

COLLABORATIVE WORKING SCHEME FREQUENTLY ASKED QUESTIONS

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Introduction

Q: What is the purpose of the Collaborative Working Scheme for 2023/24?

A: The intention is to encourage community pharmacy contractors in Wales to engage with their primary care clusters to develop and improve collaborative working relationships with healthcare professionals within the cluster. The collaboratives also provide a platform for pharmacies to discuss local issues, create a peer support network and contribute to wider healthcare planning for their local populations.

Q: How does the scheme structure differ from previous years?

A: This year the “traditional” collaborative visit element of Collaborative working is suspended – with associated funding being moved into practice payments, and collaborative working funding is available for the pharmacy collaborative meetings element only. Funding is split into:

- 1) The Pharmacy Lead Element - Money to support the appointment of a Community Pharmacy Collaborative Lead (CPCL – previously PCCCPL) in each primary care cluster
- 2) The Pharmacy Element - Funding for back filling of pharmacist and where appropriate pharmacy technician time to engage with the pharmacy lead and/or be involved in collaborative working with local healthcare professionals (“the Pharmacy Element”).

1. The Pharmacy Lead Element (for more detail on the CPCL role please see the [CPCL FAQ](#))

Q: What is the Pharmacy Lead Element of Collaborative Working?

A: This element provides funding for up to four payments per year of £554.19 (£2216.76 in total) payable in respect of the Community Pharmacy Collaborative Lead (CPCL) Role (“the pharmacy lead role”)

Q: What does a Community Pharmacy Collaborative Lead (CPCL) do?

A: The Community Pharmacy Collaborative Lead is a representative role which is critical in encouraging closer working relationships between pharmacies and other healthcare professionals within primary care clusters. It offers a unique opportunity to foster innovation at the heart of communities, build relationships with key stakeholders, and access funding for projects outside the national CPCF agreements.

The pharmacy lead works closely with all pharmacies in the cluster, identifying areas of concern and escalating issues (if required) through the appropriate channels. Leads also have a role in ensuring representation of the sector at cluster level, building relationships with key individuals within the cluster and advocating for the role of community pharmacy in improving the health and wellbeing of local populations, aligned with cluster and national priorities.

The main role of the community pharmacy collaborative lead is to:

- Act as a “bridge” between community pharmacy collaborative and the primary care cluster, supporting the development of effective cluster-wide partnerships.
- organise and lead at least one meeting per quarter for all of the pharmacies in their cluster and represent the views of the community pharmacy collaborative at cluster meetings.
- Develop effective communication methods between community pharmacists, pharmacy technicians and pharmacy staff within the cluster
- Attend Cluster meetings, providing the voice of the pharmacy collaborative and actively participating in the meeting. Provide and capture feedback on cluster plans, meetings and priorities to relay to the pharmacy collaborative
- advocate for the role of community pharmacy in improving the health and wellbeing of local populations Ensuring the role of community pharmacy is considered and reflected in the primary care cluster’s integrated medium term plan (IMTP).

In order to qualify for payment, the pharmacy lead must: 6.1 meet, physically or virtually, at least quarterly with the representatives of all pharmacies within the relevant cluster; 6.2 meet regularly with other professional leads within the relevant cluster; 6.3 meet regularly with the nominated representatives of the local health board; 6.4 attend meetings of the relevant cluster; and 6.5 provide feedback on cluster plans, meetings and priorities to all pharmacies in the relevant cluster. 7. The pharmacy lead must maintain evidence of meeting the

responsibilities outlined in 6.1 to 6.5 for inspection by the relevant local health board. This may be in an electronic format and must include: the dates and times of meetings; the names and affiliations of the attendees; a summary of the main points of discussion; any actions agreed; and the current status of those actions.

Q: How are Community Pharmacy Collaborative Leads (CPCLs) appointed?

