

## **Project plan**

- 2 phases have been mapped for the next 7 months (end of 2023)
- PHASE 1: Stakeholder mapping/ review of draft and current document and changes/ developing an outline and content map for the new document.
- PHASE 2: Begin engagement with stakeholders

Phase 1



May – Mid October

Task 1 - Review of draft document



90% May – end July

Task 2 – Stake holder mapping



40% June - Sept

Task 3 – Development of information gathering survey



85%




Phase 2



Task 1 – consult/communicate with stakeholders



25% Oct – end dec

-  High Priority
-  Medium Priority
-  Low Priority

# Phase 1:

Task 1 – review of draft document:

- Identify changes made from live version
- Review Scotland's document – compare and see if there are any useful sections can be reflected into MHRA doc

Task 2- stakeholder mapping:

- Identify list of stakeholders and involvement in document
- Understanding stakeholders (how will they feel about the update? How will this impact them? How can we engage with them? What information do they want from MHRA? How do they get this information? What is the best way of communicating with them? What elements of change will need to be managed?
- Informal discussions with stakeholders to notify of survey and invite to participate.

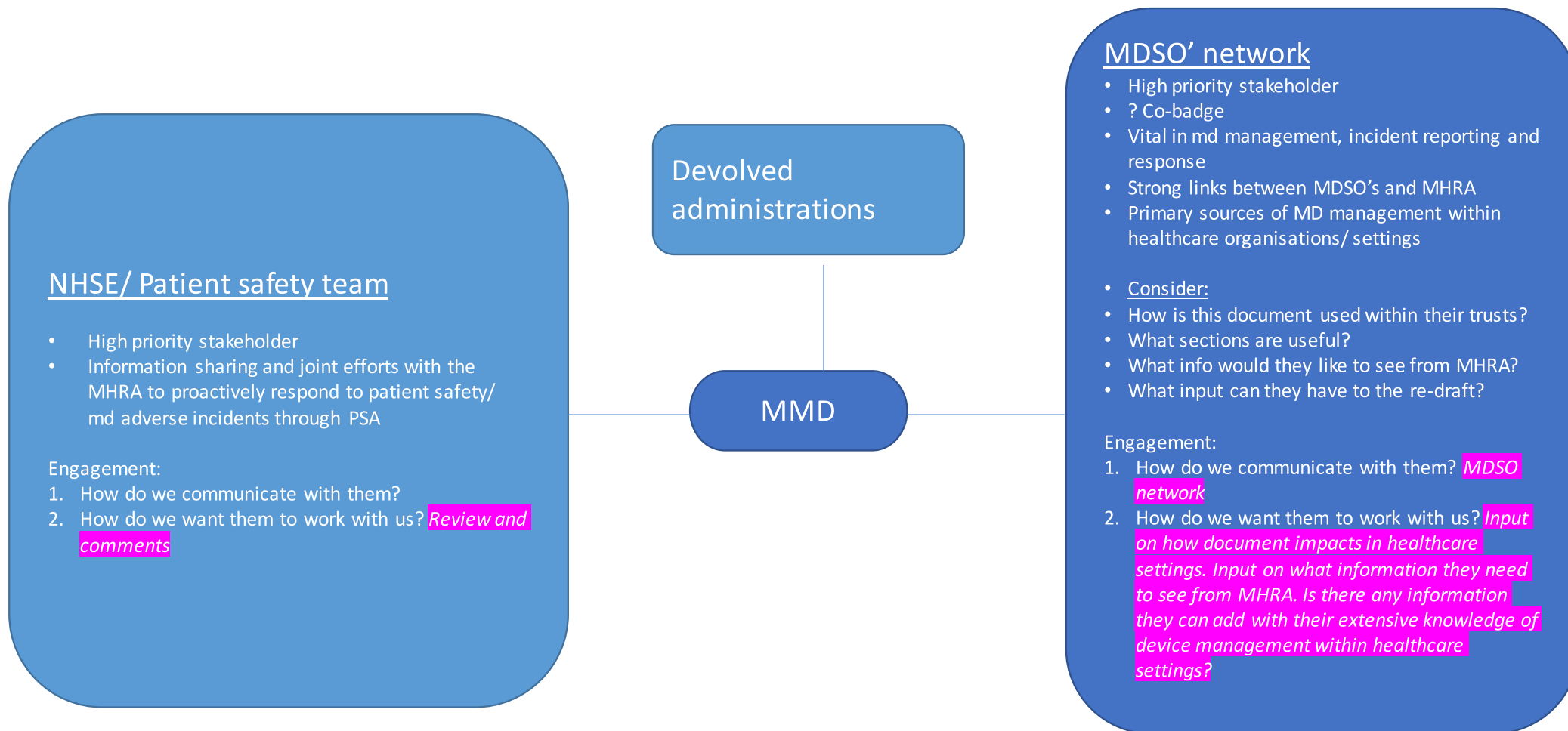
Task 3 : Developing an information gathering survey

