Community Pharmacy Wales
Fferylliaeth Gymunedol Cymru

CPCL FAQ

Community Pharmacy Collaborative Lead (CPCL)

FREQUENTLY ASKED QUESTIONS – updated 18th December 2025

For any queries relating to the role not covered by this FAQ please contact Aled.Roberts@cpwales.org.uk

Contents

1. The Collaborative Lead Role and Clusters Overview 2
2. Funding Arrangements and Record Keeping 7
3. Community Pharmacy Collaborative Meetings 10
4. Time for the Role 13
5. Primary Care Clusters 15
6. Support and training 17
7. Developing Services 18

Community Pharmacy Wales
Fferylliaeth Gymunedol Cymru

CPCL FAQ

1. The Collaborative Lead Role and Clusters Overview

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

A: A CPCL is a nominated pharmacist or pharmacy technician who leads a community pharmacy collaborative within a cluster. The community pharmacy collaboratives exist within primary care clusters and are comprised of all of the community pharmacies within the cluster.

Q: What is a Primary Care Cluster?

A: The concept of primary care clusters where primary care services are coordinated on a geographical locality basis in Wales was first introduced in 2010. The policy was developed with the Welsh Government's Primary & Community Services Strategic Delivery Programme, Setting the Direction where services were co-ordinated on a locality footprint serving populations of 30,000 to 50,000. 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 within a cluster area. Clusters are allocated budgets which they can use to improve service provision to local populations through a variety of means. There are currently 60 Primary Care clusters in Wales.

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 are the responsibilities of the CPCL?

A: The role is important in ensuring community pharmacy has a voice at primary care cluster level, improving relationships with other healthcare professionals and third party organisations, and allows community pharmacy access to support and funding for projects to improve the health and wellbeing of local populations.

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 other pharmacy staff within the cluster to improve working relationships
- Attend Cluster meetings (usually 1 per quarter), 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 addition to the core requirements set out in the Professional Collaborative Role Descriptor the CPCL must use the cluster collaborative and cluster meetings to progress implementation of the Electronic Prescription Service and Periods of Treatment Review within the cluster.

The key responsibilities of the pharmacy lead will include:

- Promoting effective delivery of pharmaceutical services aligned to the priorities of each primary care cluster.
- Supporting the development of effective cluster-wide partnerships.
- Facilitating improvement in access to and quality of pharmaceutical services through signposting community pharmacy contractors to appropriate support mechanisms
- Developing effective communication methods with pharmacists, pharmacy technicians and pharmacy staff within the cluster. Providing professional leadership and representing all community pharmacies within the primary care cluster
- Ensuring the role of community pharmacy is considered and reflected in the primary care cluster's integrated medium term plan (IMTP).

Q: What is an Integrated Medium Term Plan (IMTP)?

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.

Q: In practical terms what does a CPCL do?

A: As part of the role you will expected to:

- meet, physically or virtually, at least quarterly with the representatives of all pharmacies within the relevant cluster;
- Attend meetings of the relevant cluster once a quarter
- provide feedback on cluster plans, meetings and priorities to all pharmacies in the relevant cluster.
- Meet regularly as time allows with other professionals within the relevant cluster and representatives of the Local Health Board
- Maintain records of the above meetings
- Use the cluster collaborative and cluster meetings to progress implementation of the Electronic Prescription Service and Periods of Treatment Review within the cluster.

Q: What is the intended outcome of the role?

A: The desired outcome of the role 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 IMTPs.

Q: Who can be a CPCL?

