NHS
London Procurement Partnership

Standardisation of RAG rating definitions for formularies across London:

Final recommendations report

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Background on RAG Rating System

The RAG (Red, Amber, Green) rating system is widely used in healthcare to classify medications based on prescribing responsibilities and settings. This classification helps ensure that medications are prescribed appropriately according to the clinician's expertise and the patient's needs. Each colour in the RAG system denotes a specific prescribing guideline:

- **Green**: Medications that can be initiated and managed in primary care.
- **Amber**: Medications that may require specialist initiation or advice but can be continued in primary care under specified conditions.
- **Red**: Medications that are typically initiated and managed only by specialists or in a hospital setting.

In addition, it is recognised that across London some ICBs/ICSs also use the following colors:

- **Purple**: Shared care medications that are started by a specialist and continued by a primary care provider under a shared care protocol (overlap with amber 2/3 definition).
- **Grey**: Medications not recommended for use due to limited clinical efficacy, cost-effectiveness, or other concerns.

Objective

The objective of this project was to analyse variance in the RAG definitions across different ICBs/ICSs in London, with the aim of proposing a unified pan-London definition to ensure consistent prescribing practices.

Previous work carried out on variance (page 4) between London RAG ratings concluded that a pan-London approach would benefit prescribing practices by ensuring consistency across different healthcare settings. This would not only facilitate better communication between specialists and primary care providers but also ensure that patients receive the most appropriate care according to standardised definitions.

Summary of final RAG definitions

The proposed pan- London RAG definitions were circulated and consulted on across London. Following a period of consultation, all comments were reviewed to create a final recommendation.

The following RAG categories are recommended for London:

1. **Green**
2. **Amber 1, 2 and 3**
3. **Red**
4. **Non- formulary**

Table 1 – RAG categories recommended for London:

Category	Final recommended definition
Green	Medicines that can be initiated in primary and secondary care. Additional notes: ‘GREEN’ medicines are suitable for non-specialist initiation.

Amber	Medicines considered suitable for prescribing in primary care, following a recommendation or initiation by a specialist/hospital. Refer to the relevant amber status sub- categories below. Additional notes: AMBER 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. AMBER 2 Specialist Initiation with maintenance in primary care: These medicines require initial specialist involvement for initiation/ first prescription and patient stabilisation for a specified duration before transitioning to primary care for ongoing management. AMBER 3 Specialist Initiation with shared/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. **ICBs/ICSs may decide to use different colors to denote these sub-categories. **
Red	RED: Specialist or hospital prescribing only. The responsibility for prescribing, monitoring, dose adjustment and review should remain with the specialist or hospital. Optional additional notes: "In very exceptional circumstances, transfer of clinical responsibility including prescribing for an individual patient may be agreed between the specialist and primary care/GP."
Non-Formulary	Non-formulary: These are medicines not listed on the local formulary and are not recommended for routine use in primary or secondary care. Additional notes: **There are 2 types of 'non-formulary':** 1. Passively non-formulary, where treatment has not been reviewed or applied for and no formal position exists (e.g. new medicines) 2. There is an active position from the APC/JFC not recommending this treatment. **please note, non-formulary medicines do not have a colour**.

Pre-consultation analysis of variance and further background work supporting above recommendations.

In August 2024, a review of RAG definitions across the five London ICBs/ICSs (NEL, NCL, NWL, SEL, SWL) revealed the following (see Table 2):

Green Category

- **Consistency**: 4 out of 5 ICSs (80%) provided a definition for the Green category.
- **Variance**: Definitions varied from no restrictions (NEL) to recommending specialist and non-specialist initiation (SEL).

Amber Category

- **Consistency**: All 5 ICSs (100%) provided definitions.
- **Subcategories**: 3 out of 5 ICSs (60% - NWL, SEL, SWL) used subcategories (Amber 1, 2, 3) to specify different scenarios for specialist and primary care involvement.

Red Category

- **Consistency**: All 5 ICSs (100%) provided definitions.
- **Variance**: Minor differences were noted, particularly concerning the conditions under which GPs might take over prescribing responsibilities.

Purple Category

- **Consistency**: Only 1 out of 5 ICSs (20%) use this definition.
- **Variance**: This category shows significant inconsistency, indicating a need for standardisation. Overlap with Amber category definition(s).

Grey Category

- **Consistency**: 4 out of 5 ICSs (80%) provided definitions.
- **Variance**: The definitions largely align, focusing on the non-recommendation for prescribing due to various concerns such as limited clinical and/or cost-effective data.

Recommendations following pre-consultation analysis of variance

1. **Standardisation**: There is a clear need to standardise the definitions, particularly in the Green and Amber categories, where significant variance exists.
2. **Sub-categorisation for Amber definition**: Given that 60% of ICSs use subcategories within the Amber classification, adopting a similar structure pan-London could enhance clarity and consistency.

