

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 10th October 2023

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Herbal treatment, other natural products, and Homeopathy	Do Not Prescribe (DNP) – as per NHS England's Items which should not routinely be prescribed in primary care: policy guidance update- now include 'other natural products'
Rubefacients, benzydamine, mucopolysaccharide and cooling products	Do Not Prescribe (DNP) – as per NHS England's Items which should not routinely be prescribed in primary care: policy guidance update – now include 'benzydamine, mucopolysaccharide and cooling products'.
Glofitamab	RED – as per NHSE commissioning intentions Glofitamab is recommended, within its marketing authorisation, as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults after 2 or more systemic treatments.
Ruxolitinib	RED – as per NHSE commissioning intentions. Ruxolitinib is recommended, within its marketing authorisation, for treating polycythaemia vera in adults who cannot tolerate hydroxycarbamide (also called hydroxyurea) or when the condition is resistant to it.
Birch bark extract (Filsuvez)	RED – as per NHSE commissioning intentions. NICE HST28 Birch bark extract (Filsuvez) for treating epidermolysis bullosa
Mavacamten	RED – as per NHSE commissioning intentions. NICE TA913 Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy
Pembrolizumab	RED – as per NHSE commissioning intentions. TA914 Pembrolizumab for previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency

Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Lixisenatide	GG noted that Lixisenatide 20microg is being discontinued. Expected end of Supply December 2023. See SPS advice.
Vaginal moisturisers	GREY – Patients should be encouraged to self-care and purchase over the counter when possible. May be used by patients who cannot use vaginal estrogen, e.g. patients with breast cancer.
Cholera Vaccines	Remove RED classification
Oscillating Positive Expiratory Pressure Devices	RED – For Specialist Respiratory Physiotherapists Only
Tadalafil	GREY – 5mg once daily preparation for erectile dysfunction (for patients meeting SLS criteria and therefore eligible for NHS prescription) is an option and cost effective when a PDE5 inhibitor requirement for a patient is greater than 8 doses per month
Ibuprofen 10% gel	Unclassified

Clinical Guidelines

Items not routinely prescribed in primary care

PGD

PGD process

DHU PGDs

Vitamin K

Smallpox

Shared Care Agreements

Sulfasalazine

ADHD

Present:	
Derby and Derbyshire ICB	
Dr R Gooch	GP (Chair)
Mr S Dhadli	Assistant Director of Clinical Policies and Decisions (Professional Secretary)
Mrs A Thai	Head of Medicines Management, Clinical Policies and High-Cost Interventions
Mr S Hulme	Director of Medicines Management & Clinical Policies
Mrs L G	Assistant Director of Medicines Optimisation and Delivery
Dr R Dils	GP Clinical Lead, Moss Valley Medical Practice
Dr H Hill	GP City Prescribing Lead, The Park Medical Practice
Dr J Burton	GP Prescribing Lead, Hannage Brook Medical Centre
Dr A Mott	GP Prescribing Lead, Jessop Medical Practice Clinical Director of ARCH Primary Care Network
Mrs C Warner	Senior Public Equality and Diversity Manager
Public Health England	
Mr A Reid	Consultant in Public Health
University Hospitals of Derby and Burton NHS Foundation Trust	
Mrs E Kirk	Lead Pharmacist High-Cost Drugs and Commissioning
Derbyshire Healthcare NHS Foundation Trust	
Mr S Jones	Chief Pharmacist
Chesterfield Royal Hospital NHS Foundation Trust	
Mrs G Gough	Chief Pharmacist
Dr J Russell	Consultant Geriatrician
Derbyshire Community Health Services NHS Foundation Trust	
Mrs K Needham	Chief Pharmacist
Derbyshire Health United	
Mr D Graham	Lead Clinical Pharmacist/Advance Clinical Practitioner
Staffordshire and Stoke-on-Trent ICB's	
Ms S Bamford	Medicines Optimisation Senior Lead Pharmacist

In Attendance:	
Miss M Hill	Senior Pharmacy Technician High-Cost Interventions, DDICB (minutes)
Mrs E Evans	Chief Pharmacy Technician (Interface), UHDB/DDICB

