by the oncology and haematology departments. An economic value (ex-factory price) was assigned to the high cost drugs destroyed on-site or returned to the sponsor. We considered 5 days up to the effective expiry date to create a useful range for their potential use.

Results Twenty-six drugs were destroyed on-site and 69 returned to the sponsor from 4 compassionate use programmes, 11 non-profit clinical trials and 34 profit clinical trials: in 55.8% of cases the drugs had not expired (€2.3 million). In 5 of 21 cases (23.8%) the non-expired drugs had been destroyed or returned in the non-profit clinical trials compared with 46 of 70 cases (65.7%) in the profit clinical trials. The economic value of the high cost drugs on the market was about €4.1 million (64.2% oncological, 35.8% haematological drugs), which is about 29% of the total annual value of €14.5 million for infusion drugs managed by our pharmacy.

Conclusion and relevance Based on our data, the drug supply process needs to be improved and greater collaboration is needed (between AIFA–sponsor–clinical trial centres–CRO) to reduce the waste described and optimise the available economic resources.

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No conflict of interest.

6ER-017 DIGITAL LITERACY OF PATIENTS IN A DAY HOSPITAL ONCOLOGY UNIT

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Background and importance One of the new advances in oncology patient care will be based on continuous control of adverse reactions derived from the use of antineoplastic treatments and on the identification of early progression of the disease in these patients by means of what are known as PROs (results reported by patients).

Aim and objectives The application of this system requires Web-2.0 skills by the patient. Thus the objective of the study was to determine the perception and skills of oncology patients for future implementation of a digital platform for communication of PROs in our centre.

Material and methods A transversal descriptive study was carried out during September 2019 in which patients who came to receive their treatment at the day hospital oncology unit were surveyed. The survey consisted of four questions on demographic/social information and nine questions with information on the management of the participants' Web-2.0.

Results We included 122 patients, 63.9% (n=78) women, with a mean age of 59.9 years (28–85). Education: 12.3% (n=15) no education; 34.4% (n=42) primary; 17.2% (n=21) secondary; 16.4% (n=20) non-university education; and 19.7% (n=24) university.

Questions about managing Web-2.0:

- Do you consult the internet in your daily life?
 - Every day 50%.

- Once a week 20.5%.
- Never 29.5%.
- Internet consultation device:
 - Computer 32%.
 - Tablet 15.6%.
 - Mobile 61.5%.
- Do you solve doubts about your disease with the Internet?
 - Yes 24.6%.
 - No 50%.
 - Just at the beginning 25.4%.
- Do you tell your doctor about your disease that you consult on the Internet?
 - Always 13.1%.
 - Sometimes 13.1%.
 - Never 73.7%.
 - Use of e-mail: 45.1%.
- Social networks used:
 - Facebook 45.1%.
 - Twitter 8.2%.
 - Instagram 15.6%.
 - Blog 5.7%.
 - WhatsApp 77%.
 - None 22.1%.
- Do you think that the use of Web-2.0 could be helpful, during treatment, as communication between health professionals and patients?
 - Yes 77.9%
- On which device would you prefer to use it?
 - Computer 18%.
 - Tablet 9.8%.
 - Mobile 68.8%.

Conclusion and relevance Our study showed that more than half of patients never use e-mail, and that approximately 25% never consult the Internet and do not believe that Web-2.0 will mean any improvement. This type of analysis will help us to know which patient profiles to direct follow-up by PROs in a more efficient way.

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6ER-018 THE IMPACT OF HOSPITAL PHARMACY SPECIALISATION ON PATIENT OUTCOME: A LITERATURE REVIEW

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Background and importance One of the strategic projects of the European Association of Hospital Pharmacy (EAHP) is the creation of a common training framework (CTF) for the hospital pharmacy profession in Europe. For this purpose, CTF working group 2 has performed a comprehensive literature review. It concluded that education and training of health personnel improves patient outcome and that the benefit of a CTF is lacking. Nevertheless, it was not reported unequivocally whether or not the pharmacists were specialised.¹

Aim and objectives To find relevant publications that confirm that postgraduate education of hospital pharmacists can