A: To be eligible to apply

- You must be a Pharmacist or Pharmacy Technician who works regularly in the pharmacy within the cluster that you are applying for (*Regularly means working at a pharmacy, or pharmacies located within the cluster on two or more days each week for the period during which they are pharmacy lead.)**
- Two people employed by the same contractor within the cluster may share the CPCL role, as long as they meet the criteria explained above
- Your application must be supported by two contractors within the Cluster for which you are applying (this will be verified by the LHB)

Interim Arrangements for Leads and Difficult to fill clusters :

***- for clusters that have been vacant for more than 2 months a pharmacist or pharmacy technician who is employed by at least one of the pharmacies within the cluster can be put forward, irrespective of whether they meet the criteria for working within the cluster. The nominee must have some knowledge of the cluster and the pharmacy services provided within it. This interim arrangement therefore may be suitable for relief staff, GPhC registered operational staff (eg area managers) or registrants currently working regularly in another cluster.**

Within vacant clusters (e.g. where a vacancy has remained unfilled for 10-12 weeks) the relevant health board (with support from Community Pharmacy Wales) must hold at least one collaborative meeting per annum - which would qualify for a single attendance payment under the collaborative working scheme. The agenda of these meetings must include, as a minimum, the promotion of the pharmacy lead vacancy, an explanation of the role and the support available, and an update on the work of the cluster.

Q: How much experience do I need to take on the role?

A: There is no set level of experience required; all that is required is enthusiasm to champion community pharmacy within the cluster and good communication skills.

Q: Do I need to speak Welsh to take on this role?

A: No, there is no requirement to speak Welsh for the role. Translation facilities are available as required at primary care cluster meetings (and could be made available for community pharmacy cluster meetings if required)

Q: How long is the role for?

A: There is no minimum term for the CPCL role, individuals can step away from the role whenever they wish, but there is a set review period of every 12 months, where all pharmacies in a cluster are able to decide whether they want the current post-holder to remain in place (if that person wishes to do so), otherwise the nomination process will start again.

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

A: Please email your LHB lead for an application form or contact your engagement team representative

2. Funding Arrangements and Record Keeping

Q: What funding is available for the role?

A: Within the CPCF up to four payments each of £1366.22 (one payment per quarter – up to (£5464.88 per year) will be payable in respect of the CPCL role, to the contractor in which the lead usually works. This is an increase on the previous rate of £500 per quarter. The intention of this payment is to allow for backfill funding to release the leads time to carry out cluster work.

Funding could be sought from the cluster to support backfill if additional time was required (e.g. for specific projects)

Q: What are the requirements for payment?

A: In order to qualify for payment, the pharmacy lead must:

- meet, physically or virtually, at least quarterly with the representatives of all pharmacies within the relevant cluster;
- attend meetings of the relevant cluster(once per quarter);
- meet regularly with other professional leads within the relevant cluster;
- meet regularly with the nominated representatives of the local health board;
- provide feedback on cluster plans, meetings and priorities to all pharmacies in the relevant cluster.
- use the cluster collaborative and cluster meetings to progress implementation of the Electronic Prescription Service and Periods of Treatment Review within the cluster.

Q: What should the backfill money be used for – are there any requirements for pharmacy contractors for whom the CPCL works?

A: The contractor for whom the CPCL works will receive £1366.22 per quarter to allow them to support the CPCL in carrying out the role effectively. The Drug Tariff sets out the following expectations:

In order to qualify for payment, the pharmacy contractor must agree to:

- Make reasonable arrangements with the employee to enable them to undertake the duties associated with the CPCL role (up to 48 hours per year), through either:
  - Providing time for the CPCL within normal working hours to undertake duties associate with the role, or

- Making arrangements with the employee for time spent outside of normal working hours to undertake duties associated with the role in accordance with the pharmacy contractor's agreed policy.

- Make arrangements with the employee for time outside of normal working hours (up to eight hours per year) to deliver the four pharmacy collaborative meetings in accordance with the pharmacy contractor's agreed policy.
- Release the CPCL to attend NHS Wales agreed CPCL training, which will be no more than four working days per year.
- Release the CPCL to attend relevant cluster meetings (up to eight hours per year) where these occur during the working day or make arrangements with the employee for time spent outside of normal working hours in accordance with the pharmacy contractor's agreed policy.

Q: How and when will the payment be made?

A: The pharmacy in which the lead is employed will receive £1366.22 at the end of each quarter. The pharmacy lead must make a declaration on NECAF to confirm their activity as lead within that quarter.

The pharmacy lead declaration must be made separately to the declaration for attending collaborative meetings.

Q: What record keeping requirements are there?