Table 2 - Variance Analysis of RAG Ratings across London ICBs/ICSs (includes current RAG definitions used across the London interface)

Table 2:

	NEL ICS	NCL ICS	NWL ICS	SEL ICS	SWL ICS	Variance
GREEN	These medicines can be initiated in primary care without any restrictions. These medicines should be considered as the first line prescribing options and primary care prescribers take full responsibility for prescribing. Medicines are included in this section on the basis of available evidence base for safety, efficacy and cost effectiveness. This is a pragmatic list of products/medications for use for the majority of patients requiring treatment.	No 'Green' definition.	Medicine suitable for initiation in primary and secondary care.	Specialist and non-specialist initiation. • Drugs in routine use for licensed indications. • Off label prescribing should be in accordance with individual clinical judgment.	Recommended for primary and secondary care prescribing.	NEL ICS: Medicines can be initiated in primary care without restrictions, considered first-line options, and primary care prescribers take full responsibility. NCL ICS: No 'Green' definition provided. NWL ICS: Medicines suitable for initiation in both primary and secondary care. SEL ICS: Both specialists and non-specialists can initiate these medicines. SWL ICS: Recommended for primary and secondary care prescribing.

AMBER	These medicines may be prescribed in primary care under the following scenarios (any restrictions would be specified in the formulary): • The primary care prescriber may initiate treatment if they have appropriate knowledge and/or has received appropriate training to prescribe e.g. direct oral anticoagulants (DOACs) OR • Prescribed in primary care after specialist* recommendation or initiation. Information should be provided by the specialist* on the use, monitoring and follow up for the drug and condition. The GP must be able to contact the specialist* for further advice and support at any point of the patient's care, including referring the patient back to the specialist if necessary. A supporting prescribing guidance/factsheet may be available to support primary care prescribing.	Medicines that should be initiated by a specialist. Prescribing can be transferred to primary care once the patient has been stabilised. Shared care: For drugs with regular, ongoing need for monitoring and/or assessment of efficacy or toxicity. Prior agreement must be obtained by the specialist from the primary care provider before prescribing responsibility is transferred. The shared care protocol must have been agreed by the relevant secondary care trust Drugs and Therapeutics Committee(s) (DTC) and approved by the North Central London JFC.	Amber 1: Medicines that are suitable for initiation by primary care following written or verbal advice from a specialist relevant guideline to be checked against Amber 2: Initiation by a specialist, stabilisation for a specified time, then continuation in primary care under an individual management plan Amber 3: Initiation by a specialist, stabilisation for a specified time, then continuation in primary care with shared/transfer of care documentation	Initiated by or at the recommendation of a specialist which includes consultant, suitably trained specialist non-medical prescriber or GP with specialist interest within a secondary, tertiary, or primary care clinic. • Where a patient remains under the care of a specialist, on-going communication is imperative. • Off-label use must be noted but is not an exclusion criteria where a body of evidence supports its use e.g. NICE. • Contact for specialist support must be explicit and easily accessible. • Timely re-referral routes are essential. Amber 1: Recommendation by a specialist but is considered non-urgent and therefore could be started in primary care at the discretion of the GP after the GP's consideration. Amber 2: Initiation by a specialist, then continuation in primary care under an individual management plan. In some cases, stabilisation for a specified time may be required and this will be detailed on the formulary or in the IMOC formulary recommendation. Amber 3: Initiation by a specialist with ongoing monitoring required. After dose stabilization GPs can be requested to take over prescribing responsibilities using the approved IMOC shared care documentation requiring shared/transfer of care document – please refer to the SEL Joint Medicines Formulary website for details.	Amber 1: Recommendation by a specialist but is considered non-urgent and therefore could be started in primary care at the discretion of the GP after the GP's consideration. Amber 2: Initiation by a specialist, stabilisation for a specified time, then continuation in primary care under an individual management plan Amber 3: As above, requiring shared/transfer of care document.	NEL ICS: Prescribing in primary care under specific conditions, including specialist recommendation or initiation and shared care guidance. NCL ICS: Medicines initiated by a specialist, with the possibility of transfer to primary care after stabilisation and agreement under shared care protocols. NWL ICS: Split into three subcategories (Amber 1, 2, 3) detailing different initiation and continuation scenarios involving specialists and primary care. SEL ICS: Similar to NWL ICS with subcategories, allowing primary care initiation after specialist recommendation or stabilisation. SWL ICS: Also includes subcategories but emphasises non-urgent initiation and continuation in primary care.