A: Where a vacancy for a CPCL exists within a cluster, the Local health board will write to pharmacies within that cluster to ask for expressions of interest. Eligible individuals who are interested in taking on the role must complete a nomination form countersigned by representatives of two other pharmacies within the cluster. Where only one individual expresses an interest they will be appointed. Where more than one individual expresses an interest in the role it will be for the pharmacies within the cluster to determine who is appointed by way of a voting process. In the case of an equal vote share between candidate the cluster lead and LHB may seek to appoint one of the nominees after consulting with CPW.

Q: What if there is no CPCL in my cluster?

A: Without a CPCL in place the pharmacy collaborative cannot meet, and community pharmacy will have no representation at primary care cluster level. None of the pharmacies within the cluster will be able to participate in the collaborative working scheme for 23/24 until a CPCL is in place.

Q: Can the CPCL claim the £1108.40 collaborative working funding for attending meetings on top of the £2216.76 CPCL payment?

A: Yes. Both the lead declaration and the attendance at collaborative meetings will need to be claimed for separately on NECAF. Relevant documentation should be maintained for all meetings including date and time of meetings, name and affiliations of those met, a brief summary of points discussed and an action log to include status of any actions.

Q: How can I apply for any vacant cluster roles?

A: Please email your LHB lead for an application form. For more details please see our cluster lead FAQ on the website [here](#) or contact your engagement team representative

2. The Pharmacy Element - Cluster Meeting Attendance

Q: How does the cluster meeting attendance element work?

A: For 23/24 up to three payments of £277.10 will be claimable for each meeting, with an additional £277.10 being paid on claiming the **third** meeting (a total of £1108.40) out of a minimum of 4 annually organised by your community pharmacy collaborative lead (CPCL). Attendance at meetings should be by a pharmacist or a pharmacy technician who works regularly in the pharmacy (2 days per week for at least eight consecutive weeks including the date of the meeting). From 23/24 all meetings can be attended by a pharmacist or a pharmacy technician (previously there was a requirement that a pharmacist had to attend at least one per year)

Q: What are the Pharmacy Collaboratives?

A: In April 2021, as part of CPCF agreement for the year, community pharmacy collaboratives were formally introduced across Wales, with one collaborative formed in each cluster. Each collaborative has a nominated lead person, the Community Pharmacy Collaborative Lead (CPCL).

Collaboratives are a platform for all pharmacies within a specific primary care cluster to meet to discuss and plan how community pharmacy can contribute to the health and wellbeing of their local population. Similar collaboratives exist (or are being formed) for GMS, Optometry, Dental and Allied Health Professionals in each cluster across Wales.

Q: What is a Community Pharmacy Collaborative Lead (CPCL)?

A: Since April 1st 2021 every primary care cluster has had a role available for a Community Pharmacy Collaborative Lead (CPCL). Where a CPCL is in place they will usually be a pharmacist or pharmacy technician who works within your cluster and they will arrange (a minimum of) quarterly meetings for all contractors within the cluster. In clusters which have previously had vacancies for at least 8 weeks the CPCL may not work within your cluster but will be a pharmacist or pharmacy technician who is employee of a pharmacy within it (eg in an area manager or field role).

Q: How do I know who my CPCL is and how will they contact me?

A: All CPCLs should have been provided contact details for all the pharmacy premises within their area, and have been advised to use this for all correspondence. Additional methods of communication may be employed locally but will vary by cluster. Please ensure you have a method by which you can contact your CPCL and they can contact you or relevant people within your pharmacies. For details of your collaborative lead please see the spreadsheet here [What Cluster Am I In?](#) - or contact your LHB lead or CPW representative

Q: My cluster does not have a CPCL - can I claim any of the collaborative working funding?

A: No, a CPCL must be in place to facilitate the meetings and only meetings organised and led by the CPCL will be eligible to claim as cluster working. Any pharmacist or pharmacy technician

who works within the cluster for more than two days every week can apply to be CPCL, which would allow access to funding not only for the pharmacy where they work but also for all pharmacies in the cluster.

