Community Pharmacy Wales
Fferylliaeth Gymunedol Cymru

Collaborative Working FAQ

COLLABORATIVE WORKING SCHEME
FREQUENTLY ASKED QUESTIONS

Updated 18/12/2025

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Introduction

Q: What is the purpose of the Collaborative Working Scheme for 2025/26?

A: The intention is to encourage community pharmacy contractors in Wales to engage with community pharmacies and other healthcare professionals within their cluster areas to develop and improve working relationships, progress changes to periods of treatment, discuss issues related to the NHS and EPS, and improve delivery of community pharmacy NHS services, particularly raising awareness of the STTT and UTI services as they become mandatory elements of CAS. The pharmacy 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 collaborative visit element of Collaborative working returns – with funding being moved into the collaborative working scheme from other areas of the contract,

Collaborative working funding is provided through:

1) The Pharmacy Lead Element - Money to support the appointment of a Community Pharmacy Collaborative Lead (CPCL) in each primary care cluster

2) The Pharmacy Element - Funding for back filling of pharmacist, pharmacy technician and where appropriate other pharmacy employee time to engage with the pharmacy collaborative and/or be involved in collaborative working with local healthcare professionals (“the Pharmacy Element”).

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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 £1366.22 (once per quarter- £5464.88 per year) payable in respect of the Community Pharmacy Collaborative Lead (CPCL) Role ("the pharmacy lead role")

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.**

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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 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, 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.

In order to qualify for payment, the Drug Tariff requires that pharmacy lead must:

- meet, physically or virtually, at least quarterly with the representatives of all pharmacies within the relevant cluster;
- meet regularly with other professional leads within the relevant cluster;
- meet regularly with the nominated representatives of the local health board;
- attend meetings of the relevant cluster;
- provide feedback on cluster plans, meetings and priorities to all pharmacies in the relevant cluster.

The pharmacy lead must maintain evidence of meeting the responsibilities outlined above 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, employed by different contractors within the cluster, 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. Without a CPCL in place none of the pharmacies within the cluster will be able to attend pharmacy collaborative meetings and will be unable to meet requirements to claim the full funding for the collaborative working scheme in 2025/26. Pharmacies may still claim for attendance at up to 6 meetings (with other Healthcare professionals) in a year but will not achieve the 7th bonus payment.

Q: Can the CPCL claim the £302.86 per collaborative working visit for attending collaborative meetings or meetings with other healthcare professionals on top of the £1366.22 per quarter CPCL payment?

A: Yes. 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. 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.

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

A: For detail on what clusters have vacancies please see the "What Cluster Am I In?" Document here https://cpwales.org.uk/quality-collaboration/collaborative-working/

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

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2. The Pharmacy Element -Collaborative Meeting Attendance

Q: What are the requirements for this years scheme?

A: For the period 1st April 2025 to 31st March 2026 up to six collaborative working claims can be made for:

- Engagement with Pharmacy collaborative meetings arranged by the Community Pharmacy Collaborative Lead (CPCL) for the relevant cluster,

Or

- Meetings arranged with healthcare professionals within the relevant cluster to discuss areas of mutual interest from the following:
    - Implementing the Electronic Prescription Service
    - Optimising use of the NHS Wales app to support repeat prescription ordering.
    - Implementing the Periods of Treatment review
    - Delivery of community pharmacy advanced and additional clinical services.
    - A cluster identified priority for 2025-26.
    - **Discussing the STTT or UTI service prior to September 30th 2025 – this is a requirement of the funding uplift provided in January 2025.**

Q: How do payments for the collaborative meeting attendance element work?

A: For 25/26 up to seven payments of £302.86 are payable – a total of £2046.38 per pharmacy, for attendance at 6 meetings, plus a bonus additional payment of £302.86 on meeting the conditions described below.

The bonus payment will only be made once claims are submitted for a minimum of 3 meetings with the pharmacy collaborative **and** 2 meetings with other healthcare professionals – therefore this may be paid after meeting 5 or meeting 6. .

Meeting 1	£302.86	
Meeting 2	£302.86	
Meeting 3	£302.86	

Meeting 4	£302.86	
Meeting 5	£302.86	Bonus + £302.86 if 3 collab and 2 other meetings
Meeting 6	£302.86	
Total (6 meetings plus bonus)	£2046.38	

Q What do I need to do to obtain the Maximum £2120.02 (6 x £302.86 + £302.86 bonus) per pharmacy per year for attending 6 meetings?

To achieve the full payment a pharmacy needs to have sent appropriate representatives to 6 meetings between 1st April 2025 and 31st March 2026 meeting the criteria explained above, claim for this on NECAF and retain in the pharmacy documentation of meetings as described elsewhere in this document. The "mix" of meetings required to meet the criteria for full payment is either:

3 meetings of pharmacy collaboratives and 3 with other Healthcare Professionals

Or

4 meetings of pharmacy collaboratives and 2 with other Healthcare Professionals

Q: What if I don't meet the minimum thresholds for the bonus payment above?

A: The bonus payment will not be paid; however, the pharmacy is still eligible for payment per meeting up 6 x £302.86 = £1817.16

Q Who can attend meetings on behalf of the pharmacy?

A: Attendance at pharmacy collaborative meetings, or by any meetings where clinical services are discussed, 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). Meetings in relation to the NHS App, Electronic Prescription Service, Periods of Treatment Review or other non-clinical cluster identified priorities may be attended by any other suitably competent member of the pharmacy contractor's staff. The contractor must ensure that the person attending the meeting has the necessary skills and competence in the agreed areas of discussion and be able agree actions at the meeting and progress these following the meeting.