## Phase 2 – End of October - Dec

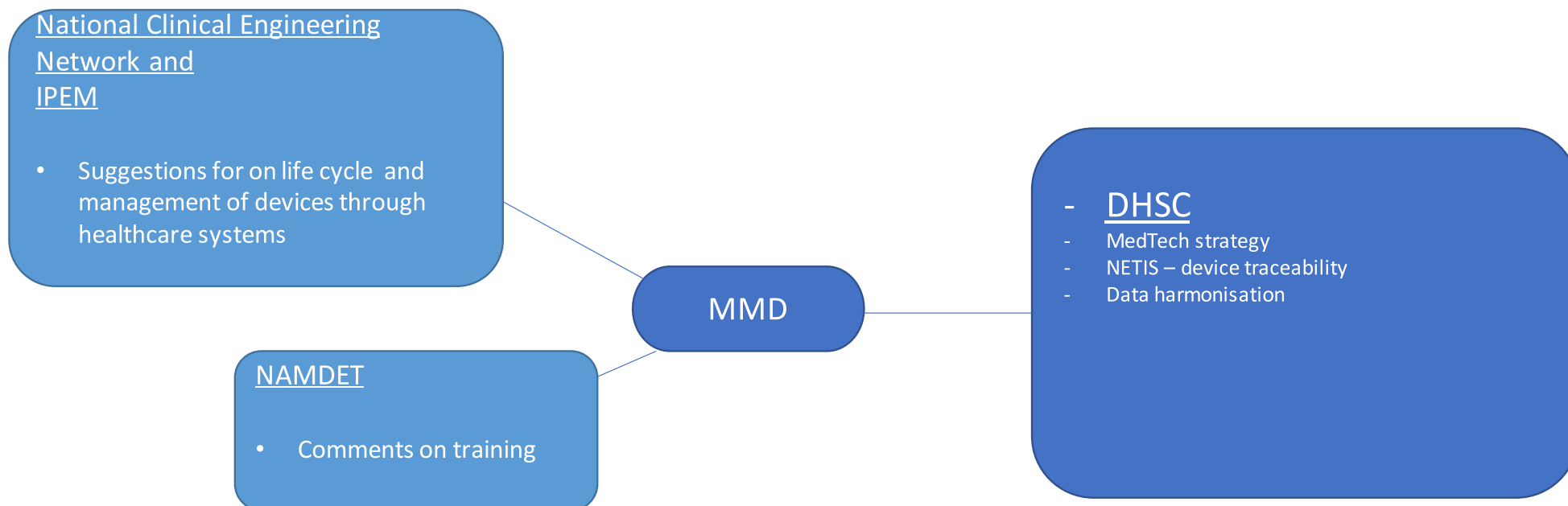
### Task 1

- Contact/ informal discussions with stakeholders
- Invite to complete information gathering survey
- Collect responses to survey

# Stakeholder mapping – external – information gathering and draft consultation



## Stakeholder mapping – external – information gathering and draft consultation



## Stakeholder mapping – external – consultation on draft

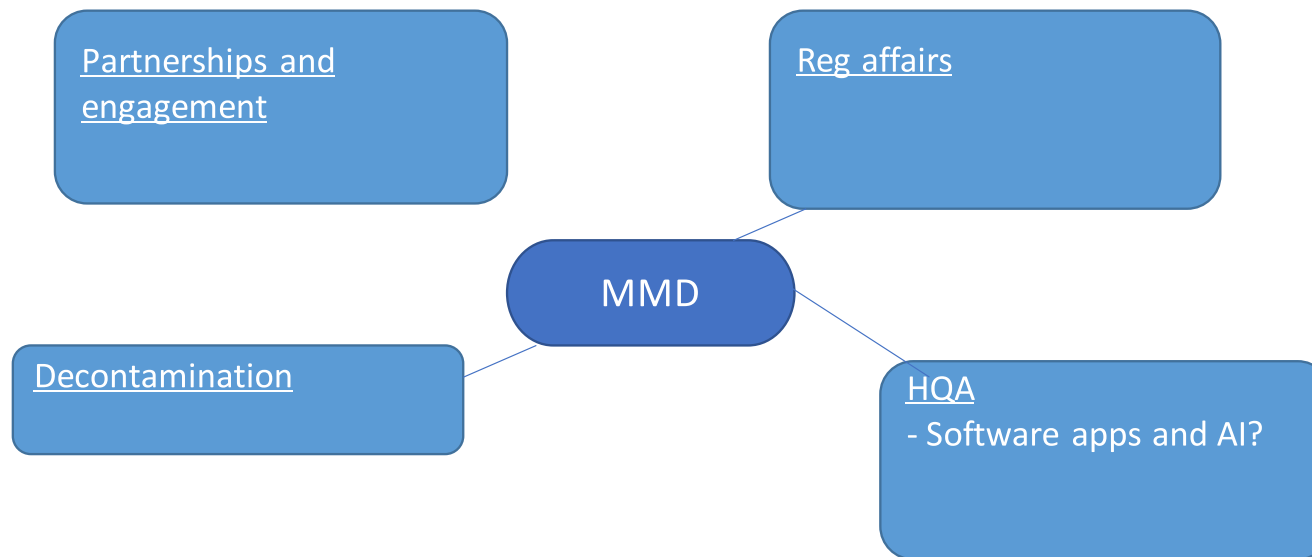
### Community care services

- **NASHICS** – National association for safety and Health in Care Services
- **CECOPS**- not for profit organisation for community care
- **RESMAG**- Special interest group for rehabilitation engineering
- NPAG – National performance advisory group

