

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 2 April 2015
in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU**

A

Present: Dr Tim Moorhead, CCG Chair, GP Locality Representative, West
Dr Amir Afzal, GP Locality Representative, Central
Dr Nikki Bates, GP Elected City-wide Representative
John Boyington, CBE, Lay Member (up to item 69/15)
Kevin Clifford, Chief Nurse
Dr Richard Davidson, Secondary Care Doctor
Amanda Forrest, Lay Member
Tim Furness, Director of Business Planning and Partnerships
Professor Mark Gamsu, Lay Member
Rachel Gillott, Interim Chief Operating Officer
Idris Griffiths, Interim Accountable Officer
Dr Zak McMurray, Medical Director
Julia Newton, Director of Finance
Dr Marion Sloan, GP Elected City-wide Representative
Dr Leigh Sorsbie, GP Locality Representative, North

In Attendance: Dr Maggie Campbell, Chair, Healthwatch Sheffield
Carol Henderson, Committee Administrator
Margaret Saunders, Head of Governance and Planning (shadowing)
Professor Jeremy Wight, Sheffield Director of Public Health
Moira Wilson, Director of Care and Support, Sheffield City Council
(from item 66/15)

Members of the public:

Four members of the public were in attendance.

A list of members of the public who have attended CCG Governing Body meetings is held by the Director of Business Planning and Partnerships.

ACTION

54/15 Welcome

The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Governing Body, those in attendance and observing, and members of the public to the meeting.

55/15 Apologies for Absence

Apologies for absence had been received from Dr Anil Gill, GP Elected City-wide Representative, Dr Ted Turner, GP Elected City-wide Representative, and the GP Locality Representative, Hallam and South (vacant position).

Apologies for absence from those who were normally in attendance had been received from Helen Cawthorne, Local Manager, Hallam and South, Katrina Cleary, CCG Programme Director Primary Care, Rachel Dillon, Locality Manager, West, Dr Mark Durling, Chairman, Sheffield Local Medical Committee, Simon Kirby, Locality Manager,

North, and Paul Wike, Locality Manager, Central.

56/15 Declarations of Interest

There were no declarations of interest this month.

The full Governing Body Register of Interest is available at:
<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

57/15 Chair's Opening Remarks

In addition to his report, appended as part of item 16a on the agenda, the Chair thanked Dr Davidson and Professor Wight, who were both attending their last meeting of the Governing Body, for their contribution to the CCG over the past few years.

58/15 Questions from the Public

A member of the public had submitted questions before the meeting. The CCG's responses to these are attached at Appendix A.

59/15 Minutes of the CCG Governing Body meeting held in public on 5 March 2015

The minutes of the Governing Body meeting held in public on 5 March 2015 were agreed as a true and correct record and were signed by the Chair.

The Chair drew members' attention to Appendix A, detailing questions that had been submitted before the meeting and the CCG's responses to these, which had been posted following the meeting.

60/15 Matters arising from the minutes of the meeting held in public on 5 March 2015

a) Finance Report: A&E Activity (minute 44/15 refers)

The Interim Chief Operating Officer advised Governing Body that the System Resilience Group (SRG) had met the previous week and reflected on experiences in the urgent care system over the winter period. This would be captured and put together with a broader piece of work taking place retrospectively on the whole system winter experiences which would be circulated to Governing Body in May as a separate item.

RG

b) Quality and Outcomes Report: Public Health Report (minute 45/15(e) refers)

Dr Sorsbie advised Governing Body that updated guidance and criteria had been received for Public Health England recommended Tuberculosis (TB) screening for entrants from communities. Screening figures had now been reduced to 20/100,000 patients from the 40/100,000 she had

reported at the last meeting.

c) Measuring How Well Services in Sheffield are Meeting People's Needs (minute 46/15 refers)

The Director of Business Planning and Partnerships advised Governing Body that he and Susan Hird, Consultant in Public Health, would present a proposal to the CCG's Commissioning Executive Team (CET) by the end of May.

TF

d) Best Start Strategy Consultation (minute 47/15 refers)

Ms Forrest reminded Governing Body that they would receive a final draft of the strategy for approval after the planned period of consultation had ended. She reported that the issues they had raised at the last meeting were being addressed through the CCG's portfolio groups.

