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LETTERS TO THE EDITOR
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Letter to Editor

Carta al Director

Vicente Baixauli
President of the Spanish Society of Clinical, Family, and Community Pharmacy (SEFAC)

Author of correspondence
Vicente Baixauli
Travessera de Gràcia, 56
08006 Barcelona. Spain.

Email:
mvaillo@sefac.org

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To the Editor:

We have read with great interest the study by Calleja-Hernández *et al.*[1], which analyses the economic consequences of replacing the hospital pharmacy service for other dispensing scenarios in the setting of biologic treatments for psoriasis. This study showed that the least expensive scenario was dispensing in community pharmacies or in primary care. This result is in line with that obtained in the cost-minimization analysis conducted by Caballero-Romero *et al.*[2]. These authors found that dispensing in community pharmacies had the lowest risk priority number, suggesting that this result was largely due to the role of the pharmacist regarding the custody and preservation of the drugs. It was also the least expensive option, because the cost corresponding to dispensing was not included; however, the new study[1] included this cost[3] and is still the least expensive option.

Currently, many patients have their treatments dispensed exclusively in the Hospital Pharmacy services in Spain. The COVID-19 pandemic has driven modifications to regulations on the dispensing of these drugs, and hospital pharmacists and community pharmacists have subsequently had successful collaborative experiences[4].

The Spanish Society of Clinical, Family, and Community Pharmacy (SEFAC) wishes to make further progress in this line of collaboration. From the very beginning, these patients require strict control of the pharmacological treatments dispensed in the hospital. However, from that point on, community pharmacies —through agreed protocols—can conduct adequate pharmacotherapeutic monitoring by means of continuity of care mechanisms shared between hospital and community pharmacies.

The results obtained so far have shown that the combination of both pharmacy professionals entails significant synergies. As President of the SEFAC, I would like to take advantage of this forum to propose to the SEFH the creation of a mixed Working Group to lay the foundation for collaborative work with the aim of ensuring the effectiveness, safety, and efficiency of prescribed hospital drugs.

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Reply to letter

Olga Delgado Sánchez

Presidenta de la Sociedad Española de Farmacia Hospitalaria (SEFH).

To the Editor:

In relation to Dr. Baixauli's letter referring to the work of Calleja-Hernández *et al.*[1], it should be noted that that this work was a modelling study of 18 theoretical scenarios, suggesting that the least expensive scenario was dispensing in Primary Care or Community Pharmacies every 12 weeks. Logically, the scenarios associated with the lowest costs are those in which administration is distributed over wider time intervals. This study was theoretical, limited to psoriasis, conducted by a consultant, and funded by a pharmaceutical laboratory.

Aside from this study, I believe that the role and responsibility of pharmacists is essential at all stages in the use of drugs, from evaluation and selection to monitoring effectiveness and patient safety, and that the time of dispensing is a key point of contact between pharmacists and patients.

During the COVID-19 pandemic, and in line with the corresponding legal changes, procedures were implemented to dispense hospital drugs closer to patients, as well as procedures involving marked changes in Hospital Pharmacy, with the implementation of non-face-to-face professional actions, telepharmacy, and deliveries to Community Pharmacies, patients' homes, and Primary Care centres. These changes have facilitated the provision of specialized non-face-to-face care, while guaranteeing the appropriateness of treatments. The role of Community Pharmacies has also been reinforced during the pandemic, not only by providing healthcare professionals close and accessible to patients and the general population, but also due to their excellent communication work conducted with other levels of care.

Further progress in coordinating Hospital Pharmacy and Community Pharmacy requires profound changes between the two areas, including standardized processes, patient follow-up protocols, referral criteria, common information systems, access to clinical data on therapeutic response, and the establishment of shared and explicit therapeutic objectives for each patient.

As established in the regulations[2], Hospital Pharmacies are responsible for the pharmacotherapeutic follow-up of treated patients, and there is no doubt that pharmaceutical collaboration between Primary Care centres and Community Pharmacies is essential to achieve the required coordination and continuity of care needed for quality provision.

The Spanish Society of Hospital Pharmacy seeks active collaboration with all the scientific Societies involved in the use of drugs, and the Spanish Society of Community Pharmacy is key to the processes of continuity of care and pharmacotherapeutic monitoring of patients.

Healthcare results are consequences of the entire healthcare chain, there are no partial successes, and our capacity for improvement is determined by our ability to relate to each other.

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