

Contract Workbook 2008-2009

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PSNC Contractual Framework Reference Materials 2008-2009

To locate the Appendices referred to in this Workbook:

- Refer to the PSNC Contract Workbook 2007-2008
- Download free of charge from the PSNC website www.psn.org.uk/contractmonitoring
- Purchase a hardcopy of the PSNC Contractual Framework Reference Materials 2008-2009 from PSNC. Please send your name and address stating the publication required together a cheque for £10 made payable to PSNC (the price includes p&p) to PSNC Publications, 59, Buckingham Street, Aylesbury, Bucks. HP20 2PJ. Alternatively telephone 01296 432823 to order with a credit card. Please allow 14 days for delivery. Additional copies of the Workbook 2008-2009 can also be purchased this way – the cost of the Workbook is £5

How to use this book

The PSNC Contract Workbook 2008-2009 revises and brings up to date 2007-2008's workbook. You should complete this new Workbook even if you completed the 2007-2008 Workbook.

This PSNC Contract Workbook will allow you to record compliance with your obligations under the Community Pharmacy Contract and can help you to collate the necessary information for PCT monitoring visits.

Some of the pages include space where you can record answers to questions that may be asked during monitoring visits, or to inform staff and locums of local issues.

Some pages in the Appendices contain templates that are intended to be photocopied for use in the pharmacy. These are labelled **PHOTOCOPY TEMPLATE**.

In this workbook and accompanying Appendices you will find a range of documents such as standard forms and guidance notes referred to in the text. We suggest that you keep this Workbook and Reference Materials in a file together with the following:

1. Standard Operating Procedures / Protocols
2. Training materials and other documentation used by the pharmacy as standard
3. Records of staff training

4. Signposting materials provided by the PCT
5. Requests by your PCT for Public Health Campaigns & associated documentation
6. Details of your PCT's arrangements for the Waste Disposal Service
7. Other staff instructions
8. Any documents that you prepare for the purpose of PCT monitoring

This can then be used for induction briefings for locums and other pharmacy staff.

Where to find the Appendices

Appendices referred to in this Workbook are in the PSNC Contractual Framework Reference Materials 2008-2009 publication (see the front cover of this Workbook for details). All (apart from the new MUR form) are also in the Contract Workbook 2007-2008 (last year's workbook). See page 11 of this Workbook for a list of appendices and cross references to the PSNC Contractual Framework Reference Materials.

Service Specifications are set out in **Appendix 1**

Standard Operating Procedures (SOPs)

Standard Operating Procedures are a tool to assure the quality and consistency of a service and ensure good practice is achieved at all times. SOPs are one of the keys to robust clinical governance. Throughout this workbook you will find references to SOPs and although they are only mandatory for dispensing activities and support for self-care, we strongly recommend drawing up SOPs to cover procedures for other new services. Your Medicines Sales Protocol should be reviewed: it is a SOP.

Throughout this workbook the commonly used shorthand term 'pharmacy contract' is used to describe the new contractual framework laid down in the NHS (Pharmaceutical Services) Regulations 2005 as amended.

Electronic Prescription Service (EPS)

Guidance on EPS Release 1 is set out in **Appendix 5**. 'EPS Release 2: Guidance for Contractors' was sent to all contractors in March 2008 and this guide should be kept in the dispensary

Contractual opening hours

A standard pharmacy's contractual hours must be 40, unless the Primary Care Trust has consented to less. Pharmacies that open under the exemption from control of entry provisions to provide pharmaceutical services for at least 100 hours per week, must open for at least 100 hours.

Pharmacies wishing to amend their 40 core contractual hours must apply to their PCT.

Pharmacies wishing to amend any hours that they open additional to the 40 core contractual hours above must notify their PCT, giving at least 90 days notice of the intended change.

