

2. Signature Sheet

- 2.1 This document constitutes the agreement between the pharmacy and the NHS England with regard to the **Service Level Agreement for the Community Pharmacy Seasonal Flu Immunisation Service (Programme under a Patient Group Direction)**.
- 2.2 By signing up to this Service Level Agreement, you are agreeing that you fully comply with the Terms of Service as outlined in the NHS Pharmaceutical Services Regulations 2013 and agree to comply with the full terms and conditions as outlined in this Service Level Agreement.
- 2.3 Failure to comply with the full terms and conditions as outlined in this Service Level Agreement may result in suspension of the scheme. Before any suspension the provider and commissioner will discuss the reason for the suspension to identify a possible resolution.

NAME AND ADDRESS OF PHARMACY:

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Names of Pharmacists undertaking the service

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Signature on behalf of the Pharmacy:

Signature	Name	Date

Signature on behalf of NHS England Cumbria and north east:

Signature	Name	Date
	Dr Claire Bradford	10 th September 2015

ALL CUMBRIA & NORTH EAST AREAS: Please return completed the completed SLA (signature sheet only) to Greg Burke, Secretary, Durham & Darlington LPC by email to greg.burke@durhamlpc.org.uk