

Stakeholder Analysis

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1.0 Introduction

There are five stakeholder groups for our application.

1. Patients with disabilities or chronic health conditions
2. The carers of these people
3. The doctors or health professionals working with the patients and their carers
4. The family/friends of the patients, such as their next of kin
5. The pharmacists that distribute medication to the patients.

2.0 Patients

2.1 Stake in project

Patients will be the primary stakeholders of the project. They will be directly using the application in order to track and monitor their condition with ease, including vital information such as appointments, medication levels/dosages and historical records.

2.2 Risks/Management Strategy

As the main users of the application, patients are the primary stakeholder. The main risk is that they will not use the application. This will be managed by communicating with members of the group throughout the project in order to ensure their needs are being met, interviewing them both initially and periodically. The application itself will be designed with user-experience as a top priority.

3.0 Carers

3.1 Stake in project

Carers will also be directly using the application and will be considered primary stakeholders. They can use the application to view and track the patients' information in order to help them care for their patient as best as possible.

3.2 Risks/Management Strategy

Similar to the other primary stakeholders, the risks are that the carers will not like or utilise the application. This again will be managed by ensuring there is consistent communication between this group and the developers, as well as providing functionality that will actually enhance the carer's quality of life and care.

4.0 Doctors

4.1 Stake in project

Doctors will not directly be using the application but it will indirectly affect them through the actions of their patients. If necessary they can use the information collected and shown by the application in order to provide better care for their patients. They are considered to be secondary stakeholders.

4.2 Risks/Management Strategy

We will aim to keep doctors informed of the application and how it is developing. They are not directly interested in how they will use the application but may be interested in how their patients

are managing their own care. It is possible that they could use the information collected and tracked by the application in order to improve their care.

5.0 Family/Friends

5.1 Stake in project

Family and friends of the patients will not directly be using the application but may, like doctors, be interested in the information it collects. We will not be aiming to satisfy their needs over any other stakeholders, but will monitor their reactions in order to see what we are doing right or wrong.

5.2 Risks/Management Strategy

We will occasionally monitor the reaction of the family/friends group to the application. This stakeholder group is actually represented by members of the development team and their immediate family, which allows easy access to them.

6.0 Pharmacists

6.1 Stake in project

Pharmacists will be distributing medication to the patients. Details of this medication, dosages and refill information will be held on the application

6.2 Risks/Management Strategy

Pharmacists will also not be using the application, but the patients will be collecting medication that is monitored by the application from them. Like family/friends we will occasionally monitor this group for their feedback.

7.0 Power/Interest Grid

-----	Low Interest	High Interest
High Power	Doctors (keep informed)	Patients & Carers (manage closely)
Low Power	Family/Friends & Pharmacists (monitor)	N/A

8.0 References

Manchester Metropolitan University, 2014. *Stakeholder Analysis Toolkit*. [ONLINE] Available at: <http://www.mmu.ac.uk/bit/docs/Stakeholder-analysis-toolkit-v2.pdf> [Last accessed 28 September 2014].