Item		Action
1.	APOLOGIES	
	B Milton, M Broadhurst, D Moore, R Monck	
2.	DECLARATIONS OF CONFLICTS OF INTEREST	
	Dr Gooch reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of JAPC. No conflicts of interest were declared in relation to this agenda; in addition to the existing register of interests.	
3.	DECLARATIONS OF ANY OTHER BUSINESS	
	Mr Dhadli raised a declaration of any other business; To agree an email statement on NOAC treatment in relation to the patent of apixaban.	
4.	JAPC BULLETIN	
	The September 2023 bulletin was ratified.	
5.	JAPC ACTION SUMMARY	
a.	Ranibizumab biosimilar As previously discussed, the ranibizumab biosimilar creates major cost saving opportunities for the Integrated Care System (ICS). Chesterfield Royal Hospital is a fragile service due to clinic capacity and ophthalmology appointment availability. These issues have been reported to NHS England. Royal Derby Hospital ranibizumab biosimilar uptake has temporarily paused pending an-ongoing investigation but expecting to re-start using biosimilar soon.	
b.	Penicillamine Rheumatology, hepatology and renal specialities use is expected of this drug. The specialties at the acute trust have been tasked to draft the penicillamine shared noting the absence of an RMOG publication.	
c.	Inclisiran Dr Burton confirmed a task and finish group has been set up to initially look at inclisiran. Dr Burton confirmed that the group conversations moved on to be more holistic and discussed the need to look at the whole lipid modification pathway.	
6.	CLINICAL GUIDELINES	
a.	<u>Items which should not routinely be prescribed in primary care</u> Mr Dhadli informed the committee NHS England's Items which should not routinely be prescribed in primary care: policy guidance was updated in August 2023. The policy guidance has been issued to reduce unwarranted variation, improve patient outcomes, and provide value for money for the NHS. It updates and replaces the guidance published in June 2019.	

Item		Action
	<p>It provides recommendations for items which should not routinely be prescribed in primary care because there are significant safety concerns with the item, there is a lack of robust evidence of clinical effectiveness for the item, the item is clinically effective but more cost-effective interventions are available, and the item is clinically effective but deemed a low priority for NHS funding. The recommendations do not override the individual responsibility of healthcare professionals to support their patients in agreeing the most appropriate treatment options for them through taking a shared decision-making approach.</p> <p>Mr Dhadli summarised the significant and minor changes made. Significant changes include lidocaine plaster and liothyronine.</p> <p>Lidocaine plaster recommendations include that it can be prescribed only if the decision has been made after a multidisciplinary team discussion. JAPC members discussed the need to include this in the current traffic light classification, however, it was agreed that no change is recommended.</p> <p>Liothyronine traffic light classification is currently AMBER in combination with levothyroxine for existing patients, RED for monotherapy or for resistant depression, or in doses which exceed 60mcg per day, and DNP for new patients. NHSE 2023 updated recommendations includes new patients with overt hypothyroidism whose symptoms persist on levothyroxine may be prescribed liothyronine after a 3-month or longer review by an NHS consultant endocrinologist. JAPC members discussed the NHSE recommendations for new patients and agreed a paper will be brought back to JAPC for further discussion.</p> <p>Mr Jones requested JAPC to re-consider the RED traffic light classification for treatment resistant depression and for members to consider if shared care is appropriate for this indication.</p> <p>A discussion took place around small patient numbers for depression and there not potentially being enough experience to deal with patients in primary care. Mr Mott raised the risk of patients being put on hypothyroid disease registers that do not need to be. Members agreed that it is not unreasonable to consider liothyronine for depression as a shared care therefore agreed this is also to be brought back to JAPC with additional information.</p> <p>Mr Dhadli summarised the minor changes made in line with the NHSE 2023 update. These include adding the following message into the formulary and traffic light classification for bath and shower preparations; 'Leave-on' emollient moisturisers can still be used for treating eczema. These emollients can also be used as a soap substitute', update Herbal treatments to include 'and other natural products', and update rubefacients to include 'benzydamine, mucopolysaccharide and cooling products' (excluding topical NSAIDs and capsaicin).</p> <p>Agreed: JAPC approved the changes made to align the Items which should not routinely be prescribed in primary care table to the 2023 update.</p> <p>Action: JAPC agreed a paper for liothyronine recommendations for new patients will be brought back for further discussion in relation to hypothyroidism.</p> <p>Action: Mr Jones to gather current and potential patient numbers for both indications, endocrinology opinion and previous shared care agreement to bring back to JAPC in December 2023 for consideration of a liothyronine for</p>	<p></p> <p>CPD</p> <p>SJ</p>