Q: What is a primary care cluster?

A: Primary care clusters (sometimes referred to as NCNs, LCCs and other names across different health boards) bring together the collaborative leads from each contractor profession (Pharmacy, GMS, Optometry and Dentistry) and from other sectors such as Allied Health Professionals and Third Sector operators. Primary care clusters aim to co-ordinate services based on a geographical locality serving populations of typically between 25,000 and 100,000 people. There are currently 60 Primary Care clusters in Wales. Population needs are identified via a population needs assessment and the clusters response captured in a three year integrated medium term plan (IMTP). This more multi professional, multi sector membership enables clusters to address many of the more complex and challenging issues which require a collaborative response. Interprofessional/sector dialogue also enables more efficient service delivery. There is £20m allocated per year to clusters across Wales.

Q: When and where are the meetings held?

A: Pharmacy collaborative meetings may be held face to face or remotely (eg online via Teams). Times and locations will vary between clusters and should be agreed by the membership. To maximise attendance meetings are usually held after normal working hours and remotely via teams. Your CPCL will be able to discuss this with you

Q: If I cannot attend every meeting will I lose out on payments?

A: CPCLs are required to host one meeting per quarter (i.e minimum of 4 annually). For 23/24 up to three payments of £277.10 will be claimable for each meeting, with an additional £277.10 being paid on claiming the **third** meeting (a total of £1108.40). In practice this means that one meeting per year can be missed without losing any associated payments.

Q: Who can attend collaborative meetings?

A: Whilst only registered pharmacists or pharmacy technicians who work regularly at the pharmacy (for 2 days per weeks or more, for at least 8 consecutive weeks to include the date of the meeting) can claim for attendance at collaborative meetings, any of the pharmacy team can attend. Where helpful, area managers or persons in similar roles for contractors may also be able to attend, although unless they meet the requirements of being a registrant who regularly works within the pharmacy as above they will not be able to claim payment for attendance for the pharmacy.

Q: Does the same person need to attend every meeting?

A: No, so long as if a claim is made the Pharmacy Technician or Pharmacist attending on behalf of a contractor work regularly at the pharmacy making the claim. Regularly is defined as two or more days per week for eight consecutive weeks including the date of the meeting. CPW would however encourage regular attendance by the same person/people where possible to maintain continuity at cluster meetings.

Q: I don't have a regular pharmacist or pharmacy technician- can locums carry out the visit?

A: Yes, the collaborative work can be undertaken by any pharmacist or pharmacy technician who regularly works in the pharmacy. Regularly is defined in the Drug Tariff entry as on two or more days each week for at least eight consecutive weeks including the date of the meeting.

Q: Can I send one of my other staff members if a Pharmacist or Pharmacy Technician can't make a meeting?

A: Under the Drug tariff only a registered pharmacy technician or pharmacist can attend a meeting for which a claim is made. Claims cannot be made for attendance by non-registered pharmacy staff, but there is nothing to prevent them attending and it would be useful for them to do so rather than no representative of the pharmacy to be in attendance.

Q: Can multiple pharmacists, pharmacy technicians and other staff from my pharmacy attend?

A: Yes, as many people can attend as would like to - providing (for face-to-face meetings) venue size permits it. Please keep your CPCL informed of additional attendees and be mindful that only one claim can be made per pharmacy.

Q: What records do I have to keep of meetings?

A: Pharmacies should have a report of each meeting attended, which may be in an electronic format and must include: the date and time of meeting; the names and affiliations of the attendees; a summary of the main points of discussion; any actions agreed; and the current status of those actions. This report may be in an electronic format and must be maintained at the pharmacy for inspection by the local health board during PPV. A form which may be used to capture this data is available [here](#)

Q: How do I claim for attending collaborative meetings?