A form that may be used to apply to the PCT (note: the use of this form is not mandatory) is set out in **Appendix 2**

Further information on opening hours is available on the PSNC website at www.psn.org.uk/hours

Essential Service 1

ESSENTIAL SERVICE 1 – Dispensing

1.1 Standard Operating Procedures (SOPs) for dispensing operations have been prepared and have been signed by relevant staff to say that they have read and understood them and that they will follow the procedures outlined. Ensure that you update SOPs to take into account the changes for Controlled Drugs. See the RPSGB website details, <http://www.rpsgb.org/worldofpharmacy/useofmedicines/controlleddrugs.html>

1.2 Records of all NHS supplies are maintained.

1.3 The way in which clinically significant interventions and referrals made, and advice given are recorded:
.....
.....
..... (e.g. PMR)

Note: Until an IT solution exists, it may be helpful to demonstrate that records are made by printing (or copying) a sample¹ of records as the record is made, and storing with this workbook, to produce during a monitoring visit. All patient identifiers should be removed.

Number of copy records available for monitoring visit

RPSGB guidance on recording interventions can be found at www.rpsgb.org

1.4 Referral Forms can be found:
.....
.....

1.5 An owings system is in place. Records of owings are maintained by:
.....
.....
(refer to SOP if that covers the procedure)

1.6 Patients are advised on safe storage and keeping of medicines and are advised to return unwanted medicines to the pharmacy by:
 Verbal advice Notice in pharmacy Leaflet / bag label
 Other (state)

1.7 Dispensing labels in use in the pharmacy all contain the wording 'keep out of reach of children' (or equivalent)

¹ Throughout this workbook, reference is made to a 'sample of records'. For some sections, there may be very few records produced in the course of the year, and in this case, all of them should be copied for monitoring purposes. But, if the pharmacy makes many records, then it is not necessary to copy them all for monitoring purposes. We suggest a maximum of 20 records are copied for monitoring purposes. The number of records kept for monitoring purposes will vary from time to time. To assist the monitoring process, indicate how many copies relating to the last 12 months are available.

Support for People with Disabilities

PSNC Guidance for Pharmacy Contractors on the Disability Discrimination Acts 1995 and 2005 is set out in **Appendix 3**

1.8 The assessment tool being used in this pharmacy is that provided by NHS Primary Care Contracting / other (please specify):

.....
.....
.....
.....

1.9 The assessment tool and other information can be found:
.....
.....
.....
.....

1.10 The record of assessments made, along with reasons for agreeing to or rejecting any adjustments and the final adjustments made, can be found:
.....
.....
.....
.....

Note: until an IT solution exists, it may be helpful to demonstrate that records are made by printing (or copying) a sample of records as the record is made, and storing with this workbook, to produce during a monitoring visit. All patient identifiers should be removed. The pharmacy may also wish to keep records of all adjustments made, to demonstrate the range and extent of the support given in the pharmacy

Number of copy records available for monitoring visit

1.11 The following changes have been made to the premises to improve access for people with disabilities:
.....
.....
.....
.....
.....

1.12 Pharmacy staff are aware of their duties to make provision for people with disabilities

Essential Service 2

ESSENTIAL SERVICE 2 – Repeat Dispensing

The PSNC guide ‘How to get started with Repeat Dispensing’ is set out in **Appendix 4.**

A Repeat Dispensing training programme ‘Repeat Dispensing: From Pathfinder to Practice’ is available from CPPE on **0161 778 4000** or <http://www.cppe.manchester.ac.uk>

- 2.1 Standard Operating Procedures (SOPs) for repeat dispensing operations have been prepared and have been signed by relevant staff to say that they have read and understood them and that they will follow the procedures outlined.
- 2.2 The SOP includes a prompt to ask all patients requesting a repeat, the questions included in paragraph 3.5 of the service specification (see page 12)
- 2.3 Training for repeat dispensing has been undertaken by the following pharmacists:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
- 2.4 Copies of certificates / evidence of training for these pharmacists can be found:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
- 2.5 The following support staff have been trained in the operation of repeat dispensing:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

- 2.6 The repeatable prescriptions and batch issues are securely stored:
.....
.....
.....
.....
.....
.....
- 2.7 The way in which the prescriber is notified of clinically significant issues is as follows:
.....
.....
.....
.....
.....
.....
- 2.8 Patients are provided with information about the service as follows (e.g. DH / PCT leaflet or poster):
.....
.....
.....
.....
.....
.....
- 2.9 The method by which patients are referred back to the prescriber for further advice if a supply has been refused is:
.....
.....
.....
.....
.....
.....