A: CPCLs must maintain evidence of meeting the responsibilities outlined above, including dates and times of meetings, names and affiliations of attendees, a summary of the main points of discussion, the actions agreed and any status of these actions. A quarterly report form is available on which to record these details, which must be submitted every quarter to the LHB and CPW summarising all the activity carried out as part of the role. Records may in in an electronic format but must be made available for inspection by LHB during PPV visits.

Q: Do I need to submit the report and claim records anywhere?

A: Submission of reports of activities described above are asked to be submitted to Local Health Boards and CPW at the end of each quarter via the Quarterly Report Form on the CPW website. Reports should include details of meeting attendees, dates of meetings, issues discussed and an up to date action plan. The reports should be submitted by the 5th day following the end of each quarter

Submission deadlines 25/26

CPCL Deadlines 25/26			
Deadline	**Task**	**How**	**Why**
30th June 2025	Pharmacy Lead Declaration Q1	NECAF > Pharmacy lead declaration	To enable timely payment of £1318.75 per quarter to contractor for backfill
30th June 2025	Deadline for completing Q1 meeting	Meet with pharmacy representatives in cluster	Fulfilment of DT requirements to meet collaboratively with pharmacies.
5th July 2025	Quarterly submission of Lead report and claim form to LHB and CPW	Email to LHB lead and Aled.Roberts@CPWales.org.uk	To demonstrate activity and comply with drug tariff requirements of role for PPV purposes
30th September 2025	Pharmacy Lead Declaration Q2	NECAF > Pharmacy lead declaration	To enable timely payment of £1318.75 per quarter to contractor for backfill
30th September 2025	Deadline for completing Q2 meeting	Meet with pharmacy representatives in cluster	Fulfilment of DT requirements to meet collaboratively with pharmacies.
5th October 2025	Quarterly submission of Lead report and claim form to LHB and CPW	Email to LHB lead and Aled.Roberts@CPWales.org.uk	To demonstrate activity and comply with drug tariff requirements of role for PPV purposes
31st December 2025	Pharmacy Lead Declaration	NECAF > Pharmacy lead declaration	To enable timely payment of £1318.75 per quarter to contractor for backfill
31st December 2025	Deadline for completing Q3 meeting	Meet with pharmacy representatives in cluster	Fulfilment of DT requirements to meet collaboratively with pharmacies.
5th January 2026	Quarterly submission of Lead report and claim form to LHB and CPW	Email to LHB lead and Aled.Roberts@CPWales.org.uk	To demonstrate activity and comply with drug tariff requirements of role for PPV purposes
31st March 2026	Pharmacy Lead Declaration	NECAF > Pharmacy lead declaration	To enable timely payment of £1318.75 per quarter to contractor for backfill
31st March 2026	Deadline for completing Q4 meeting	Meet with pharmacy representatives in cluster	Fulfilment of DT requirements to meet collaboratively with pharmacies.
5th April 2026	Quarterly submission of Lead report and claim form to LHB and CPW	Email to LHB lead and Aled.Roberts@CPWales.org.uk	To demonstrate activity and comply with drug tariff requirements of role for PPV purposes

Q: Can the CPCL claim the £2120.02 collaborative working funding for attending meetings on top of the £1366.22 per month CPCL payment?

A: Yes. CPCLs can claim a £302.86 fee for attending their own meetings as "attendance at collaborative meetings arranged by the Community Pharmacy Collaborative Lead (CPCL) for the relevant cluster" on NECAF. 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.

3. Community Pharmacy Collaborative Meetings

Q: How do I arrange meetings?

A: On being appointed to the role the LHB should notify other pharmacies in your cluster and provide them with your contact details. You will also be provided (by LHB and CPW) with basic contact details for the pharmacies within your cluster. You should ensure that you have the most appropriate contact details for the persons attending from each pharmacy. This may be personal or pharmacy email, telephone or other methods of contact. Many collaboratives have set up WhatsApp groups or Teams Channels (with the help of DHCW) to aid communication.

Please discuss with the pharmacies in the cluster what email addresses they would want included in any email circulation list – this may be a combination of shared email boxes/ personal NHS email addresses and others, it is important to ensure that any emails sent will go to an email address that is being regularly checked and reviewed.