Item		Action
	depression shared care agreement.	
7.	PATIENT GROUP DIRECTION	
a.	<p><u>Patient Group Direction (PGD) process</u></p> <p>Mr Dhadli advised the committee a Patient Group Direction (PGD) development/review process document has been produced to outline the process in which ICB authorises PGDs within the ICS NHS. The process describes the legal duties and governance process that providers should follow. The review process also included the Governance of the ICB, its roles and responsibilities.</p> <p>The principles in the document apply to PGDs that have been developed and/or authorised by the ICB for the treatment of NHS patients by healthcare professionals working within the ICS where providers cannot authorise PGDs. This includes ICB directly commissioned services e.g., out of hours service provider.</p> <p>The document includes background information which signpost readers to national guidance by SPS and NICE; clarifies the role of JAPC and Guideline Group in the process, and various appendices including a PGD development checklist, a proposal for the development of a PGD, Guideline Group (GG) assessment form for proposal to develop a PGD, and checklists for reauthorising/ reviewing a PGD.</p> <p>Agreed: JAPC approved the Patient Group Direction (PGD) process with a 3-year expiry.</p>	
b.	<p><u>Derbyshire Health United (DHU) Patient Group Directions</u></p> <p>Mr Graham informed the committee Patient Group Directions (PGDs) for use within the Derbyshire Urgent and Emergency Care (UEC) of DHU Health Care have previously been signed off by the CCG and now require authorisation by the ICB in line with the ICB PGD development and review process. Twenty PGDs are submitted for re-authorisation; these are reviewed in line with National Guidelines and Internal Governance Processes. The procedure for developing a PGD used internally has been updated to reflect the new process within the ICB and appropriate documentation has been completed to give JAPC assurance that all the necessary requirements have been met by the DHU PGD working group.</p> <p>A discussion took place around Specialist Pharmacy Service (SPS) and if they would produce national PGDs. Mr Graham confirmed there have been previous conversations with SPS around developing PGDs that would be useful in urgent care however the only completed national PGD so far is nitrofurantoin.</p> <p>Mrs Needham raised that within the national SPS template all antimicrobial PGDs need an antimicrobial specialist (pharmacist/microbiologist) on the working group to sign off the relevant PGDs to ensure governance to JAPC. JAPC members discussed the importance of having antimicrobial sign off and if the assurance can be sort from the wider Integrated Care Board (ICB).</p> <p>Agreed: JAPC approved the non-antimicrobial Patient Group Directions submitted by Derbyshire Health United; antimicrobial PGDs approved in principle pending evidence of antimicrobial assurance. All PGDs require legal sign off by the ICB Medical Director.</p>	

