilisation. However, it may not be appropriate for full transfer of clinical responsibility to primary care prescribers, therefore a sharing/collaborative agreement should be in place.	**Shared care** Medicines initiated within specialist care and delivered across settings as part of a shared care protocol. Prescribing and monitoring may occur in primary care; however, safe use depends on coordinated care across providers, agreed protocols and roles, ongoing specialist input, and clear shared clinical accountability across the pathway. These medicines are typically associated with complex monitoring, higher-risk profiles and require a Shared Care Protocol.

Old SEL definition	New SNF definition
Red (specialist or hospital prescribing only) RED Specialist or hospital prescribing only. The responsibility for prescribing, monitoring, dose adjustment and review should remain with the specialist or hospital. In very exceptional circumstances, transfer of clinical responsibility including prescribing for an individual patient may be agreed between the specialist and primary care/GP.	**Specialist only** Medicines that must be initiated, prescribed, and monitored exclusively by a specialist service, regardless of setting. Primary care should not initiate or continue prescribing outside of that specialist service.
Non-Formulary Non-Formulary These medicines are not recommended for routine use in primary or secondary care. There is an active position locally for not recommending the treatment.	**Do not prescribe** Not approved for routine prescribing in NHS-funded care. For example, because they are agents classified in the BNF as "not NHS" or "Drugs of Low Clinical Value", or they are products on NICE's "do not do" list or NHS England's "should not routinely prescribe" list.

Definitions of terms used in the SNF categorisation

Established therapies. For the purposes of SNF categorisation, categorisation is usually assigned in relation to a defined clinical indication or use. This will normally align with the medicine's licensed indication; however, categorisation may also apply to well-established off-label or unlicensed uses where these are supported by recognised national sources or accepted clinical practice.

These sources include:

- NICE technology appraisals and guidelines
- NHS England guidance
- British National Formulary (BNF) and BNF for Children (BNFC)
- Other robust, evidence-based national or specialist guidance

Specialist. For the purposes of the Single National Formulary, "specialist" refers to care delivered or overseen by a prescriber with recognised expertise in a defined clinical condition or therapy, where the safe and effective use of a medicine depends on competencies, decision-making, monitoring, or infrastructure beyond that typically available in generalist primary care.

This includes care delivered across organisational settings (secondary, tertiary, community, or primary care-based specialist services), provided that it operates within a recognised specialist service model.

Specialist care is characterised by:

- Advanced clinical expertise in the relevant condition and treatment
- Access to specialist diagnostics, monitoring, and multidisciplinary input where required
- Defined clinical accountability and oversight, typically within a consultant-led or equivalent specialist governance framework

Where prescribing or advice is undertaken by non-medical prescribers within specialist care, this must occur within a framework that ensures appropriate medical clinical oversight and clear lines of accountability. Specialist input may be provided through new models of care such as integrated neighbourhood teams, advice and refer pathways or single point of access arrangements.

Stable/Stabilised. A patient is considered stabilised on a medicine when treatment has been initiated and optimised by a specialist to a point where the dose, clinical response, and monitoring requirements are established, and the medicine can be safely maintained within a primary care or shared care setting under agreed governance arrangements.

Stabilisation typically includes:

- Achievement of an appropriate and maintained therapeutic dose (which still may require some further adjustment within an agreed plan)
- Demonstration that the patient's condition is stable or predictably responding to treatment
- Completion of the initial period of monitoring, including identification and management of early adverse effects
- Defined and deliverable ongoing monitoring requirements, with parameters within acceptable limits
- Clear transfer of prescribing and monitoring responsibilities, with appropriate specialist support where required

Primary care. This refers to any relevant, generalist setting in the community and includes the four pillars of primary care (General Practice, Community Pharmacy, Dental, Optometry) and other community provider settings.