Name of pharmacy

Pharmacy address 1

Pharmacy address 2

Pharmacy postcode

Pharmacy phone number

Pharmacy email address

GP's name or GP practice manager's name

Name of GP practice

GP Practice address 1

GP practice address 2

GP practice postcode

 17 September 2025

Dear GP's name or GP practice manager's name

**Re: NHS Childhood Flu Vaccination Service – new service being offered from our pharmacy**

I am writing to let you know that our pharmacy will be offering the NHS Childhood Flu VaccinationService, which we will be offering to patients from xx/xx/202x.

In July 2025, NHS England confirmed it would commission a one-season trial of a flu vaccination service for children aged 2 and 3 years old from community pharmacies. The service aims to supplement the existing vaccination offer from general practice and is seeking to increase uptake of the vaccine in this age group.

Vaccinations will be administered under the authority of a Patient Group Direction which will enable provision of the Live attenuated influenza vaccine nasal spray suspension (LAIV) as the first line vaccine and the cell-cultured inactivated influenza vaccine if LAIV is unsuitable or contraindicated.

As the service supplements the provision by general practice, I would welcome the opportunity to discuss whether there may be opportunities to work with your practice to increase vaccination uptake in this patient cohort. I would be delighted to come to meet you and the practice team to discuss the service and to consider, as part of our discussion, the best way for us to work together.

Further information on the NHS Childhood Flu Vaccination Servicecan be found at [**cpe.org.uk/childhoodflu**](https://cpe.org.uk/national-pharmacy-services/advanced-services/childhood-flu-vaccination-service/).

If you would like to discuss this further or have any questions on the service, please do not hesitate to contact me.

Yours sincerely

**Pharmacist / Pharmacy manager's name**

**Role**