61/15 Update on NHS Sheffield CCG 2015/16 Financial Plan and Approval of 2015/16 Initial Budgets

a) Financial Planning Process for 2015/16

The Director of Finance presented the initial budgets for 2015/16 for approval which reflected the key budget setting principles and assumptions previously discussed and approved by members. She was now asking Governing Body to approve the CCG's initial budgets as set out in Appendix A, which would allow budget holders to start to authorise expenditure.

She advised Governing Body that the plan which would be submitted to NHS England on 7 April still had to be considered draft this stage due mainly to the fact that contracts with the CCG's main providers had still to be finalised. As previously discussed, this was due to late changes to the national tariff proposals. She was, however, pleased to be able to report that negotiations with Sheffield Children's NHS Foundation Trust (SCHFT) and Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) were close to completion.

With regard to contract negotiations with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), she reported that, as the trust had defaulted to the 2014/15 roll over tariff option, this had resulted in the need for a complete reworking of the contract quote, which was due today. As a result, the CCG would be seeking to make a formal contract offer next week and she would update members on progress at the next meeting. Members noted that STHFT was also still in contract negotiations with NHS England regarding specialised services.

She drew members' attention to the issue of the £150m additional funding being made available non-recurrently to CCGs to help manage the implications of the revised tariff options. Sheffield CCG had not received any funding as STHFT had defaulted to the roll over tariff (and no CQUIN funding) and the consequent benefit to the CCG based on

NHS England's methodology for allocating the funding, meant we were able to meet the extra costs for trusts opting for the Enhanced Tariff Option from this benefit.

The Governing Body approved the CCG's initial 2015/16 budgets as set out in Appendix A.

b) GP Practice Level Financial Reporting

The Director of Finance presented this section of her report and advised that, as set out in section 6, the proposal for 2015/16 was to cease setting practice level budgets but to continue to provide in year monitoring via the Practice Reporting System Integrated Clinical Environment (ICE)) alongside related activity information, at practice level, which practices were keen for us to do.

Dr Sorsbie reported that the city-wide localities group had discussed spend at practice level, as there was an interest to understand what was driving variances in spend and hence it would be useful for practices to have actual spend and activity data in year.

The Director of Finance indicated that the finance and information teams would keep under review the practice level data being made available and discuss any changes required with Localities in year.

The Governing Body approved the proposals in respect of providing financial information at GP practice level, as set out in Section B of the report.

62/15 Detained Patients Project and the Community Enhancing Recovery Team

The Director of Finance presented this report that asked Governing Body to approve a direct award of a contract with a value of c.£4m per annum to SHSCFT to enable them to manage the care for patients who were detained in an out of city placement under the Mental Health Act (sections 3, 37, 45A, 47 or 48) and potentially for patients currently not being detained but who could (based on clinical opinion) end up being detained out of city without the intervention of the Community Enhancing Recovery Team (CERT). She advised that the CCG had been working with SHSCFT on a pilot for this particular group of patients during 2014/15, which had reported positively. The assessment was a direct award of contract to the trust would bring best benefit for patients.

The Director of Business Planning and Partnerships reported that he had written to Healthwatch asking how best we could make sure the views of service users were incorporated as we develop the service. He did not feel that it was an issue for the Mental Health Partnership Board, as it only affected a small number of people. Professor Gamsu asked how this engagement would relate to the Sheffield Mental Health Advocacy Schemes that supported adults with mental health difficulties. The Director of Business Planning and Partnerships agreed to follow this up.

TF

The Chair of Healthwatch confirmed that she had received this correspondence and would report her observations in due course. She explained that there were a number of different organisations that represented different aspects and thought processes in mental health and it would be really important to capture all of those thoughts and comments of the service users.

The Governing Body approved the direct award of contract to Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) to commission or provide services for the client group covered in the report with effect from 1 April 2015, with due consideration to the requirements of the NHS (Procurement, Patient Choice and Competition) Regulations 2013.

63/15 NHS Sheffield 2015/16 CCG Commissioning Intentions

The Director of Business Planning and Partnerships presented the 2015/16 Commissioning Intentions. He reminded Governing Body that a two year plan had been published in 2014/15, and the attached was a refreshed plan for 2015/16 that included new additions and re-presented our portfolio plans. Once approved by Governing Body it would be shared with our partner organisations and members of the public for final comment before submission to NHS England.