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<p>c.</p>	<p>Action: Mr Graham to seek antimicrobial assurance from internal sources for PGD sign off.</p> <p><u>Vitamin K Patient Group Direction</u> Mr Dhadli advised the committee the vitamin K Patient Group Direction (PGD) is now the sole primary care PGD historically developed by the CCG Medicines Management Team, as all others have been replaced by regional PGDs. The vitamin K PGD is part of the INR service for the reversal of high INR in patients that are taking warfarin. Mr Dhadli asked JAPC to validate the ongoing need for DDICB vitamin K PGD or if vitamin K can be supplied under a Patient Specific Direction (PSD). Mr. Mott raised the limitation of PSD and that it cannot be used retrospectively. It was noted that this issue poses a substantial challenge for nurses in the INR service, particularly during home visits. JAPC members agreed that the vitamin K PGD is still needed and requires a working group to be set up outside of Guideline Group to review and update the existing vitamin K PGD.</p> <p>Agreed: JAPC agreed to update the vitamin K Patient Group Direction via a working group.</p> <p>Action: To set up a working group and add to the JAPC Action Tracker.</p> <p>d. The following PGDs from Public Health England were noted and agreed by JAPC:</p> <ul style="list-style-type: none"> • Small pox vaccine 	<p>DG</p> <p>CPD</p>
8.	SHARED CARE AGREEMENT	
<p>a.</p>	<p><u>Sulfasalazine</u> Mr Dhadli advised the committee the sulfasalazine shared care has been updated in line with previously agreed JAPC principles for reviewing shared care guideline against the Regional Medicines Optimisation Committees (RMOC)/ NHSE national shared care protocols. The following sections have been aligned to the national shared care protocol: standard wording under responsibilities, adverse effects, interactions, contraindications and cautions, pregnancy & breastfeeding section. Other updates aligning to the national shared care protocol include actions to be taken by primary care for abnormal CrCl (use clinical judgement & repeat in 1 week; If still > 30% from baseline- withhold and discuss with specialist). A discussion took place around specialist monitoring for blood pressure as national shared care protocol states to perform at baseline and 2 weekly until stable for 6 weeks. JAPC members agreed to keep existing recommendation to perform before commencing immunosuppressant therapy only in line with baseline monitoring for other DMARDs. Primary care monitoring (FBC, ALT/AST/albumin, U&E inc. CrCl) was also discussed. During the first 12 months the national shared care protocol recommends performing monthly. JAPC members agreed to keep existing recommendations for standard monitoring schedule as per SPS/BSR/other DMARD shared care agreements at monthly for 3 months then 3 monthly. After 12 months treatment, the national shared care protocol, as well as SPS/BSR, recommend no routine monitoring except for consideration for annual serum creatinine or eGFR in some patients. However, rheumatologist at</p>	

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	<p>UHDB has expressed preference to continue 6 monthly monitoring of FBC, ALT/AST, U&E including CrCl due to patients often having comorbidities or concurrent medications which can affect renal/ hepatic function. JAPC members acknowledge safety considerations from specialists but agrees to align to national advice with caveat that patients with additional risk factors may require continued regular monitoring in primary care as advised by the specialists.</p> <p>Agreed: JAPC approved the sulfasalazine shared care guideline with a 3-year expiry.</p> <p>b. <u>Attention deficit hyperactivity disorder (ADHD)</u> Mr Jones informed the committee that there is currently one joint ADHD shared care for Children and Adults. DHCFT provides a local service for Children and the shared care agreement has been updated and written as standalone ADHD Children Shared Care agreement. The ADHD children shared care has been updated to include cautions and contra-indications for all ADHD medications within shared care agreement, and an appendix has been added which include a summary table around bioequivalence of methylphenidate preparations and a reminder of the MHRA drug safety update for MR methylphenidate around interchangeability and prescribing by brand. Currently there are no commissioned adult ADHD diagnosis services within a Derbyshire provider. Prescribing of ADHD medications are being done in primary care either under recommendation from tertiary specialist services or private healthcare providers. In the absence of a Derbyshire ADHD service provider, and in order to meet patient need and ensure continuity of care including safe prescribing, monitoring and provision of ADHD medicines in adults, JAPC members agreed to adopt national shared care protocols for methylphenidate, lisdexamfetamine, dexamfetamine, atomoxetine and guanfacine as best practice and to reference them on the Derbyshire Medicines Management website.</p> <p>Agreed: JAPC approved the ADHD in children shared care guideline with a 3-year expiry and to reference the national shared care protocols for adult services on the Derbyshire Medicines Management website.</p>	
9.	MISCELLANEOUS	
a.	<p><u>Attention deficit hyperactivity disorder (ADHD) medication shortage</u> Mr Dhadli advised the committee there has been a national patient safety alert for the shortage of particular brands for methylphenidate prolonged release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged release tablets. Recommendations have been made for prescribers regarding actions they should undertake including no new patients should be initiated on treatment and identify existing patients on treatment to ensure they have enough supply. Derbyshire Healthcare have produced an ADHD medication shortage briefing which aims to support clinicians in managing existing patients during the national supply problem. JAPC members agreed to the ADHD medication shortage briefing being hosted on the Derbyshire Medicines Management website.</p>	