A: The claim is made through NECAF > Collaborative Working Scheme . One claim should be made per meeting attended. In 23/24 up to three payments each of **£277.10** will be made available to contractors for a pharmacist/ pharmacy technician attending a meeting arranged by the CPCL for all the pharmacies within the cluster. A 4th payment of a further £277.10 will be paid once a claim has been made for attending three meetings.

Q: Other than accessing collaborative working funding, what are the other benefits of the pharmacy collaborative meetings?

A: Attending collaborative meetings provides opportunity to:

- Discuss local issues and share best practice between pharmacies within a cluster
- Keep up to date with developments in the cluster and wider primary care networks
- Discuss and plan how community pharmacy may contribute to the health of patients within the cluster, and access cluster funding to fund additional activity to do so, outside of the CPCF arrangements

Q: Why should I/my members of staff give up their own time or time in work to attend these meetings?

A: Funding for collaborative meetings is intended to act as an enabler to attendance and participation. Where meetings are taking place outside of normal working hours it may not be unreasonable for some of the funding received by contractors to be used to incentivise attendance, given the total value of funding for attending meetings is up to £1108.40.

Q: Do I need to actively participate in the meetings?

A: Active participation at meetings is encouraged to make the most of the collaborative opportunities. Every member of staff who works in community pharmacy has something to contribute to the health and wellbeing of local populations, and only by every participant actively discussing matters raised in the collaborative meetings can community pharmacy collaboratives function to the best of their abilities. Participants are encouraged in virtual meetings to have cameras on and to engage in conversation and action planning.

PPV will monitor records of meetings to include actions carried over between meetings and without active participation it will be difficult to keep track of these activities.

Q: What if I can't log on to a meeting remotely?

A: If you are having issues with technology and attending virtual meetings please speak to your CPCL in the first instance. Not all meetings in all clusters are virtual. For virtual meetings links can usually be accessed on any desktop or smartphone browser. Furthermore, all pharmacists and pharmacy technicians in Wales should have access to an NHS Wales email address which allows them access to teams on most devices. Whilst CPW acknowledge that technological issues can occur sometimes which mean people are unable to join virtually this is one of the reasons for the requirement only being attendance at 3 meetings to access full funding, with a minimum of 4 being held annually. If you are having continual issues with access please speak to CPW and your LHB lead.

Q: Are there any specific requirements for the collaboratives?

A: Terms of reference have being developed for Pharmacy collaboratives that will set out a framework within which the collaborative will function to include items such as membership, voting rights and frequency of meetings. The desired outcome is for community pharmacy to become embedded in primary care in all 60 clusters across Wales with community pharmacy and community pharmacy services reflected in all of the cluster IMTPs.

3. Contributing as a collaborative

Collaboratives should:

- be provided with information on cluster working and be able to provide feedback on cluster working,
- be informed of the current IMTP and be able to offer opinions on how community pharmacy could contribute towards it.
- Actively discuss current local issues impacting patient care, and work to identify ways of improving health outcomes for local populations, either through working together as a collaborative or contributing at a cluster level alongside other cluster members.

IMTPs (integrated Medium Term Plans) are 3 year plans for cluster activity. All CPCLs and collaboratives should have had sight of these from their cluster – please ask your CPCL to contact your cluster lead or development manager if not. They may include goals such as increasing % of population who are a healthy weight, reducing number of smokers, or improving access to certain services. The goals of the IMTP are shaped by your local Population Needs Assessment (at PCPG/LHB level) which analyses the health and wellbeing needs of people across a number of clusters. As a collaborative you should work to suggest ways in which community pharmacy can contribute to these goals – this may be from increased signposting to services, from meeting with health professionals to discuss community pharmacy services, improving communication between healthcare sectors, or developing new services and pathways for patients.

As a community pharmacy collaborative you should, via your CPCL, have a vote on any projects or proposals taken to cluster. That vote should represent the views of the individuals within your pharmacy collaborative, so it is important that the CPCL acts as that bridge between the cluster and the collaborative relaying information and gathering the thoughts of the collaborative to come to a conclusion on whatever the matter is, to carry a mandate forward from the collaborative. CPCLS should always represent the majority views of the collaborative ahead of any personal opinions or regardless of any potential impact the decision may have on you an individual.