Note: until an IT solution exists, it may be helpful to demonstrate that records are made by printing (or copying) a sample of records as the record is made, and storing with this workbook, to produce during a monitoring visit. All patient identifiers should be removed.

Number of copy records available for monitoring visit
- 2.10 Referral Forms can be found:
.....
.....
.....
.....
.....
.....

Essential Service 3

ESSENTIAL SERVICE 3 – Disposal of Unwanted Medicines

The Department of Health Guidance HTM 07-06 sets out the legislative background on handling waste. This can be accessed through www.psn.org.uk/waste

A Return of Unwanted Medicines prompt card for pharmacy staff to use with people returning medicines can be found at **Appendix 8**.

- 3.1 A Standard Operating Procedure (SOP) for the service has been prepared² and has been signed by relevant staff to say that they have read and understood it and that they will follow the procedures outlined.
- 3.2 The pharmacy has registered its conditional exemption under the Waste Management Licensing Regulations 1994 to allow the storage of returned waste medicines on the premises.
- 3.3 A copy of any acknowledgment from the Environment Agency can be found:
.....
(not all Environment Agency local offices provide such acknowledgments)
- 3.4 The pharmacy has notified the Environment Agency that it is a producer of hazardous waste (only required if more than 200kg of hazardous waste will be produced in any year).
- 3.5 The hazardous waste producer reference number assigned by the Environment Agency (if notified) is:
.....
.....
- 3.6 The PCT provides a separate bin for hazardous waste, and the pharmacy segregates hazardous from non hazardous waste
- 3.7 Consignment and Transfer notes for waste can be found:
.....
.....
- 3.8 The container(s) for the waste returned by patients can be found:
.....
.....
and is collected every weeks.

- 3.9 The PCT contact and waste contractor's name, address and telephone number (in case additional collections are required) is:
PCT contact:
.....
.....
Waste contractor:
.....
.....
- 3.10 Staff training on health and safety issues regarding waste has been given.
A Health and Safety Briefing for staff is set out in **Appendix 11**
- 3.11 CD denaturing kits can be found:
.....
.....
.....
- 3.12 In case of spillage, cleaning materials can be found:
.....
.....
.....
- 3.13 Protective equipment can be found:
.....
.....
.....
- 3.14 The PCT requires the following additional separation of waste (if appropriate):
.....
.....
.....
- 3.15 The waste disposal contractor requires the following additional separation of waste (if appropriate)³:
.....
.....
.....

² Note: The preparation of an SOP for this service is not mandatory but an SOP would assist in meeting the pharmacy contractors' Health and Safety obligations as well as providing guidance to staff and locums.

³ Since the publication of the service specification, PSNC and the Department of Health have agreed that separation of waste into solids and ampoules, liquids, and aerosols is only required when the PCT or waste contractor requires it.

Essential Service 5

Essential Service 6

ESSENTIAL SERVICE 5 – Signposting

5.1 A Standard Operating Procedure (SOP) for the service has been prepared⁵ and has been signed by relevant staff to say that they have read and understood it and that they will follow the procedures outlined.

5.2 The PCT has provided this pharmacy with details of health and social care providers and local patient support groups.

5.3 This information can be found:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

5.4 Copies of the referral form (if used) can be found:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

5.5 A record of referrals made and clinically significant advice given to patients known to the pharmacy is kept:
.....
.....
.....
.....
.....
.....
.....
.....
.....(e.g. PMR)

Note: Where an IT solution is not yet available, it may be helpful to demonstrate that records are made by printing (or copying) a sample of records as the record is made, and storing with this workbook, to produce during a monitoring visit. All patient identifiers should be removed.

Number of copy records available for monitoring visit

⁵ Note: The preparation of an SOP for this service is not mandatory but an SOP would assist in providing guidance to staff and locums

ESSENTIAL SERVICE 6 – Support for self-care

6.1 Medicines Sales Protocols / Standard Operating Procedures (SOPs) for self-care advice have been prepared and have been signed by relevant staff to say that they have read and understood them and that they will follow them. Ensure that protocols have been updated to take into account the increased vigilants for pseudoephedrine.