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b.	<p>Agreed: JAPC approved the ADHD medication shortage briefing and to be uploaded to the Derbyshire Medicines Management website.</p> <p>Specialised circulars Mr Dhadli advised that the specialised circulars has been tabled for information and are available upon request.</p>	
10.	<p>GLOSSOP TRANSFER GMGG DECISIONS</p>	
	<p>Mr Dhadli reported that this will be tabled in JAPC for information and advised no significant item to note for this month.</p>	
11.	<p>GUIDELINE GROUP ACTION TRACKER</p>	
	<p>The summary of key messages from the Derbyshire Medicines Management Shared Care and Guideline Group meeting held in September 2023 was noted.</p> <p>Mr Dhadli highlighted the following:</p> <p>Traffic Lights:</p> <ul style="list-style-type: none"> • Lixisenatide - 20microg is being discontinued. Expected end of Supply December 2023. See SPS advice. • Vaginal moisturisers - GREY - Patients should be encouraged to self-care and purchase over the counter when possible. May be used by patients who cannot use vaginal estrogen, e.g. patients with breast cancer on aromatase inhibitors. • Cholera Vaccines - Remove RED classification • Oscillating Positive Expiratory Pressure Devices - RED - For Specialist Respiratory Physiotherapists Only • Tadalafil - GREY - 5mg once daily preparation for erectile dysfunction (for patients meeting SLS criteria and therefore eligible for NHS prescription) is an option and cost effective when a PDE5 inhibitor requirement for a patient is greater than 8 doses per month <p>Formulary Update – Eye:</p> <ul style="list-style-type: none"> • Chloramphenicol eye drops are available OTC from community pharmacies for adults and children aged 2 and over. • Note added to state the glaucoma section and dry eye section of the formulary is updated in line with the relevant guidelines. <p>Clinical Guidelines (minor updates):</p> <ul style="list-style-type: none"> • MSK formulary chapter- Ibuprofen 10% gel. Message updated- Ibuprofen 10% gel provides the same dose compared with ibuprofen 5% gel, when using the recommended amount, but is more expensive. Remove traffic light classification for Ibuprofen 10% gel. • High-cost drug algorithm on Migraine updated. The episodic migraine box has been split into two (days/attacks) for further clarity in accordance to NICE TA. <p>Changes to website:</p> <ul style="list-style-type: none"> • Care home section of website reviewed <ul style="list-style-type: none"> ○ out of date guidance replaced with links to national resources (PresQIPP, NICE, SPS). 	

