**Background** The concept of pharmaceutical care is operationalized through pharmaceutical professional services, which are patient-oriented to optimize their pharmacotherapy and to improve clinical outcomes, among others, in conSIGUE program.

**Purpose** The conSIGUE program has completed two phases to date. The aim of the first phase, conSIGUE Impact (2009-2013), was to evaluate the impact of the Medication Review with Follow-up (MRF) service on clinical, economic, and humanistic outcomes under highly controlled conditions in a cluster-randomized clinical trial. In the second phase, conSIGUE Implementation (2013-2016), the effectiveness of the implementation (based on the FISph implementation model) and its health outcomes were evaluated under routine conditions using a hybrid effectiveness-implementation design.

**Method** Patients in both phases were aged 65 years or older, polymedicated (>5 drugs), and chronically ill. In the conSIGUE impact phase, MRF was performed for 6 months by 250 trained community pharmacists from 178 pharmacies in six Spanish provinces (Granada, Gipuzkoa, Santa Cruz de Tenerife and Las Palmas), involving 1403 patients (intervention group, 715; control group, 688). In conSIGUE Implementation, MRF was performed for 12 months by 222 community pharmacists from 126 pharmacies in eleven Spanish provinces (A Coruña, Albacete, Ciudad Real, Córdoba, Granada, Guadalajara, Gipuzkoa, Huelva, Las Palmas, Santa Cruz de Tenerife and Valencia), involving 877 patients.

**Findings** In the conSIGUE Impact phase, uncontrolled health problems of the patients were reduced by 56%, visits to an emergency department by 49%, and hospital admissions by 55%; it achieved an average reduction of 0.15 drugs and increase in perceived health-related quality of life of 6.6. In the conSIGUE Implementation phase, uncontrolled health problems were reduced by 54%, visits to an emergency department by 53% and hospital admissions by 59%; it achieved an average reduction of 0.39 drugs and increase in perceived health quality of life of 6.7. A health economic study of the Impact phase showed that the service was highly cost-effective. The outcomes were very similar in both phases, although it should be taken into account that these were obtained over a 6-month period in highly controlled conditions but required 12 months to achieve under routine conditions.

**Conclusion** According to these results, MRF is a highly effective service. Its implementation by community pharmacies could contribute to the sustainability of the Health System and could also be useful to evaluate the reconciliation of patients after hospital discharge.