Previous channels of communication (eg Whatsapp groups) can be continued (with appropriate admin permissions being altered). The previous CPCL for your area should have contact details for individuals that the LHB/CPW may not do.

Online meetings can be arranged via Microsoft Teams, which all pharmacists and pharmacy technicians should have access to via NHSmail. For details on how to set up a teams meeting using the Office365 Webapp please see guidance Setting up Teams meeting via Outlook

Where you are finding it difficult to contact persons within your cluster please contact CPW or your LHB.

Q: Are the number of pharmacies the same within each cluster?

A: No, this is variable the numbers of pharmacies in a cluster can vary between 6 - 27

Q: How do I get people to attend meetings?

A: Doodle poll and surveymonkey are free programmes that can be useful in capturing availability for meeting

Meetings may be face to face or virtual. Face to face meetings can be at any venue that the pharmacy representatives in your collaboratives are able to attend - in a pharmacy, LHB venues, office or meeting spaces, or even a pub/café! Your clusters may be able to fund venue costs if you wish to hire somewhere for face to face.

Planning meetings in advance – even all four at the start of the year – can be helpful in ensuring people keep diary space clear to attend meetings, but maximising attendance is the key and how you do this will vary between collaboratives based on a number of factors. Discuss with your pharmacies how best to help as many people as possible attend.

Q: I'm having difficulty getting replies or contacts from pharmacies – what do I do ?

A: If you are unable to get a contact person for a particular pharmacy despite contacting them through the usual means please let your LHB or CPW lead know.

Q: Should I contact the pharmacies or a multiple lead in respect of larger pharmacy chains?

A: Communication should be directly with the pharmacies in the cluster; however, there is no reason why an area manager (or equivalent) could not be also invited to the community pharmacy cluster meetings if they wanted to attend, or copied in to email correspondence.

Q: Can all meetings be held/ attended virtually?

A: Yes, meetings can be either physical face-to-face meetings or virtual (eg via Teams or Zoom). It is important that all contractors in each cluster have equal opportunity to access meetings.

Q: Do virtual meetings have to be held via Teams?

A: Whilst the roll out of Office 365 allows access for all pharmacists and pharmacy technicians in Wales, meetings may be held via a variety of other platforms where this is agreed as the preferred approach by pharmacies within the cluster. It is important that all contractors in each cluster have equal opportunity to access meetings. No additional funding is available – so whereas Teams is provided by NHS Wales to community pharmacists and community pharmacy technicians other platforms may have charges attached.

Q: Is there any funding for arranging physical face-to-face meetings? E.g. venue hire

A: Any proposals for face-to-face meetings that require a venue hiring should be discussed with the cluster lead/ cluster development team/ community pharmacy LHB lead on a case-by-case basis to see whether any funding is available. Contractors can also look at whether there are other venues that may be available free of charge (some community pharmacies/ GP practices have training rooms etc.). Potentially it may also be possible to arrange for "sponsorship" of cluster meetings by pharmaceutical industry representatives.

Q: What should the content of the meetings be?

A: This is expected to be driven by local issues, centred around cluster activity and pharmacy service delivery. Some of the expected regular agenda items might be:

- update your pharmacies on any relevant news from any wider primary care cluster meetings you've been to.

- Update on any actions from the previous pharmacy meeting you had
- You may have specific updates from meetings with LHBs, CPW or other organisations which may be relevant

You may wish to have speakers for local projects, trainers for CPD, other healthcare professionals (eg optometrists or GPs) or from other organisations (eg CPW on a particular service).

Certain times of the year may lend themselves to certain issues (e.g delivery of flu services could be discussed prior to September). If help developing or delivering topics at pharmacy or main cluster meetings is required there are resources available on the CPW website, or you may discuss with your CPW representative at any time.

A number of resources for delivering Pharmacy collaborative meetings are available to be viewed on the CPCL Section of The CPW Website

Q: Will there be a need for minutes to be captured at the community pharmacy cluster meetings?

