

## PRIMARY CARE CLUSTER COMMUNITY PHARMACY LEAD - FREQUENTLY ASKED QUESTIONS

### **Q: What is the background to the PCCCPL role?**

A: Roles are appointed following a nomination and voting process undertaken by the pharmacies within each cluster. Appointments are ratified by the relevant Local Health Board. The lead must be a Pharmacist or pharmacy technician working regularly (2 or more days a week) in a pharmacy or pharmacies within the cluster.

### **Q: What are the responsibilities of the PCCCPL?**

A: The PCCCPL will play a critical role in shaping the engagement and providing leadership and representation for pharmacies within the primary care cluster. The pharmacy lead will work closely with all pharmacies in the cluster, identifying areas of concern and escalating issues (if required) through the appropriate channels, discussing service change, and communicating with pharmacies around the delivery of pharmacy services, which are aligned to national priorities and specifically those of the primary care 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).

### **REQUIREMENTS OF THE ROLE**

#### **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 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: How long is the role for?**

A: The role is for a set period of 12 months, after which there will then be an annual review with all pharmacies being able to decide whether they want the current post-holder to remain in place (if they wish to), otherwise the nomination process will start again.

**FUNDING ARRANGEMENTS**

**Q: What funding is available for the role?**

A: Up to four payments each of £500 will be payable in respect of the PCCCPL role, to the contractor in which the lead usually works. The intention of this payment is to allow for backfill funding to release the leads time to carry out cluster work.

Potentially additional 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;
- 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; and
- provide feedback on cluster plans, meetings and priorities to all pharmacies in the relevant cluster.

**Q: What record keeping requirements are there?**

A: PCCCPLs 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. 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 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. Report templates are available on Gwella Leadership Platform and the CPW website and should include details of meeting attendees.  
<http://www.cpwales.org.uk/Services-and-commissioning/Collaborative-Working/Primary-Care-Cluster-Community-pharmacy-Lead-Role.aspx>

**Q: How and when will the payment be made?**

A: The pharmacy in which the lead is employed will receive £500 at the end of each quarter.

**Q: Can the Contractor where the PCCCPL works also claim the £1000 collaborative working payment for attending cluster meetings?**

A: Yes, as long as all other conditions are met in relation to collaborative working including communicating to their team. Please note this means that where a PCCCPL is a pharmacy technician there will be a requirement for a pharmacist from the same pharmacy to attend at least one meeting in order to enable the payment to be made.

**Q: Can the contractor where the PCCCPL works also claim the 2 x £250 collaborative working payments?**

A: Yes, but the meetings should be separately arranged and not as part of the PCCCPL role. All normal requirements of collaborative working should be met.

**TIME FOR THE ROLE**

**Q: The proposed break down for the role is 4 half days, it is difficult to get a locum for half a day, can these be merged?**

A: The CPW guidance proposed breakdown of the role is purely just 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 the cluster lead and their employer where applicable. Two full days may work for some people – although the community pharmacy cluster meetings will need to be in the evening to maximise attendance.

**Q: Is 2 days/ quarter enough for the role?**

A: 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 PCCCPL'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 PCCCPL to support.

## **CLUSTERS**

### **Q: Do all the clusters know about this role?**

A: Yes, an overview of the new role has been shared with LHBs and to all primary care cluster leads.

**Q: Are all primary care contractors represented on the cluster? This is variable across the 60 clusters in Wales, optometry and dentistry are keen to replicate the new role that has been developed for community pharmacy.**

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

### **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: What is an NCN?**

A: In ABUHB the primary care clusters are called neighbourhood care networks, 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. 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.

### **Q: What is the intended outcome of this new 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.



## **COMMUNITY PHARMACY CLUSTER MEETINGS**

### **Q Can all meetings be held/ attended virtually?**

A: Yes, meetings can be either physical face-to-face meetings or virtual meetings. (Collaborative working meetings can also be held physically or virtually). 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 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: Will there be a need for minutes to be captured at the community pharmacy cluster meetings?**

A: There is no requirement for any minutes of meetings to be kept. As per the previous collaborative working scheme, there will be a requirement for an action plan to be created and kept updated by all attendees of the community pharmacy cluster meetings, however this could be done jointly as a group of pharmacies (each will require their own copy).

The PCCCPL 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.

### **Q: What should the content of the meetings be?**

A: This is expected to be driven by local issues, centered around cluster activity and pharmacy service delivery. 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.

**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 suggest speaking to cluster leads about establishing a regular update from community pharmacy as a short standing item on the cluster agenda. If PCCCPLs are having difficulty establishing themselves within the cluster please speak to CPW and your LHB leads.

**COMMUNICATION**

**Q: How do I contact the other pharmacies in my cluster?**

A: With the rollout of Office 365, it will become easier for communication electronically between contractors. The pharmacy contact details – including NHS emails- of every pharmacy per cluster are hosted on the Gwella platform and CPW website. The PCCCPL can set up email distribution lists/ WhatsApp groups or whatever is agreed as the best communication option going forward by each cluster. CPW and/ or the LHB will be able to support in initial communication if required.

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.

**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.

**LHB/ CPW ROLE**

**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 PCCCPL 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 in response to a survey carried out in April 2021, including templates and suggested formats for meetings, hosted on the CPW website and Gwella platform

<https://leadershipportal.heiw.wales>

<http://www.cpwales.org.uk/Services-and-commissioning/Collaborative-Working/Primary-Care-Cluster-Community-pharmacy-Lead-Role.aspx>

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.

**TRAINING**

**Q) What training will be available for the role?**

A: HEIW will look to make leadership resource available to all 60 PCCCPL's to assist them in the new roles. HEIW also intend to make contact with the new leads to offer support and to discuss what training and support is required (specific training needs can be discussed with your HEIW Regional co-ordinator) IT training requirements (using Teams etc.) can also potentially be arranged if required

**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.

**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.

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. 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. If there are discussions

about funding for projects or enhanced services please contact CPW and your LHB representatives for further advice before agreeing to anything.



### **Conflict**

**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.