Dear Colleague

Please cascade as appropriate to ALL prescribers within your organisation.

Single National Formulary Briefing for Prescribers/Clinicians/Healthcare Professionals

Executive Summary

GM has agreed to be an early adopter of the Single National Formulary (SNF) which will utilise aligned formulary categories instead of the current RAG statuses.

The currently formulary statuses will switch over to the SNF categories w/c 7th December 2026. Work will also begin on four priority areas for the SNF which are expected to be, heart failure, diabetes, ophthalmology and asthma

As of September 2026 no changes to the formulary are planned other than to map across to the new Single National Formulary terminology below.

What is the Single National Formulary (SNF)?

The SNF was included in the NHS' 10-year plan as a way of reducing variation in access to cost-effective medicines and to remove barriers which can delay access to approved medicines in England. It is envisaged this will be done by providing **a single, evidence-based source of prescribing guidance** to **drive rapid and equitable adoption** to achieve measurable patient benefits from **fairer access, faster uptake, and better outcomes**

NHS England » Fairer, faster access to medicines for NHS patients: delivering the Single National Formulary

Greater Manchester, along with 12 other systems is one of the early adopters of the SNF categories and definitions.

What does this mean for the GM ICS?

At this stage a relatively straightforward transition from the existing RAG statuses to the new categories is being proposed. The new categories system removes the colour coding and instead uses clear descriptive terminology to indicate prescribing responsibility and any associated requirements.

A comparison of the current traffic light classifications and the new Single National Formulary terminology is provided below.

This change relates to terminology only and no changes to RAG/categorisation are intended.

GMMMG RAG status	GMMMG RAG Description	SNF category	SNF Description July 2026
GREEN	Drugs that are suitable for initiation and ongoing prescribing within primary care.	**All settings**	Suitable for initiation, ongoing prescribing, and discontinuation in all settings.
SA	Green following specialist advice.	**Specialist advice**	Medicines usually prescribed in primary care where prior advice or recommendation from a specialist is required before initiation.
SI	Green following specialist initiation.	**Specialist initiation**	Medicines that must be initiated and stabilised by a specialist. .
AMBER	Drugs suitable for shared care arrangements under a shared care protocol.	**Shared Care**	Medicines initiated within specialist care and delivered across settings as part of a **Shared Care Protocol**
RED	Drugs considered to be specialist medicines and prescribing responsibility for these medicines should normally remain with the consultant or specialist clinician.	**Specialist only**	Medicines that must be initiated, prescribed, and monitored exclusively by a specialist service, regardless of setting.
(DNP)	Products which are not recommended for prescribing in any setting. “	**Do not prescribe**	Not approved for routine prescribing in NHS-funded care.
OTC	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care.	**Self care**	Not routinely prescribed unless as part of care for a long term condition.
RAG statuses without an SNF category			
GREY	Products which are not suitable for routine prescribing but suitable for exceptional use in a defined patient population.	**None**	This status will be retired
NR	Not reviewed.	**None**	This status will be retired

For more information about the classification changes please see:

GMMMG to Single National Formulary: RAG to categories mapping

What happens now?

In December 2026, once the GM netFormulary platform is updated to allow the section of the new categories, the GMMMG formulary will be transitioned to align with the SNF categories. This is expected to be complete by 9th December.

At this stage all the decisions on categorisation will be made by GMMMG and its subgroups and will align with the new categories. The GM ICB retains all responsibility for medicines governance and decision-making for the GM ICS, therefore the SNF will not replace the requirements to ensure that the GMMMG formulary fits the needs of the GM population and the services provided.

What are the next steps?

The SNF has identified 4 priority therapy areas for the SNF with more expected before the end of 2026. It is expected that when these are ready, GMMMG will seek to adopt through existing medicines governance processes.

- chronic heart failure
- type 2 diabetes (adult)
- ophthalmology
- asthma

By July 2027 a SNF digital product is expected that will have 8-12 therapeutic areas within it. Which GMMMG will seek to adopt once it has undergone the existing GM medicines governance processes.

Further information including a frequently asked questions document will be shared once available from the national team.

If there are any questions please contact the GMMMG enquiries inbox.

Yours Sincerely

Kenny LI
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