 A picture containing clipart

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**National stakeholder analysis to inform Asthma Right Care implementation**

**Steps**

**To aid description, these are written as chronological steps, however in reality, it is an iterative process, so please start where it makes sense for you.  
  
Phase 1**

1. As a local delivery team, discuss who has or could have a stake in Asthma Right Care in your country, using the 9C checklist below to ensure you are as inclusive as possible.
2. Complete the checklist first blank column “Who are they?”, recognising that you may need to ask colleagues or us if some are not obvious to you. For example, patient charities, family physicians, pulmonologists/respiratory consultants with an asthma interest, community pharmacists, nurses, primary urgent care, physiotherapists. All those in the asthma pathway. Also consider those who have influence such as the media. You can ask other national groups who they invited.
3. Now turn to the analysis shown in the 2x2 grid below: discuss in your team each of the stakeholders identified by the 9C checklist: who will be Asthma Right Care (and ultimately its spread)? It can help to ask yourselves “**What’s in it for them” and “What do I want from them? “**Use the blank 2x2 grid to help if you like and then transfer that information to the 2nd blank column of form 1: 9C checklist: analysis.
4. Those in the top right quadrant: those who will be impacted, and have the power to block or enable are the people to invite to the Design Charrette.
5. We have some example invitations. You may also want to add a short message to each about their potential specific contribution. What is it? Why is it important for them? What do you want from them? When?
6. You may also want to think about who should be the messenger(s) to stand the best chance of engaging them?
7. Our experience with Asthma Right Care is you are looking for people with passion, who can commit to talking to others, to enthuse them, to listen to them, to build the movement. They may not be academics, but clinicians and patients with a real understanding of the challenges in delivering right care. They will be people who are listened to because they carry authority with their peers or have potential to do this.
8. Some of them may become important people in the delivery team. Think about:
9. Central connectors – people who naturally are good at keeping the key people involved
10. Boundary spanners – those who are good at joining up different disciplines, specialties, networks
11. Those who are good at sharing information and data
12. Those with specific skills

**The 9 C checklist: this is in Word so you can copy and paste to create your own grid  
You will naturally think of many people, the checklist is useful to ensure you think of the less obvious**

|  |  |  |  |
| --- | --- | --- | --- |
| Categories of stakeholders | Who are they in your country | Analysis: high HP) or low power (LP); high impact on them (HI); low impact on them (LI) | Role at the design charrette and afterwards |
| 1. **Commissioners: payors (individuals, insurers, government)** |  |  |  |
| 1. **Customers: who are we directly trying to impact: prescribers, clinicians** |  |  |  |
| 1. **Collaborators: eg NGOs, AZ, professional societies** |  |  |  |
| 1. **Contributors: provide content eg data or previous research such as academics** |  |  |  |
| 1. **Channels: to customers and consumers eg TV, radio, clinical magazines, social media and newsletters** |  |  |  |
| 1. **Commentators: opinion leaders for the customers eg community leaders, press, individuals on social media** |  |  |  |
| 1. **Consumers: end user of the intervention being tested eg person with asthma, family, service user** |  |  |  |
| 1. **Champions: eg national policy makers, national offices of agencies eg WHO, World Bank** |  |  |  |
| 1. **Competitors: offer similar or alternative services, undertaking similar research** |  |  |  |

**2x2 grid for analysis: Power, Impact, Influence**

|  |  |  |
| --- | --- | --- |
| **High power to block or create change** |  |  |
| **Low power to block or create change** |  |  |
|  | **Will have low impact on them:  have a low stake in the research** | **Will have a high impact on them: high stake in the research** |

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