MMD

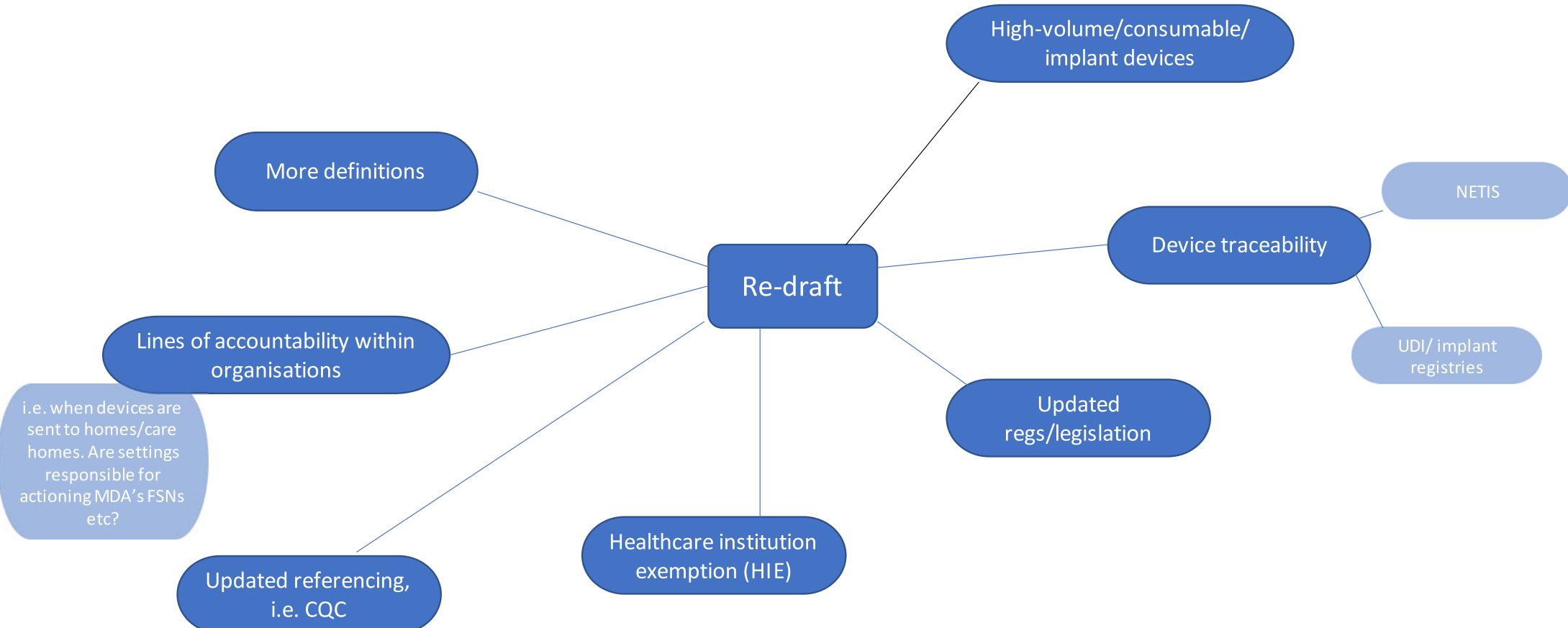


## Stakeholder mapping – internal





Information to consider including in re-draft



Points to consider...

- How is this document used by stakeholders?
- What do they find useful? Not so useful?
- What information do they need?
- Will we approach this as a co-badge rather than exclusively MHRA?
- Who needs to input on the re-draft?

## Questions

### Stakeholder involvement

- How do we open lines of communication with various stakeholders? What does that look like in terms of consultation/comments/input?
- Does there need to be a public consultation to invite stakeholders to comment?
- How do we collate responses?
- How do we manage to stakeholder involvement without it becoming overwhelming?

### Document changes

- High volume consumables – where does this fit in? How does MHRA approach this section?
- Need at least 1 other person to help with readability/ fact checking/ editing etc? Perhaps one 'devices' person and one 'non-devices'
- Scope of document – how do we clarify accountability of different healthcare settings?
- What sections are within devices remit?
- Where did this information originally come from?
- Will we approach this as a co-badge rather than exclusively MHRA?