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	<ul style="list-style-type: none"> ○ Expiry dates of medicines within care settings document reviewed- no change. ● New links added to MM website <ul style="list-style-type: none"> ○ DHCFT Inappropriate Requests and Prescribing Concerns Portal - under Inappropriate Requests and Prescribing Concerns page. ○ 'National Falls Prevention Coordination Group' - under clinical guidelines, deprescribing. ○ 'Repeat prescribing minimum standards for opioids' - under opioid resource section. ● COVID-19 Vaccination Programme section updated- Covid19 Vaccine Allergy referral service now closed; Pfizer and Spikevax vaccine webpages removed as national documents readily available. ● Rebate scheme list updated. <p>Guideline Timetable:</p> <ul style="list-style-type: none"> ○ The guideline table action summary and progress was noted by JAPC. 	
12.	BIOSIMILAR REPORT	
	Mr Dhadli reported the biosimilar monthly percentage update to JAPC members and highlighted the drop in uptake for the ranibizumab biosimilar for Royal Derby Hospital and Chesterfield Royal Hospital.	
14.	MHRA DRUG SAFETY UPDATE	
	<p>The MHRA Drug Safety Alert for September 2023 was noted.</p> <p>Mr Dhadli highlighted the following MHRA advice:</p> <ul style="list-style-type: none"> ● <u>Statins: very infrequent reports of myasthenia gravis</u> Globally, there has been a very small number of reports of new-onset or aggravation of pre-existing myasthenia gravis with atorvastatin, pravastatin, lovastatin, fluvastatin, simvastatin, rosuvastatin and pitavastatin (single-ingredient and fixed-dose combination products). Advise patients taking statins to be alert to new symptoms for myasthenia gravis, or worsening symptoms of pre-existing myasthenia gravis, and to seek medical advice if these occur. ● <u>Fluoroquinolone antibiotics: suicidal thoughts and behaviour</u> Healthcare professionals prescribing fluoroquinolone antibiotics (ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, ofloxacin) are reminded to be alert to the risk of psychiatric reactions, including depression and psychotic reactions, which may potentially lead to thoughts of suicide or suicide attempts. Healthcare professionals are also reminded to advise patients to be alert to these risks. 	
15.	HORIZON SCAN	
a.	<p><u>Monthly Horizon Scan</u></p> <p>Mr Dhadli advised JAPC there are no new drug launches, new drug formulations or licence extensions in the UK which require a traffic light classification this month.</p>	
16.	NICE SUMMARY	
	Mrs Thai informed JAPC of the comments for the ICB which had been made	

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	<p>for the following NICE guidance in September 2023.</p> <p>NHSE commissioned drugs:</p> <ul style="list-style-type: none"> • HST28 Birch bark extract (Filsuvez) for treating epidermolysis bullosa - Change from DNP to RED in line with NHSE commissioning intentions. • TA913 Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy - RED in line with NHSE commissioning intentions. • TA914 Pembrolizumab for previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency - RED in line with NHSE commissioning intention. 	
17.	MINUTES OF OTHER PRESCRIBING GROUPS	
a.	<ul style="list-style-type: none"> • DCHS Medication Optimisation Safety Team Minutes July 2023 • Black Country ICB Final IMOG Minutes May 2023 • Staffordshire and Stoke Integrated Medicines Optimisation Group (IMOG) August 2023 	
18.	TRAFFIC LIGHTS – ANY CHANGES?	
	<p><u>Classifications</u></p> <ul style="list-style-type: none"> • Herbal treatment, other natural products, and Homeopathy - Do Not Prescribe (DNP) - As per NHS England's Items which should not routinely be prescribed in primary care: policy guidance update- now include 'other natural products' • Rubefacients, benzydamine, mucopolysaccharide and cooling products - Do Not Prescribe (DNP) - As per NHS England's Items which should not routinely be prescribed in primary care: policy guidance update- now include 'benzydamine, mucopolysaccharide and cooling products'. • Glofitamiab – RED as per NHSE commissioning intentions. Glofitamab is recommended, within its marketing authorisation, as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults after 2 or more systemic treatments. NHSE commissioned. • Ruxolitinib – RED as per NHSE commissioning intentions. Ruxolitinib is recommended, within its marketing authorisation, for treating polycythaemia vera in adults who cannot tolerate hydroxycarbamide (also called hydroxyurea) or when the condition is resistant to it. • Birch bark extract (Filsuvez) - RED as per NHSE commissioning intentions. NICE HST28 Birch bark extract (Filsuvez) for treating epidermolysis bullosa. • Mavacamten - RED as per NHSE commissioning intentions. NICE TA913 Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy. • Pembrolizumab - RED as per NHSE commissioning intentions. TA914 Pembrolizumab for previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency. 	
19.	ANY OTHER BUSINESS	
a.	Mr Dhadli advised the committee apixaban has reduced in price but there are legal issues around its patent. Advice to primary care has been produced by Sheffield ICB based on NHSE communications, including that there is	

Item		Action
	currently no change to the position of having edoxaban first line, but switches between NOACs should be paused until further notice, unless for clinical or safety reasons. JAPC members agreed to adopt the same advice and for communications to be sent out to Derbyshire clinicians.	
20.	DATE OF NEXT MEETING	
	Tuesday 14 th November 2023, papers are to be circulated and agreed virtually.	