A: There is no requirement for any strict minutes of meetings to be kept however documentation related to meetings must include dates and times of meetings, names and affiliations of attendees, a summary of the main points of discussion, the actions agreed and any status of these actions. Action plans should be agreed as a collaborative by the pharmacy representatives present at each meeting.

The CPCL can discuss with the pharmacies in the cluster what notes are required from the meeting and the cluster team may be able to support meetings from an admin respect (if required).

Q: Do I have to use PowerPoint presentations?

A: No, having the meeting and discussing common or important issues is the most important element of collaborative working. It may be delivered in whatever format best suits the cluster and the individuals within it. However training videos for PowerPoint are widely available including on the Gwella platform.

4. Time for the Role

Q: How do I manage my time in the role?

A:The drug tariff proposes the following breakdown for time in the role and suggestions for allocation of time:

- duties associated with the CPCL role - up to 48 hours per year
- time outside of normal working hours -up to eight hours per year to deliver the four pharmacy collaborative meetings
- NHS Wales agreed CPCL training - no more than four working days per year.
- attend relevant cluster meetings - up to eight hours per year (over four or more days) –

This is to be seen as a guide, it will be down to each community pharmacy lead to decide how best to utilise their time in conjunction with discussions with their employer where applicable. Reasonable arrangements should be made between the CPCL and their employer to enable them to undertake the duties described for the time required, this may be for example :

- Paid time away from normal duties
- Paid time for activity undertaken outside of normal working hours
- Time in Lieu
- Any other arrangements in accordance with the pharmacy contractors agreed policies

Q: Is the allocated funding and time suggested enough for the role?

A: The changes to the funding for the CPCL role from 24/25 followed feedback from CPCLs and a joint Welsh Government/CPW Evaluation of the role. CPW believe that the funding provided is a much more fair reflection of the work required, particularly as Welsh Government have included the pharmacy specific requirements to promote changes to Periods of Treatment and help with support of EPS implementation. Every primary care cluster is in a different stage of development so a one-size fits all approach may not work. CPW will be keeping in close contact with the CPCL's across Wales to get their feedback during the year to discuss any potential changes going forward nationally. All primary care clusters do have funding from WG and it may be that if there are particular projects that require community pharmacy input that the primary care cluster may decide to fund some additional days for the CPCL to support.

Q: How many meetings will I be expected to attend?

A: Contractually funding is in place for one pharmacy collaborative meeting per quarter, and for a further 4 meetings with the main primary care cluster. CPW are aware that CPCLs may be asked to attend further meetings but this is at the discretion and availability of the CPCL .

Q: What if my cluster has more than 4 meetings per year?

A: CPW are aware of a number of clusters across Wales which hold more than 4 meetings per year. Attendance at these additional meetings is entirely at the discretion and availability of the CPCL. We have raised this as a concern with Welsh Government, LHBs and The Strategic Programme for Primary Care, as this places an expectation on the lead above and beyond that which is funded by the Community Pharmacy Contract. It is our expectation that where CPCLs are asked to attend additional cluster meetings that the cluster arranges suitable backfill payments with the contractor for whom the CPCL is employed, from cluster budgets. We ask that any CPCLs asked to attend more than 4 Cluster meetings per year on a regular basis inform CPW Where clusters feel that attendance beyond the contractual obligations is of benefit it would be reasonable for them to provide additional funding for backfill. CPW can support in making the case for this additional funding..

Q: How can we guarantee time away from the business for the role?

A: £1366.22 per quarter is paid to the contractor for whom the CPCL works with the intention that that money is utilised to support the CPCL in their role by releasing time away from other non CPCL related duties, or by coming to other arrangements with the employee for time spent outside of normal working hours, as per the contractors usual agreed policies. Agreements should be made locally between the CPCL and the employer to ensure that this time and funding is used appropriately.

5. Primary Care Clusters

Q: Do all the primary care clusters know about this role?

A: Yes, the role has now been established since April 2021 throughout all primary care clusters in Wales.

Q: How do I get involved in the main cluster meetings?

A: Primary care clusters are expected to be inclusive of their entire membership. CPW would expect that clusters provide space for a regular update from community pharmacy (and all other collaboratives) as a standing item on cluster agendas. If CPCLs are having difficulty establishing themselves within the cluster please speak to CPW and your LHB leads.