As a collaborative of individuals the quick wins are in identifying key local processes and procedures to make things easier, safer or clearer for the individuals who use your services. It can be tempting to deliver a new service or project if there are large amounts of cluster funding available but often the most sustainable and effective solutions involve little or no cost. This could be:

- Improving signposting to community pharmacy services – between pharmacies, from GPs and from other healthcare professionals or third sector. Does everyone in cluster know what services pharmacies in your area offer and how to direct patients towards them?
- Communication –Trouble with clinical queries? Having non urgent phonecalls from surgeries? Unsure how to refer someone to the local optician? getting direct phonelines, email addresses or other methods of contact for key practices/individuals within practices, and setting sensible boundaries for the types and timings of communication between healthcare professionals is an easy win for clusters in terms of everyone being able to get hold of the right person, for the right query, within the right timeframe. An example contacts template is available on the CPCL section of the CPW website.
- Training and Signposting – is there anyone in the cluster who would like to come and talk to your collaborative about a service they offer that you can signpost or refer into? Are there clinicians who could help you understand a particular condition better – dermatology to help with CAS or IP for example? Would you or someone in your collaborative like to present at another collaboratives meeting to promote a community pharmacy service? Sharing information is key to good collaboration, and clusters may be able to use budgets to backfill peoples time away from the business if its of benefit elsewhere in the cluster. Would a signposting directory – holding all of the information in one central electronic repository (e.g. a OneDrive, Teams Channel or sharepoint) be something worth developing as a cluster?

4. Service and project proposals

Ideas may come from within the pharmacy collaborative, or be brought to the cluster from elsewhere, which may require pharmacy involvement or have an impact on the way in which community pharmacies operate. Where ideas require money, clusters also hold budgets which are designed to be used to develop and test innovative ways of working, aimed towards improving the health of a local population.

Any service proposals should be discussed both with CPW and your LHB community pharmacy lead at as early a stage as possible and before any agreements or promises on delivery are made. This is to ensure that:

- Clusters are not replicating work done elsewhere
- Any additional work for pharmacies is properly remunerated
- Any projects can be properly evaluated so other pharmacies can learn from experiences within your cluster

Whilst innovation is encouraged it is important that we maintain a consistent approach to service delivery across Wales and that pharmacies are adequately remunerated for the work they do. As a general rule anything that requires extra work from the pharmacies within your cluster will need to be funded by the cluster as there is no provision within the Community Pharmacy Contractual Framework for additional services. Such schemes need proper costing and governance arrangements to be put in place by CPW and LHBs to protect pharmacies and not to undermine work done elsewhere.

It is hoped that as clusters develop service specifications these can be standardised for an all Wales approach – creating a suite of “off the shelf” options for other clusters.

For contractors in CTM, BCU and CVU proformas exist that will walk you through the stages of developing a project or service spec. These documents will be of interest to those outside of these health boards as they provide a general overview of the steps and information required – they can be accessed on the [CPCL Section of The CPW Website](#).

[A guide to service proposals is available here](#)

Examples of projects that have involved community pharmacy using cluster funding include:

Promotion of services to temporary residents – Dwyfor

CRP Machines/consumables for IPs – Upper Valley/Bridgend North

Additional funding for DPPs to train IPs- Cardiff North

Mental Health Support Posters – Bridgend, Rhondda

Mental Health active monitoring – Llanelli

Inhaler recycling projects - Upper Valley

Provision of clinical equipment for services– Rhondda, Torfaen North

Funding for release of staff time for Help Me Quit training – Bridgend West

CVD screening service – North Powys

Brief summaries of these services are available on the CPCL page of the website, which is updated periodically. Please speak to CPW if you have queries about the above services.

FAQ