

DERBYSHIRE LINCOLNSHIRE & NOTTINGHAMSHIRE AREA PRESCRIBING COMMITTEE (DLN APC) DECISION AND JUSTIFICATION LOG

Meeting Date: 11th June 2026

Updated by: DDICB Policy Team

Ethical Framework

Chair to ensure that all decisions made are in line with the [ICBs Ethical Framework](#), following examples of evidence of clinical and cost effectiveness, health care need and capacity to benefit, policy driver/strategic fit.

Declarations of Interest

Committee members are reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the ICB. Declarations declared by members of the DLN APC are listed in the Register of Interests and included with the meeting papers. The ICB's Registers of Interests are also available via the ICB's Corporate Governance Manager.

Agenda Item number	Agenda Item Title	Owner	Summary of Discussion	Decision & Justification	Action(s)
	Attendance/Quoracy	Chair	Asifa Akhtar, Susan Bamford, Sangeeta Bassi, Lidia Borak, Naomi Burden, Khalid Butt, Slakahan Dhadli, Ruth Dils, Georgina Dyson, Eve Evans, Jo Fleming, Rebecca Grinham, Ruth Gooch, Steven Haigh, Sue Haria, Claire Haynes, Kiran Hewitt, Helen Hill, Tim Hills, Steve Hulme, Nicola Jay, Paul Jenks, Stephen Jones, David Kellock, Lynne Kennell, James Kerr, Esther Kirk, Fatima Malik, Gladys Maponese, Lara McKean, Kerrie Mearns, Ben Milton, Lisa-Marie Moore, Jennifer Moss Langfield, Vimbayi Mushayi, Kate Needham, Vijay Rai, Simon Robinson, Laura Scott, Deborah Storer, Jacqui Toner Woods, Irina Varlan, Helen Walker, David Wicks, Kimberley Willett, Ann Whitfield, Rob Wise		
1	Apologies	Chair	Emily Khatib, Mark Broadhurst, Hannah Sisson, Suzy Hulme, Helen Halling, Dr Reid Baker, Mr Glenn Spencer		

2	Conflict of interest declarations a. Register of interests	Chair	None declared Chair referred to the separate registers of interest held across the cluster and confirmed that a unified register for DLN APC members is in development	Noted	
3	Declarations of any other business	Chair			
4	DLN APC Governance arrangements and Terms of Reference (ToR)	Lesley Gant	The interim Terms of Reference (ToR) for DLN APC were presented to members as a first draft, which has been developed at pace to enable the immediate operation of the new cluster committee. The ToR aim to support interim governance arrangements during transition and define how the APC will operate in its initial phase, before the final governance model is agreed. It was agreed that the membership section requires further development to ensure balance between primary and secondary care, representation from each geography (DLN), broader clinical representation and appropriate inclusion of patient/public, public health and mental health voices. The initial quorum definition was deemed too limited and not representative of the large scale of DLN. The need to balance representation across sectors was highlighted alongside consideration of inclusion of further stakeholders. Members were invited to share further feedback post-meeting. All themes will be considered with the aim to balance inclusivity with enabling efficient and timely decision making.	Next draft to be prepared for the July meeting	

			Refining the TOR will be an iterative process, with the next draft to be presented at the July meeting. Subgroups were recognised as being a key mechanism to support the workload of the APC and engagement with stakeholders.		
5	DLN APC administrative processes	Lesley Gant	1. Meeting paper front sheets Agreed to continue using the Derbyshire template for front sheets in the interim with a plan to develop a single, standardised DLN APC template. Most administrative responsibility sits with the Derbyshire team currently, so this is a pragmatic short-term solution 2. Recording of meeting outcomes Agreed to adopt the Derbyshire decision and justification log format for recording DLN APC meeting outcomes. This is a more efficient method of summarising key outputs from discussions compared with traditional meeting minutes and provides clear record of decisions reached alongside the rationale for decision making. This approach was adopted in Derbyshire in September 2024 and has proven effective in providing clear auditability and accountability for decisions and in ensuring clinical governance and transparency. Meeting transcripts will also be kept as an unpublished record of the conversations which have taken place at DLN APC meetings and will act as further assurance. Advice is being sought from the corporate team on the appropriate retention period for video recordings and will be reported at a future meeting. 3. APC bulletins Agreed to move to a single, unified APC bulletin rather than separate bulletins for each area. This aligns with the transition to a joint APC structure, reduces	Derbyshire format front sheet agreed for interim use Derbyshire format decision and justification log agreed for recording of APC meeting outcomes Produce a single APC Bulletin	