TF

Dr Sorsbie asked if the plan could include the CCG's prospectus objectives in section 2 as a specific aim.

TF

With regard to supporting development of the health and social care workforce (section 17), Professor Gamsu reported that work was being undertaken looking at workforce in general practice which the CCG should connect with.

With regard to seven day working (section 15) the Governing Body discussed the recent publication of national figures that suggested that patients were more likely to die in hospital if they were admitted at the weekend. The Medical Director reported that Sheffield's figures did not mirror the national picture. The Chair of Healthwatch asked that, if the CCG had information that showed Sheffield performed better than the national average, we needed to report that and link it to the fact that changes had already taken place, which would give people confidence in the system.

The Chair reminded Governing Body that we had received formal notification on 25 March that we had been successful in our application to the Prime Minister's Challenge Fund (PMCF) and asked that our plan be aligned with that as seven day working was one of the things included in PMCF proposals. Dr Afzal commented that this was non recurrent monies that would expect huge changes in general practice and so would also need to align this with our plans as it needed to be sustainable.

The Chair commented that the plan was ambitious and, if we were able to

do all of it, it would be a huge work programme, which would mean it was more likely to bring about sustained change. We would need to think about how the programme should be prioritised but he thought this was the right approach.

Dr Sorsbie drew members' attention to Parity of Esteem at section 18 of the plan which, she reminded members, the CCG was very committed to. She asked that the statement about real terms investment in mental health be made clearer.

Dr Sorsbie also drew members' attention to the Health Inequalities Action Plan on page 21 and the CCG's commitment to considering a migrant health service for new arrivals, asylum seekers and refugees that encompasses testing and treatment of (latent) TB, viral hepatitis and possible HIV, although no timescales or CCG lead had been identified for this as yet. The Director of Public Health advised Governing Body that a Health Needs Assessment (HNA) was being taken forward by the public health team on cancer, which was particularly for the Roma Slovak population.

The Governing Body approved the 2015/16 Commissioning Plan.

64/15 NHS Sheffield CCG Commissioning for Quality Strategy

The Chief Nurse presented this report which, he advised, linked to section 7 (Commissioning for Quality) of the Commissioning Plan, and had already been discussed at the Commissioning Executive Team (CET) and Quality Assurance Committee (QAC). Ms Forrest advised that it was the business of everyone working within the organisation, not just the quality team, and more work had to be undertaken to embed it into the core business of the organisation.

Mr Boyington commented that the objectives were very good and he supported everything in the document, although felt there was too much preamble. He asked if a summary for more public digestion could be produced.

The Chief Nurse advised that he would be re-ordering the objectives section and was working with communications colleagues to create some infographics. The strategy would be published to practices so they that know what we are going to be doing.

KeC

The Governing Body approved the Commissioning for Quality Strategy.

65/15 Patient Experience and Engagement Report

Professor Gamsu presented this report. He advised Governing Body that good progress was being made, with a rich range of activity available from both us and Healthwatch. We were trying to use different mechanisms for engaging with the public, for example Twitter, to find accessible, interesting ways to engage with people. We are building on some of the assets we have in the city, including having a much more collaborative

approach with Healthwatch and actively involving Patient Opinion. He reported that The Tinder Foundation, which helps people by focusing on digital inclusion, were based in the city, and we had discussed with them how we could present better the work we do around social media. He also reported that some challenges remained around '*Involve Me*', including trying to have good representation in terms of age and ethnicity, etc, and we needed to use the opportunities available to engage with these 700+ people and to start to incorporate some of that into the work of the CCG.

The Interim Accountable Officer asked how we engage with the student population of Sheffield. The Director of Business Planning and Partnerships reminded members that representatives from both Sheffield Universities had attended the CCG's 2014 Annual General Meeting and would follow up with our Engagement Lead about the work she was undertaking with them.

TF

The Chair of Healthwatch commented that when trying to get people more involved it was important to make sure we have clear communication structures, especially as there was a risk of duplication between our two organisations. She suggested having a city-wide engagement policy that was affordable for everyone, but especially for those organisations doing collaborative working. The Director of Business Planning and Partnerships advised that an NHS England Engagement Policy was available for reference.