6.2 Evidence of initial and ongoing training for medicines counter assistants can be found:
.....
.....
.....
.....
.....
.....
.....
.....
.....
..... e.g. Certificates of completion of NVQs etc.

6.3 The following reference sources are available on the treatment of minor ailments:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

6.4 Records of clinically significant advice given, medicines supplied and referrals made are kept as follows:
.....
.....
.....
.....
.....
.....
.....
.....
.....(e.g. PMR)

Note: Where an IT solution is not yet available, it may be helpful to demonstrate that records are made by printing (or copying) a sample of records as the record is made, and storing with this workbook, to produce during a monitoring visit. All patient identifiers should be removed.

Number of copy records available for monitoring visit

Essential Service 8

ESSENTIAL SERVICE 8 – Clinical Governance

Pharmacy management

8.1 The name of the clinical governance lead is:
.....
.....
.....
.....

8.2 There is a practice leaflet available.

8.3 We plan to undertake an annual Community Pharmacy Patient Questionnaire in:
..... (month)

Details on the Community Pharmacy Patient Questionnaire and a photocopy template are in **Appendix 15**

8.4 The complaints procedure and associated records can be found
.....
.....
.....

8.5 The complaints manager is:
.....
.....
.....

The PSNC briefing on Complaints Procedures is set out in **Appendix 6**.

It may be helpful to demonstrate if complaints have led to changes in procedures. If so, keep a copy of documentation relating to changes with this workbook.

8.6 All staff have read the PSNC briefing on complaints procedures set out in **Appendix 6**

8.7 Owings are monitored (including the number and reasons for owings) as follows:
.....
.....
.....
..... (e.g. using reports produced by PMR system)

8.8 We plan to undertake our practice based audit for this year in:
.....(month)

8.9 We will complete one PCT determined multidisciplinary audit for this year.

Guidance on clinical audit is set out in **Appendix 7**.

8.10 Details of completed audits can be found:
.....
.....
.....
.....

8.11 This pharmacy records patient safety incidents as follows:
.....
.....
.....

A briefing on the patient safety incident reporting system together with a photocopy template of a Patient Safety Incident Reporting form and a reference guide to reporting an incident to the NPSA using their e-form are set out in **Appendix 13**

8.12 The pharmacy team reviews critical incidents. These reviews are led by:
.....
.....
.....
.....

8.13 The pharmacy co-operates with local Patient and Public Involvement Forum visits and records action taken following receipt of visit reports as follows:
.....
.....
.....

It may be helpful to record action taken and retain with this workbook to produce during a monitoring visit.

Staff

8.14 The staff employment and induction procedures and documentation can be found:

.....
.....
.....

A briefing for staff on the Health and Safety issues related to waste is set out in Appendix 11.

8.15 All staff have read the Health and Safety briefing on return of unwanted medicines

8.16 References for all staff are taken.

8.17 All staff have job descriptions.
Hint: Ask your staff to write down what they do at work on a day to day basis – that will form the basis of the job description.

8.18 Qualifications for all staff engaged in providing NHS services are checked.

8.19 The following staff have attended PCT clinical governance training sessions:
.....
.....
.....
.....

8.20 The following staff have attended PCT child protection training sessions:
.....
.....
.....
.....

8.21 The contact details for the PCT lead doctor or nurse on child protection are:
.....
.....
.....

A CPPE Guide 'Child Protection: A Guide for the Pharmacy team' is available at www.cppe.manchester.ac.uk

8.22 All pharmacists working in this pharmacy have read the Chaperone policy set out in **Appendix 9**

8.23 Locums are briefed on the operation of the pharmacy as follows:

.....
.....

Confidentiality and Data Protection

A briefing on confidentiality, data protection and human rights is set out in Appendix 10.

8.24 All staff have been briefed on Data Protection requirements and confidentiality

8.25 All staff are aware of the need to comply with the NHS Code of Practice on Confidentiality
(<http://www.psn.org.uk/cg>)

A declaration for staff to sign is set out in Appendix 12.