			triplication of processes and ensures consistent communication across the cluster.		
6	DLN traffic light classifications	Lesley Gant	There are currently different traffic light classifications across the three areas, each with its own framework, terminology and definitions. It is recognised that this variation has potential to create inconsistency in prescribing guidance and confusion across the system. However, due to the work underway on the development of a single national formulary and classification system it was agreed to continue with existing local traffic light systems in the short-term, ensuring that decisions are aligned across systems where possible. In the long-term, there will be a move to align with the single set of national classifications. Creating a new DLN traffic light system now would create additional work and likely need to be changed again when national guidance is released. Keeping the current systems will avoid disruption to clinicians and prevent confusion from multiple changes in a short period. The priority is to make consistent clinical decisions across DLN, recognising that different systems can still deliver equivalent decisions even with different terminology and labels. The single national formulary is expected to provide standard definitions and classifications which DLN will aim to adopt when available.	Accepted with minor amendments. To be presented at a future date including the new SNF definitions	
7	Summary of DLN subgroups	Lesley Gant	A summary of the existing locality subgroups was presented for information, specifically the Derbyshire Guidelines Group and High-Cost Drugs Working Group,	For further discussion at a future meeting	

			and the Lincolnshire Prescribing and Clinical Effectiveness Forum (PACEF). The former Nottinghamshire APC previously had an alternating agenda, focusing on strategic and formulary decisions one month and guideline development/review the following month. It was agreed that the existing subgroups will continue in their current forms in the interim with a plan to define and combine functions across the DLN footprint over time. There was a strong view that the DLN APC is too large to manage all work effectively and subgroups should focus on critical priorities such as NICE TAs, safety issues, guideline review and development. Subgroups will improve efficiency and reduce the burden on the APC meeting agenda and avoid unnecessary meeting attendance where not all items are relevant to all members. It was recognised as critical that subgroups include representation from Derbyshire, Lincolnshire and Nottinghamshire to ensure fair opportunity for stakeholder involvement and to maintain local nuance where required. Subgroups were agreed as key to building clinical engagement across the cluster, prioritising stakeholder involvement from the development stage of workstreams, rather than just at the point of ratification.		
8	Traffic Light Classification Changes and Additions				
	a. Fezolinetant	Hazel Baxter	Fezolinetant recommended as suitable for primary care prescribing with specialist input, for treating moderate to severe vasomotor symptoms associated with menopause, as per NICE TA1143. In Derbyshire the classification will	Recommended pending financial approval	