The Director of Business Planning and Partnerships said the he felt the CCG had achieved a cultural change with staff, in that people now see the benefits of engaging well and routinely seek the advice of the engagement team in planning change.

The Governing Body:

- Considered the actions undertaken in section 1 to embed patient engagement.
- Considered the patient, carer and public themed feedback in section 2.
- Noted the feedback from Healthwatch Sheffield.

The Director of Care and Support, Sheffield City Council, joined the meeting at this stage.

66/15 Update on Governing Body Assurance Framework and Risk Register

The Director of Business Planning and Partnerships presented the Quarter 3 update and a snapshot of Quarter 4. He reminded members that the Assurance Framework (AF) listed the potential barriers to the CCG achieving its key objectives, detailed what we were doing to address or mitigate the risks, and the assurance Governing Body received on this. He drew members' attention to the spreadsheet attached to the report which summarised where risk owners had indicated that controls or assurance of control was not yet sufficient. He reported that, due to timing of reporting, some detail appeared to be out of date. However, a new system had been implemented to automatically update the risk review date, and the CCG's Head of Governance and

Planning was now in post and would help risk owners review their risks.

He reported that there had been some reduction in risk over the course of the year, with a clear reduction of gaps in control and assurance of the principal risks, and he was pleased that we had been able to get better at managing those risks where we could.

The Chair of Healthwatch raised concerns about risk 138 and the 20 overdue Continuing Health Care (CHC) reviews that had been overdue from 2011. The Chief Nurse responded that the resource function to carry out these reviews had been increased and were working very hard to clear the backlog.

The Director of Care and Support, Sheffield City Council, commented that risk 392, that the CCG would incur additional costs resulting from the recent Supreme Court ruling on Deprivation of Liberty, would be a risk across the whole system as the number of people to which this may apply had increased ten-fold across the country, and was a risk that had been caused by changes in legislation. She advised Governing Body that this people with the highest levels of need would be assessed first, and reported that the Local Authority had received some additional funding that would cover part of this.

The Director of Business Planning and Partnerships also drew members' attention to the first draft of the principal risks for 2015/16 (appendix 3), which would be discussed further at a meeting of the risk leads on 8 April.

The Governing Body:

- Noted the position with regard to the Governing Body Assurance Framework (GBAF) and arrangements in place for managing high level risks during Quarter 3.
- Reviewed the outstanding gaps in both control and assurance.
- Noted the actions of both the Governance Sub Committee and audit and Integrated Governance Committee and the assurance that operational risks were being effectively managed by officers.
- Noted the work underway to refresh the GBAF for 2015/16.

67/15 2014/15 Finance Report

The Director of Finance presented this paper confirming the financial position to the end of February 2015 and the key issues to be managed during the final month of the financial year. She advised Governing Body that she had no material changes to notify them about and reported that we were on track to deliver all our year end targets.

She advised Governing Body that subsequent to the writing of the paper, NHS England had approved a further increase in the forecast outturn surplus by an additional £1m to £11.3m and confirmed return of the total extra surplus above 1% (circa £4m) in 2015/16. She highlighted that this was good news as the funding was required to support getting to a position of sustainable delivery of the 18 week target by both our local acute hospitals in 2015/16 and it would have been difficult to deploy this

funding in an efficient and effective manner before the end of the financial year.

As discussed in private session in March, she advised Governing Body that NHS Property Services had confirmed that the cost of 'void space' for premises where Primary Care Trusts (PCTs) had previously owned the building or held the head lease, would continue to be recovered from CCGs in 2015/16 as the funding had effectively transferred into CCG baselines. This presented a cost of £1.5m and hence we were actively working with NHS Property Services Ltd/Community Health Partnerships to reduce the void space. Most of the vacant space in Sheffield was either at Fairlawns or in the LIFT premises. She reported that one building had been sold the previous day, which would reduce the costs going forward.

The Director of Business Planning and Partnerships reported that he would be meeting again with colleagues from NHS Property Services and Community Health Partnerships shortly. He would also be working with the Local Authority and our providers to agree the most sensible approach to utilising our public buildings in the long term, and would provide an update to June Governing Body.

TF

The Governing Body considered the issues to ensure delivery of the revised planned surplus of £10.3m based on Month 11 results.