8.26 The pharmacy's registration with the Information Commissioner expires on:
.....(date)

8.27 A copy of the registration can be found (this can be obtained on-line from the Information Commissioner website: www.informationcommissioner.gov.uk):
.....
.....
.....
.....

8.28 Data Protection Act Subject access requests are processed within the statutory 40 days and copies of responses can be found:
.....
.....
.....
.....

8.29 The arrangements for shredding / disposal of confidential paper waste are:
.....
.....
.....
.....

Advanced Services

Since the 2007-2008 Contract Workbook a new form has been produced, but this guidance remains valid. If the MUR uses the new form, then the form does not need to be sent to the prescriber unless there are action points for the prescriber or the prescriber has asked for a copy. See the January 2008 edition of PSNC Community Pharmacy News for details – this guidance can also be accessed on the website, www.psn.org.uk/MUR

Medicines Use Review and Prescription Intervention Service

Pharmacists and pharmacies need to be accredited to provide the first Advanced Service, the Medicines Use Review (MUR) and Prescription Intervention Service. Although there are two service titles, in reality there is only one service, but the trigger which initiates provision, is different.

The Service specification for the Medicines Use Review and Prescription Intervention Service is set out in **Appendix 16**

Medicines Use Review

Accredited pharmacists periodically undertake structured concordance centred reviews with patients receiving medicines for long term conditions, to establish a picture of their use of the medicines - both prescribed and non-prescribed. The review will help patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. A report of the review will be provided to the patient and where appropriate to their GP.

In order to address local priorities PCTs may recommend that MURs are targeted at certain patient groups.

Prescription Interventions

Prescription Interventions involve the same review, as set out above, but are initiated in response to a significant problem with a person's medication, rather than a periodic check. The same premises and pharmacist accreditation requirement apply.

MURs and Prescription Interventions – what is the difference?

There is only one service; it is what prompts the review that is the differentiating factor.

Medicines Use Reviews can be prompted proactively by identification of a certain group of patients, e.g. older people on multiple medicines, people with diabetes or asthma, that subsequently lead to an invitation for a Medicines Use Review. Your PCT may highlight a target group they would like to be the focus of attention for MURs.

A Prescription Intervention that triggers a review is more reactive, in the sense that it is the response to a significant problem with a person's medication that subsequently leads to a Medicines Use Review being conducted. The issue or issues that prompt you to offer a MUR in this circumstance are likely to be highlighted as part of the dispensing process. Commonly the issues will highlight the need for the patient to develop their understanding of their medicines in order to improve their own use of the medicines.

The same consultation occurs for MUR and Prescription Intervention, i.e. establishing the patient's actual use, understanding and experience of taking their medicines; identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient; identifying side-effects and drug interactions that may affect the patient's compliance with instructions given to him; and improving the clinical and cost-effectiveness of drugs prescribed to patients thereby reducing the wastage of such drugs.

The MUR form is completed for both aspects of the service.

Are dose optimisation and dose synchronisation Prescription Interventions?

It would not be sufficient for a pharmacist to simply complete a MUR form solely relating to a proposed dose optimisation or synchronisation as an MUR.

However, as part of an MUR or Prescription Intervention, dose optimisation and synchronisation could clearly be included under

3(2)(d) of the Secretary of State Directions on Advanced services which state:

- 3(2) The underlying purpose of MUR services is, with the patient's agreement, to improve his knowledge and use of drugs by in particular –
- establishing the patient's actual use, understanding and experience of taking drugs;
 - identifying, discussing and resolving poor or ineffective use of drugs by the patient;
 - identifying side effects and drug interactions that may affect the patient's compliance with instructions given to him by a health care professional for the taking of drugs; and
 - improving the clinical and cost effectiveness of drugs prescribed to patients thereby reducing the wastage of such drugs.

Examples

The following examples are provided to assist in determining what may or may not be considered a prescription intervention type MUR:

1. A prescription requests 56 Lisinopril 10mg tablets TWO to be taken daily. You recommend to the GP that the patient could be changed to 28 Lisinopril 20mg tablets ONE to be taken daily.