	NEL ICS	NCL ICS	NWL ICS	SEL ICS	SWL ICS	Variance
RED	These medicines are generally unsuitable or unsafe for primary care prescribing and should normally be prescribed by specialists* only. All medicines under this category would be annotated with the 'HOL' (hospital only list) symbol in the formulary.	The responsibility for prescribing, monitoring, dose adjustment and review should remain with the specialist or hospital. In very exceptional circumstances, transfer of prescribing for an individual patient may be agreed between the consultant and GP.	Specialist or hospital prescribing only. The responsibility for prescribing, monitoring, dose adjustment and review should remain with the specialist or hospital.	Specialist or hospital prescribing only. • A consultant or suitably trained specialist (e.g. a specialist non-medical prescribing nurse) within the secondary, tertiary, or primary care clinic should initiate, continue to prescribe and monitor red listed drugs. • RED list drugs are NOT recommended for GPs to prescribe and responsibility for prescribing, monitoring, dose adjustment and review should remain with the specialist. In very exceptional circumstances a specialist may discuss individual patient need for a RED drug to be prescribed by a GP and the GP should consider informing their borough Medicines Optimisation Team before a decision is made to prescribe for individual patients. • Supply of these medicines should be organised through the hospital pharmacy or where appropriate a home care company. If it is necessary to supply on a FP10HNC (previously FP10HP), liaison with a nominated community pharmacy is recommended. • Medicines for specified indications included in the red list should only be prescribed subject to inclusion in the SEL Joint Medicines Formulary and funding being arranged at the individual acute Trust. Drugs that are not on the SEL joint formulary may be included on a separate list to inform GPs where a request to prescribe has originated from a provider outside of SEL.	A consultant or suitably trained specialist (e.g. a specialist non-medical prescribing nurse) within the secondary, tertiary, or primary care clinic should initiate, continue to prescribe and monitor red listed drugs.	NEL ICS: Typically prescribed by specialists only, annotated with a 'HOL' symbol. NCL ICS: Responsibility for prescribing remains with specialists or hospitals, with rare exceptions for transfer to GPs. NWL ICS: Same as NCL, with additional guidance for exceptional cases. SEL ICS: Identical to NWL with minor additional details. SWL ICS: Prescribing by specialists or trained non-medical prescribers only.

	NEL ICS	NCL ICS	NWL ICS	SEL ICS	SWL ICS	Variance
PURPLE (shared care)	These medicines should be initiated by a specialist* and continued by primary care prescriber only under a shared care guideline (SCG) once the patient has been stabilised. Prior agreement must be obtained by the specialist* from the primary care prescriber before prescribing responsibility is transferred. The SCG must have been agreed by the North East London (NEL) Formulary and Pathways Group (or equivalent legacy trusts' medicines committees). The GP must be able to contact the specialist* for further advice and support at any point of the patient's care, including referring the patient back to the specialist* if necessary.					NEL ICS: Initiation by a specialist with continuation under a shared care guideline once stabilised. Similar to Amber 2 definitions? Other ICSs: Not mentioned in their formularies.

	NEL ICS	NCL ICS	NWL ICS	SEL ICS	SWL ICS	Variance
Non-formulary	These medicines are not recommended for routine use in primary or secondary/tertiary care. These medicines have actively been assessed by the NEL Formulary and Pathways Group (or equivalent legacy trusts' medicines committees/groups) and are not recommend for use at present. They fall into one of the three categories below: • Limited clinical and/or cost-effective data. • Where the associated specialist services are not available in one or more NEL provider trusts. • Medicines that have been assessed and rejected by NICE (note that where there is a negative recommendation by NICE and the medicine is approved for use at other trusts outside of NEL, it is expected that the cost of treatment would be absorbed by the prescribing trust).	Listed as 'black' status at NCL ICS: Medicines, which the North Central London JFC has actively reviewed and does not recommend for use at present due to limited clinical and/or cost-effective data.	Not recommended for prescribing.	Not recommended for prescribing. • Medicines not normally recommended for routine prescribing. • Weak evidence of cost effectiveness, benefit and/or safety. • Drugs which the SEL IMOC consider do not represent good value to the NHS • Drugs where the formulary application is not presented to IMOC within the specified timeframes.		NEL ICS: Not recommended for routine use; includes criteria such as limited clinical data or lack of services. NCL ICS: 'black' status, not recommended for use due to limited data or cost-effectiveness. NWL ICS & SEL ICS: Not recommended for prescribing. SWL ICS: Not mentioned in their formulary.

	NEL ICS	NCL ICS	NWL ICS	SEL ICS	SWL ICS	Variance
Notes	*Specialist is defined as a clinician who has undertaken an appropriate formal qualification or recognised training programme within the described area of practice and has a working experience and knowledge within a speciality area. The specialist may be based in secondary/tertiary care or in primary care specialist clinics (e.g. GP with specialist interests, prescribers working under the COVID Medicines Delivery Unit).				Unlicensed medicines or uses of licensed products that fall outside the marketing authorisation have been included for use in specific clinical settings, where these have been approved for formulary inclusion. Prescribers must take full responsibility for prescribing such products and comply with the Unlicensed Medicines Policy as approved at individual Trust level. Where a formulary entry does not detail a medicine's indications for use, the medicine can be assumed to be approved for all licensed indications.	