Community Pharmacy Collaborative Lead Report Form

- Use this form to track all CPCL related activity
- Keep action plans live between meetings and refer back to them regularly.
- Use NECAF to claim the backfill payment for the lead position by the end of every quarter

Name:	**Cluster:**	
CP Number (record CP number that is used for claiming):		
Financial quarter this report relates to	☐April – June (Q1) ☐October – December (Q3)	☐July – September (Q2) ☐January – March (Q4)

Please ensure you have captured all elements of the role as per drug tariff section VIIB in your reporting.

- I have worked for two or more days per week in one or more pharmacies in the above named cluster over the financial quarter of this report *or* am, under the interim arrangement for CPCLs in long term vacant clusters, employed by a contractor with at least one pharmacy in the cluster ☐ **Yes** ☐ **No**

- In this quarter I have*:
  - **Met, physically or virtually, at least once with the representatives of all pharmacies within my cluster** ☐ **Yes** ☐ **No**
  - **Attended meetings of my cluster*** ☐ **Yes** ☐ **No**
  - **Met if required with other professional leads or LHB representatives** ☐ **Yes** ☐ **N/A**

*please indicate on the appropriate area of the form if meeting attendance was not possible and why

This form should be submitted from your **NHS Wales email address** – this will then provide assurance as to who has submitted and be taken as confirmation that you agree to this declaration.

Records of meetings should be made available for inspection by the relevant LHB and include:

- **Date and times of meetings**
- **Names and affiliations of the attendees**
- **A summary of the main points of discussion;**
- **Any actions agreed and the current status of those actions.**

Ongoing actions log

Action	Timeframe	Owner	Status (complete/ongoing/new)

Additional notes (not captured in meeting minutes)

Pharmacy Collaborative Meeting

Date and Time of Meeting:

Attendees

Name	Pharmacy/Place of work	Name	Pharmacy/Place of work

Main points of Discussion :

Actions Agreed:

Cluster Meeting

Date and Time of Meeting:

Attendees

Name	Organisation	Name	Organisation

Main points of Discussion :

Actions agreed

Additional Meetings

Date and Time of Meeting:
Attendees and affiliation
Purpose of Meeting:
Main points of Discussion : **Actions**

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