This intervention alone would not lead to a prescription intervention type MUR, but could be included as a recommendation if a MUR was initiated for another reason.

2. A patient presents at the pharmacy with a prescription for 28 days supply of aspirin and you know that they came to the pharmacy last week for a 28 day prescription of Simvastatin. When you look at the patient's PMR you realise that their medicines need to be synchronised and contact the surgery to ask them to amend the quantities on the next prescription.

This intervention alone would not lead to a prescription intervention type MUR, but could be included as a recommendation if a MUR was initiated for another reason.

3. A Fluticasone inhaler has been added to a patient's inhaler regimen; when you dispense the prescription you check that the patient understands when to use the new medication. Whilst talking to the patient, it transpires that they have not been using their



Where to find the Appendices for 2008

The Appendices are set out in PSNC Contractual Framework Reference Material at the following pages*.

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Guidance for Pharmacy Contractors on The Disability Discrimination Act – Appendix 3	12
How to Get Started with Repeat Dispensing – Appendix 4	16
Implementing EPS Release 1 A How to Guide – Appendix 5	18
Community Pharmacy Complaints Procedures – Appendix 6	20
A Guide to Clinical Audit Appendix 7	24
Return of Unwanted Medicines Appendix 8	27
Chaperone Policy – Appendix 9	28
Briefing on Confidentiality, Data Protection and Human Rights – Appendix 10	32
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Confidentiality and Data Protection Staff Declaration – Appendix 12	36
Patient Safety Incident Reporting Appendix 13	37
MUR Form – Appendix 14	44
Community Pharmacy Patient Questionnaire – Appendix 15	46
Medicines Use Review Service Specification– Appendix 16	49
Form PREM1 – Appendix 17	50
Form PREM2 – Appendix 18	51

*The Appendices can also be found in last year's Contract Workbook 2007-2008.

MUR Documentation

To be completed before starting the service

Before starting the service the PCT needs to be informed that the premises conform to the requirements of the service specification. This is a self certification process and PSNC has designed a form that can be used for the purpose. This is PREM 1 form.

*The PSNC PREM1 form to notify the PCT that the premises conform to the service specifications set out in **Appendix 17***

You must also send copies of the certificates of satisfactory performance awarded or endorsed by a higher education institute for every pharmacist who is to carry out MURs, before that pharmacist undertakes an MUR.

MUR Report Form

Following the review a report from is completed and given to the patient and, where appropriate, the GP. The form was revised in 2007. The new MUR Report Form is set out in **Appendix 14**.

Conducting an MUR away from the pharmacy

PCT permission is needed to conduct an MUR by telephone or away from the pharmacy premises. The PSNC has produced a form PREM 2 that can be used to apply to the PCT for permission. It is important that the permission is granted before conducting the MUR by telephone or away from the pharmacy premises.

*The PSNC PREM2 form to apply for permission to conduct an MUR by telephone or away from the pharmacy premises is set out in **Appendix 18***

For a list of MUR Resources and downloadable support material go to www.psn.org.uk/MUR

medication as they needed to do to obtain the most benefit. You decide that the patient needs more advice than the brief counselling that you are able to provide at the time of dispensing and invite the patient for a Medicines Use Review.

This intervention could lead to a prescription intervention type MUR.

FAQs

Is it necessary to complete the same documentation for both?

Yes.

Can you perform a prescription intervention type MUR by talking to a patient at the pharmacy counter, without conducting a patient interview in a consultation area?

No. A prescription intervention requires a full MUR to be conducted following the requirements laid down in the Secretary of State Directions.

When you perform a prescription intervention type MUR do you only have to review the medicines that have highlighted the need for the intervention?

No. A prescription intervention requires a full MUR to be conducted on all the patient's medicines, following the requirements laid down in the Secretary of State Directions.

Can you perform a prescription intervention type MUR for a patient who has not received their prescribed medication from your pharmacy for the last three months?

Yes you can, as the three month rule does not apply to prescription interventions.

www.psn.org.uk

**For up to the minute information
on Community Pharmacy and
NHS Developments**



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