Q: Do I get a vote at primary care cluster meetings?

A: CPCLs should have a vote on all matters at Cluster level. This should be confirmed within your clusters Terms of Reference. Please speak to CPW if this does not appear to be the case

Q: What information should I expect to receive from my cluster as a CPCL?

A: As the representative of the Pharmacy Collaborative at cluster meetings CPCLs should have access to all meeting notes, agendas, cluster budgets and any other relevant information to allow them to consult with their pharmacy collaborative members and allow to collaborative to make informed decisions. Please speak to CPW if this does not appear to be the case

Q: Are all primary care contractors represented on the cluster?

A: Cluster Membership is extended to all primary care contractors. At time of writing GP, Community pharmacy and optometry contracts have specific enablers to allow attendance at meetings. Dental and Allied Healthcare colleagues are looking at similar structures

Q: Where can I view my clusters IMTP? (integrated medium term plan)

A: Further information on clusters including their IMTPs can be found on the Primary Care One Website here.

A list of the GP practices included in each primary care cluster can also be viewed on this website.

Your community pharmacy LHB lead or current cluster lead will also be able to share your clusters IMTP with you.

Q: What is an NCN/LCC?

A: In ABUHB the primary care clusters are called neighbourhood care networks (NCN), in SBU they are referred to as Local cluster collaboratives (LCC) - the role is the same.

Q: How often does the cluster meet? Is it a particular day of the week?

A: The primary care clusters across Wales meet with varying frequencies from once/ month to quarterly meetings and at varying times of day but usually between 9-6 for up to 2/3 hours. Contractually CPCLs are expected to only attend one meeting per quarter. Where clusters feel additional meetings are necessary backfill funding for this should be sought from cluster funds. Pharmacists/ Technicians with specific queries in relation to their cluster are advised to either contact their cluster lead directly (or cluster support team) or their community pharmacy lead.

6. Support and training

Q: How will the LHB support consistency in the role?

A: All 60 primary care clusters across Wales are different, so it is unlikely that the role will be identical in every cluster. If community pharmacies have any particular issues or challenges in any specific cluster then the LHB and CPW will be there to support contractors. The CPCL is asked to escalate issues to the CPW/ LHB forum meetings for further discussion and support as required.

Q: How is CPW supporting the role?

A: CPW has put together resources on the CPW website

https://cpwales.org.uk/contractors-area/primary-care-cluster-community-pharmacy-lead-role-2/

CPW host a national WhatsApp group containing all CPCLs, used for exchange of information and peer support. CPW produce a CPCL newsletter with important updates and host regular CPCL update events throughout the year. CPW representatives are contactable at any time to answer any questions relating to the CPCL role.

CPW will provide ongoing updates to these resources along with quarterly update meetings and newsletters. Queries about the role and advice can also be directed to CPW at any time.

Q: What training will be available for the role?

A: Welsh Government have committed to putting on at least 4 training days per year for CPCLs. The detail of these for 25/26 is yet to be agreed at the time of writing.

HEIW will look to make leadership resource available to all 60 CPCL's to assist them in the new roles.

Q: Can I access any further help?

A: Further resources, including various templates, and guides on creating presentations and using Teams can be found on the Gwella learning platform (https://leadershipportal.heiw.wales) or on the CPW website.

Q: Complaints have been raised by the cluster about local pharmacy contractors – how do I address this?

A: Depending on the nature of the complaint it may be appropriate to speak to the contractor directly, the LHB or to CPW. If you are uncertain of who to contact CPW or your LHB representative will be able to help. Remember that this is a representative role not a managerial one.

7. Developing Services

Q: There is potential to develop a new service within my cluster. What do I need to do?

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

- We 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 renumerated 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. There is no provision within the Community Pharmacy Contractual Framework for additional services within a cluster. 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 list of services developed within collaboratives, and some further resources on how to deal with and develop service or project proposals can be found on the CPCL Section of The CPW Website

Please contact CPW with any service or project proposals as soon as possible for us to support you in the process.