68/15 Month 11 Quality and Outcomes Report

The Interim Chief Operating Officer presented this report which reflected the CCG's statutory responsibilities and drew members' attention to the following key issues

- a) Performance: In the majority of cases the Sheffield health system had delivered well against the core rights and pledges, with good outcomes for patients.
- b) A&E: Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) had not achieved the 95% max 4 hour wait in A&E for the final quarter or year end position. Sheffield children's NHS Foundation Trust (SCHFT) had achieved the target.
- c) Winter Pressures: As reported under minute 60/15(a), the System Resilience Group (SRG) had met the previous week and reflected on experiences in the urgent care system over the winter period. This would be captured and put together with a broader piece of work taking place retrospectively on the whole system winter experiences, including our work with STHFT to improve their performance, which would be circulated to Governing Body in May as a separate item.
- d) Yorkshire Ambulance Service NHS Trust (YAS): The trust continued to struggle to achieve targets. This was being kept under close focus and all contract levers had been applied with the intention to improve performance.

- e) 18 Weeks: The admitted target remained a challenge at both STHFT and SCHFT. We hoped to see an improvement, particularly at SCHFT, when March data was available, and for STHFT at the start of the new financial year.
- f) Diagnostics: We continued to work with SCHFT to see some improvement in their performance.
- g) System Resilience: This continued to be an area of focus. The Interim Chief Operating Officer advised that the CCG had received assurance from our providers and partners that they had capacity in the system for the forthcoming bank holiday weekend and no known problems were anticipated.
- h) CCG Assurance Process: The assurance process for 2015/16 had been published. As part of this, a CCG scorecard was being developed, which we would have the opportunity to consider and provide feedback on. Any implications on the content of reporting would be reflected in future reports as necessary.
- i) Quality

The Chief Nurse advised members of the following:

- (i) Clostridium Difficile (C.diff): STHFT had 93 reported cases over the year which meant they had met their contractual target.
- (ii) MRSA: One community case had been reported in February that related to an overseas student who had had no contact with health services in Sheffield. There had been a further case reported at STHFT relating to a non Sheffield patient.
- (iii) Patient Experience of NHS Trusts: This month's report focused on SHSCFT, and showed there had been a decrease in the number of complaints made against the trust in Quarter 3.

j) Other Issues

- (i) NHS 111 Performance Measures:

Dr Sorsbie referred to the graphs at Appendix B (page A5) and commented that these graphs did not actually advise what happened with 111 calls, ie where people were directed to, how many were directed to the ambulance service, etc. The Interim Chief Operating Officer responded that she would bring further detail in a future report.

RG

- (ii) Patient Experience of GP Services: The Chair drew members' attention to this section (page 15) and commented that it showed an increasing rate of patients not satisfied with their GP service, especially access to services, which was a national trend. The CCG should think about what its response should be to that and keep revisiting this information.

The Chief Nurse commented that there was a caveat against this as it was incomplete data, in that it was created around an aggregate of practice data and if there were less than 10 responders at any one practice this information was excluded for statistical reasons. The Chair of Healthwatch advised that there was other evidence to suggest that access to services in certain areas followed this trend.

- (iii) Excess Bed Days: The Chair drew members' attention to the positive position in that the cost of excess bed days was under the planned target, which was a positive change we had seen as clinical commissioners, which we could not have achieved without the help of the whole system working together.

The Governing Body:

- Noted Sheffield performance on delivery of the key NHS Outcomes
- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Noted the key issues relating to quality, safety and patient experience
- Noted the assessment against measures relating to the Quality Premium

Mr Boyington, Ms Newton and Mr Furness left the meeting at this stage.

69/15 Reports circulated in advance of the meeting for noting:

The Governing Body formally noted the following reports:

- Chair's Report
- Accountable Officer's Report
- Key Highlights from Commissioning Executive Team and CET Approvals Group meetings
- Locality Executive Group (LEG) reports
Dr Sorsbie commented that only one LEG report had been submitted this month and a conversation needed to take place as to how to make this reporting more robust.
- Update on Serious Incidents (SIs)
The Chief Nurse advised that his Quality Team were reviewing the updated national SI and Never Events Policies to identify changes and would then send a briefing to his quality senior team and to Governing Body as a separate note. **KeC**
- Quarterly Update on Safeguarding
- Quarterly Update on Compliments, Complaints and MP Enquiries
The Chief Nurse was asked to give further narrative clarification on the complaints by outcome graph. **KeC**
- Remuneration Committee Annual Report 2014/15
- Unadopted Minutes of the Quality Assurance Committee held on 27 February 2015
- Culture Change in the NHS: Applying the Lessons of the Francis Inquiries

Mr Furness and Miss Newton re-joined the meeting at this stage.

