



Breaking Down Silos



Evidence: Pharmacy Communication & Social Network Analysis



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Executive Summary

This policy brief distils evidence submitted to the UK Government on pharmacy communication reform by Ameneh Ghazal Saatchi.

This submission draws on real-world application at the Barts Health NHS Trust and a systematic evidence review. It examines the transformative potential of network mapping for breaking down professional silos and structural barriers that limit pharmacy integration with Integrated Care Boards (ICBs). It explains why current efforts to improve communication across healthcare divisions have not translated into a genuinely cohesive, integrated workforce.

Social network analysis has significant potential to identify communication gaps, advocates and silos within local pharmacy networks. However, evidence suggests that the key barrier is not lack of collaborative intent but stakeholders feeling excluded from important communications. This is exacerbated by scheduling conflicts with ICB meetings during working hours and a lack of visibility of the identity of those communicating and those not. Without addressing these factors, pharmacy integration will remain sub-optimal, with silos going unidentified and disenfranchised pharmacists leaving the profession.

Abbreviation List

ICB – Integrated Care Board

SNA - Social Network Analysis

Breaking Down Silos: Pharmacy Communication & Social Network Analysis: Call for Evidence

This submission is provided by Ameneh Ghazal Saatchi, CEO and founder of Global Policy Network, an independent policy institute dedicated to advancing inclusive and evidence-based policymaking across health, education, and sustainability

Ameneh Ghazal Saatchi holds a Master's degree in Health Policy and BSc in Pharmaceutical Chemistry. She has published two papers on Social Network Analysis (SNA). Her publication 'Network approaches and interventions in healthcare settings: A systematic scoping review', looked at the use of SNA as an intervention for healthcare professionals in healthcare settings.

Summary of Key Points

- Clinicians and senior managers do not know who to contact with new ideas or how to mobilise support, leaving good initiatives unheard or unscaled.
- Pharmacy professionals feel excluded from ICB meetings (often scheduled during shop-floor working hours) and key digital/communication updates.
- Silos often remain unidentified due to community pharmacists' insufficient representation within existing structures. The professionals within these systems are at greater risk of disengagement and attrition from the profession.
- Existing pharmacy networks need to be mapped to identify silos and deliberately engineered for a more connected future model.

Recommendations

- The creation of digital integration linking hospital, primary care and community pharmacy into joint patient pathways, including population-health-driven links to other specialities.
- The empowerment of community pharmacy staff through peer-to-peer support, particularly pairing workers in similarly disadvantaged socio-economic areas.
- Demand, deprivation and existing services should be mapped against pharmacy locations to identify gaps and create formal "Pharmacy Care Networks" so pharmacies can collaborate and scale.

Reason for Evidence Submission

Senior Managers and Clinicians often struggle to understand their local network, lines of influence, communication channels, where the advocates are and who is collaborating with whom, where the silos are and how to remove them. This results in good initiatives not being taken forward, heard or scaled.

Having done research on SNA, both through a systematic review and also real-world application at Bart's NHS Trust, I have seen first-hand that mapping communication and influence channels and utilising these to spread information and create advocates can be powerful. This is especially important in Integrated Care Systems, where challenges and opportunities at the ground level need to be spread fast upwards and those at the top want their strategies and direction to filter down fast and correctly.

A common challenge for clinicians is not knowing who to go to with their ideas or how to mobilise the right support. By conducting cheap and simple local network analysis maps, senior leaders can identify gaps in collaboration and use simple methods to drive teamwork.

This is especially important for the role of pharmacists, who have roles across different settings, including primary care, Secondary Care, Community, Private providers and ICBs. How do we create a future for pharmacists where these individuals 'know and work with each other' and where we can measure the collaboration and remove the silos? The best solution is to map out the current network of organisations and engineer the future model, through network engineering and targeting silos.

What this could mean is a more cohesive and collaborative pharmacy sector. If we don't, we will continue to have pockets of good working and pockets of silos. We will assume better integration, without understanding the silos. The silos are important places to identify where the system is failing, these silo's often don't have a voice in the current system, and may be the group that leave the profession and feel disenfranchised.

Speaking to pharmacy professionals, I hear some feel siloed because ICB meetings are often within their key working hours, where they can't leave their shop floor. Others say they are not included in important ICB communications on digital projects or digital information. Interviewing local pharmacists will capture each individual's thoughts on the current practice, which is important.

Equally important is to capture their behaviours within the system. Who are they communicating with and who are they not collaborating with, what is the barrier to this and now can policymakers and system leaders address this?

1. What does the future of pharmacy look like and how can the Government ensure this is realised?

Pharmacy needs to be integrated within the Integrated Care Systems, collaborating across settings, so Hospital, Primary Care and Community Pharmacists are linked digitally and communicating for better patient care, through a joint pathway. But also working collaboratively to address local challenges and inequalities.

Pharmacy professionals need to be integrated with other specialties based on population health data and need. So, in areas where there is high diabetes, linking virtual multidisciplinary teams of pharmacists, podiatrist and other networks is important.

Government needs to support this vision by implementing digital systems, joint pathways that cross settings and understanding of local networks to engage advocates, break down silos and improve collaboration.

2. What are the challenges in pharmacy workforce recruitment, training and retention, and how might these best be addressed?

The pharmacy workforce needs to be empowered and their peer-to-peer support provided. Partnering pharmacy workers with those thriving in a similar social and economically challenged area can support them to survive.

3. Are there the right number of community pharmacies in the right places, and how can we ensure that is the case across the country?

Map Integrated Care Systems with areas of high demand, social and economic status and local services, then overlap with a map of the community pharmacies and the services they are providing. This can be supplemented by a network of the organisations or teams they can be linked to for reducing pressure on local services and improving the multi-disciplinary team approach. Just as we have Primary Care Networks, we can move to create Pharmacy Care Networks (FCN), where they work in collaboration and scale.

This can help independent pharmacies to continue to exist, by helping them become more commercially stable. Working at scale means they can join their buying power and get bigger

discounts as they are buying in bulk. They can share inventory to reduce stock held. They can share admin and reduce operating costs. Within Networks they can take on extended hours of operating and take on specialist roles or skills. By creating networks of community pharmacists, independent chains can benefit from being in a network with a larger chain. All of this can improve productivity, specialism, cost, efficiency and support community Pharmacists to remain viable.

It can also help with retention, as staff can move between networks or work across networks, creating leadership positions at local level. It can also help when there are out of stock challenges, working within a network will allow better management of stock.

Networks will also be useful for sharing public health messages or capturing outbreaks as their local joint working can pick up trends better if the networks are communicating and working more closely together.

Conclusion

Mapping and addressing potential silos and creating Pharmacy Care Networks (FCNs) offers a practical solution to a more connected pharmacy workforce. Silos persist due to professionals' limited opportunities to contribute to decision-making, leaving good initiatives unheard and risks disengaged staff leaving. SNA provides a straightforward way to identify these gaps and targeting them directly.

Combined with digital integration across settings and peer-to-peer workforce support, this approach can help build a more resilient pharmacy network.

References

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