			be *GREY specialist recommendation and in Lincolnshire and Nottinghamshire Amber 2. The forecasted cost of fezolinetant exceeds the threshold that the APC can approve independently. The decision will be escalated to the DLN Chief Executive for financial approval. Fezolinetant is a non-hormonal treatment licensed for the management of moderate to severe vasomotor symptoms associated with menopause. NICE TA1143 recommends fezolinetant as a treatment option only when hormone replacement therapy is unsuitable (e.g. contraindicated, not tolerated, or declined by the patient). Historically, non-hormonal treatment options have included use of SSRIs (e.g. citalopram, sertraline, fluoxetine, paroxetine), SNRIs (e.g. venlafaxine, desvenlafaxine) or other agents such as gabapentin. The proposed positioning of treatments for the management of moderate to severe vasomotor symptoms associated with menopause within DLN is: • First-line, HRT (in line with NICE NG23 and local menopause guideline). • Second-line, optimisation or trial of existing non-hormonal options (e.g. SSRIs/SNRIs, gabapentin where appropriate and clinically justified). Fezolinetant to be considered as an option in patients with moderate to severe vasomotor symptoms, and HRT unsuitable (contraindicated, not tolerated, or declined), and where other non-hormonal options are ineffective, not tolerated, or not appropriate.	Derbyshire – GREY specialist recommendation Lincolnshire – Amber 2 Nottinghamshire – Amber 2	
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			Fezolinetant is associated with a risk of drug-induced liver injury, requiring structured monitoring involving baseline liver function tests (LFTs) prior to initiation, regular LFT monitoring during early treatment (monthly for the first 3 months) and ongoing clinical vigilance for signs/symptoms of hepatic impairment. Fezolinetant has previously been discussed at the individual ICB/ area prescribing committee meetings resulting in three different classifications across the cluster. Consensus amongst DLN APC members was that this treatment is not appropriate for hospital-only classification as there are no inherent safety issues preventing use in primary care and the monitoring requirements were considered manageable. Menopausal symptoms are commonly managed in primary care and the NICE position for Fezolinetant supports primary care involvement and does not mandate specialist-only prescribing. Initiation in primary care should avoid significant treatment delays associated with referral to secondary care, whilst maintaining a balance between patient access and clinical safety by retaining specialist input. The APC acknowledged that GPs may initially lack confidence with this new drug and will require specialist support. This can be accessed initially via advice and guidance. A guideline and treatment algorithm will be developed to support appropriate patient selection and safe prescribing. A small working group is to be established to draft guidance in consultation with relevant specialists including		
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			gynaecology, GPs with extended roles (GPwERs) and oncologists. *During the meeting the Derbyshire equivalent to Amber 2 was incorrectly stated as GREEN after specialist recommendation. Post-meeting, it has been clarified that the equivalent is GREY specialist recommendation.		
9	Changes to NICE Funding Variations Consultation	Lesley Gant	Not discussed due to time constraints. Post-meeting DLN members were invited to comment on the suggested joint DLN response to the consultation on proposed changes to NICE Funding Variation Requests which closes at 5pm on 19th June 2026.	Noted	
10	Liothyronine position	Hazel Baxter	Currently there is variation across DLN in the classification of liothyronine (in combination with levothyroxine) for treatment of hypothyroidism. Derbyshire and Lincolnshire classify as suitable for primary care prescribing after specialist initiation, in line with recommendations from the NHSE Liothyronine Advice for Prescribers guidance (August 2023). In Nottinghamshire liothyronine is non-formulary with prescribing only supported in exceptional circumstances and only after recommendation by an NHS Endocrinologist after a multidisciplinary discussion involving fellow consultants. It was proposed that Nottinghamshire amend their classification to Amber2 to allow primary care prescribing in line with NHSE guidance and rescind the current Nottinghamshire liothyronine in hypothyroidism position statement.	No decision For further discussion at the July 2026 meeting	

			Nottinghamshire ICB are currently in discussions with local endocrinologists about the position, with previously reported concerns that a change to Amber2 will increase demand on endocrinology services. A change to the classification in Nottinghamshire cannot be made without clinical agreement and buy-in from local specialists, therefore the decision was postponed, pending an agreed position from Nottinghamshire being reached and brought back to the DLN APC meeting in July. Should the classification across the three areas be aligned, it is proposed that the Derbyshire guideline to support GP considerations prior to endocrinology referral is adopted across DLN. This guidance was developed in consultation with endocrinologists at University Hospitals of Derby & Burton and Chesterfield Royal Hospital and was approved at the April 2026 Derbyshire Guideline Group meeting.		
11	Derbyshire High-cost drug (HCD) working group a. May 2026 meeting report	Hazel Baxter	Dupilumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils (NICE TA1142) was discussed at the DDICB HCDWG meeting in May and the new (Derbyshire) commissioning algorithm for COPD was agreed with the Trusts by email. Dupilumab is ICB funded and is the first HCD biologic for this indication. Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over (NICE TA1140) was discussed at the same meeting and the new (Derbyshire) commissioning algorithm reviewed. CRH dermatologists have agreed the algorithm but comments are still outstanding from dermatologists at UHDB. Ruxolitinib	Algorithms ratified (vitiligo decision pending agreement from UHDB dermatology) Post-meeting Update: Vitiligo algorithm agreed with UHDB	Publish on Derbyshire Medicines Management website

			cream is ICB funded and is the first HCD biologic for this indication. Both algorithms were ratified by DLN APC members, with the vitiligo decision pending agreement from UHDB dermatology.		
FOR INFORMATION AND REPORT BY EXCEPTION					
14	a. MHRA Drug Safety Roundup April 2026	Chair	For information	Noted	