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

A: Yes, the collaborative work relating to registrants only can be undertaken by any pharmacist or pharmacy technician who regularly works in the pharmacy including locums or relief staff. 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: 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: Does the person I am meeting have to sign anything to confirm that we have met?

A: No; there is no requirement for this. Contractors are required to just complete a detailed action report following the meeting., including the names and affiliations of those who were present.

Q: How do I claim for a Collaborative Working visit?

A: The claim is made through NECAF > Collaborative Working Scheme. A screenshot of the current NECAF page can be found on our collaborative working pages

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3. Meetings with Healthcare Professionals

Q: Do I need to meet with GPs on collaborative working visits?

A: No, your visit can be with any relevant member of the GP practice team or with other healthcare professionals. For example, contractors may wish to meet with the reception team to discuss referral for the Common Ailments Service, the practice manager to discuss repeat dispensing, or the practice nurse to discuss flu vaccination. Meetings can also be with other healthcare professionals, including optometrists, district nurses etc.

Q: Do I need to meet on the premises of the other Healthcare Professional?

A: No, the meeting can be anywhere, including in a community pharmacy, GP surgery, optometry or dental practice, non-healthcare premises or virtually via telephone or zoom/teams etc

Q: Can I have a meeting by phone/video?

A: Providing the other conditions are met, a telephone call or virtual meeting may be suitable as a means of carrying out a collaborative working meeting

Q: Is there an expected length of time for a collaborative working visit?

A: No, there is no requirement within the drug tariff for a specific "length of meeting" as long as you met the rest of the criteria, and can write a detailed report, then this meets the requirements.

Q: I am struggling to arrange a collaborative working visit with my GP practice, what else can I do?

A: The wording in the Drug Tariff is to "improve collaborative working relationships with healthcare professionals within the cluster and wider multi-disciplinary teams", community pharmacy contractors can therefore look to arrange meetings with other healthcare professionals to discuss the topics. For example, the Common Ailments Services fits very closely with the similar services in optometry so contractors may wish to arrange meetings with their local optometrists. Dentists may also wish to refer patients with oral thrush to the CAS service, or others into IP or smoking cessation services. Contractors may also wish to meet with District Nurses or healthcare professionals in Nursing Homes to discuss the DMR service, flu service provision or similar.

Q: Do I need to have a 2nd pharmacist in for the day to be able to claim?

A: No; the fee can enable pharmacies to employ another pharmacist if required, but it is not one of the criteria to make a claim. Pharmacies may be able to attend meetings during lunchtimes, outside of normal working hours or virtually that would not require additional pharmacist cover.

Q: Can I have a second meeting on the same topic?

A: Yes; as long as all the criteria can be met and it is a development on the initial meeting; an example of this could be when setting up Repeat Dispensing, a review meeting could be arranged for several months later to discuss implementation/ any issues etc.

Q: Is there a certain amount of time that should be left between each visit?

A; No; there is no time restrictions around the length of time between each visit.

Q: Can flu still be discussed even though it doesn't start until later in the year?

A; Yes; it makes sense to discuss this as early as possible in the flu season with local GP practices to ensure uptake in the local community is maximised.

Q: Where can I find further information to support me in carrying out collaborative working visits with other healthcare professionals?

A: Information can be found on the CPW website. The website has pages dedicated to all areas which may be discussed, most are linked directly from the Collaborative working page. For further information or if you have any questions prior to or after collaborative working meetings please contact a member of the CPW team directly or email the office on info@cpwales.org.uk

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4. Pharmacy Collaboratives

Q: What are the Pharmacy Collaboratives?

A: Community pharmacy collaboratives were formally introduced across Wales in April 2021, 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.

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

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: 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: 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 Which Cluster Am I In? on the Collaborative working page of the CPW website - 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: You will be able to claim for up to 6 collaborative working visits with other healthcare professionals, following the criteria mentioned previously, but if you are unable to attend 3 pharmacy collaborative meetings from 1st April to 31st March you will not be able to claim the bonus payment for the year. In clusters where there has been a CPCL vacancy for at least 10 weeks, Local Health Boards must hold at least one collaborative meeting per annum - which would qualify for a single attendance payment under the collaborative working scheme.

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: 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). A payment of £302.86 will be claimable for each meeting. The bonus payment available for 6 meetings is dependent on attending at least 3 pharmacy collaborative meetings per year. In practice this means that one meeting per year can be missed without losing any associated payments.

Q: Can non registered staff attend pharmacy collaborative meetings?

A: 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, but any of the pharmacy team can attend, to engage with other local pharmacies and contribute to the work of the collaborative/cluster. 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 the Pharmacy Technician or Pharmacist attending on behalf of a contractor work regularly at the pharmacy making the claim.. 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 attend pharmacy collaborative meetings?

A: Yes, the pharmacy collaborative meetings can be attended 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. The locum should be able to feed back any relevant information discussed at the meeting to the pharmacy team.

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: 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 **£302.86** 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 £302.86 will be paid once a claim has been made for attending three meetings.

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.

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Q: Are there any specific requirements for the collaboratives?

A: Terms of reference have been developed for Pharmacy collaboratives that 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.

Q: How can Community Pharmacy collaboratives contribute to the health and wellbeing of local populations?

A: 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 phone calls 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 other 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?

5. Pharmacy Collaboratives - 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 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 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 a 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 along with a guide to costing a proposal

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
- Printing 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 to improve uptake of 56 day prescribing
- Funding for release of staff time for Help Me Quit training – Bridgend West

Brief summaries of these services are available here https://cpwales.org.uk/contractors-area/resources-to-support-meetings/service-proposal-templates/

Please speak to CPW if you have queries about the above services.

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