70/15 Equality and Diversity Report

The Director of Business Planning and Partnerships presented this report. He advised members that we were making good progress on this agenda, making equality core commissioning business, and on making progress with our programme management approach.

The Chair of Healthwatch asked about the purpose of the Equality Hubs Network that had been set up by Sheffield City Council (SCC) to strengthen the voice and influence of community interest to help shape service policy and services across the city and asked if the Director of Business Planning and Partnerships could share information from the outcome of the CCG's meeting with SCC to understand the roles of the Hubs and how joint working can take place.

TF

She also advised that Healthwatch were trying to get more recorded data and asked if there would be some reporting across the nine protected characteristics. The Director of Business Planning and Partnerships advised that this is the aim, but that there are limitations in data gathering and inclusion in the minimum data set. Our aim is to work with our providers to have better and more granular data.

The Director of Business Planning and Partnerships explained that it was unknown as to which ethnic groups were included in 'Other' ethnic groups as the categories were broad. It would be raised as part of contracting discussions as to what this means, but this was an example of how we have not made as much progress on the equality and diversity agenda as we have with our engagement agenda.

The Governing Body:

- Noted the achievement made against the Equalities Action Plan for 2014/16.
- Delegated tasks to the Equalities Action Group to continue to achieve the actions outlined in the plan and to report back to Governing Body at six month intervals.

71/15 Confidential Section

The Governing Body resolved that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

72/15 Any Other Business

There was no further business to discuss this month.

73/15 Date and time of Next Meeting

Thursday 7 May 2015, 4.00 pm Boardroom, 722 Prince of Wales Road, Sheffield, S9 4EU

There will also be an additional meeting of the Governing Body held in public on Thursday 21 May, 2.00 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU to approve the CCG's 2014/15 Annual Accounts and Annual Report.

Questions from Mr Peter Hartley to the CCG Governing Body 2 April 2015

From April 2013 the NHS Commissioning Board (known as NHS England) took commissioning responsibility from Primary Care Trusts for all NHS dental services provided in high street dental practices, community dental services, dental services at general hospitals and dental hospitals, and dental out of hours and urgent care. We have obtained the answers below from NHS England.

Question 1: If I ring or go to my dentist for emergency teeth extraction are they in law enforced to give me an emergency telephone number of a dentist who will do the extraction if my own will not do it?

CCG response: *We are not sure in this scenario whether the dentist is not doing the extraction because of a clinical reason or whether the patient cannot see the dentist because of availability of appointments so have responded to both.*

The dentist would provide an examination and then provide all treatment which is clinically necessary. So, if an extraction is required, the dentist should perform the extraction as part of the course of treatment. If the extraction is particularly difficult the dentist may choose to refer the patient to secondary care (hospital) for the extraction.

Most dental practices save a few appointment slots every day for their patients who ring with toothache to make sure that they have capacity to see patients with urgent needs on that day. On rare occasions, if all those appointment slots are filled, then we would expect practices to advise patients to call 111 to access the urgent care service.

Question 2: If a person who has not got a dentist rings 111 is the person obliged in law to give me the telephone number of the emergency dentist of the day in Sheffield?

CCG response: *Patients with an urgent need who do not have a regular dentist should ring 111, the call handler will ask them a series of questions to determine whether the dental problem is urgent (this process is called triage). If the problem is urgent the patient would be able to access one of the appointment slots at the Urgent Care Service. It is not possible to bypass the call handling and triage service provided by 111 and ring the urgent care service directly. This is to ensure that the appointment slots at the Urgent Care Service are only accessed by patients with an urgent dental care problem.*

Question 3: Who and where are the pharmacists in Sheffield who can prove an antibiotic prescription for an infection in a tooth?

CCG Response: *If a dentist determines that a patient requires antibiotics then the dentist would prescribe the antibiotics and the patient would then take the prescription to any pharmacy in Sheffield to dispense the prescription i.e. give the patient the medication. Pharmacists cannot prescribe antibiotics.*