Stop Asthma Attacks. Cure Asthma.
Taking us closer to stopping asthma attacks and curing asthma

Everyone at Asthma UK is committed to our vision to Stop Asthma Attacks and Cure Asthma. One day we hope that this will be a reality, our work done and we can close Asthma UK. However, a vision without a strategy is simply wishful thinking. We believe the future success and sustainability of the organisation is dependent on the strategic choices we make. Whilst we are constantly inspired by the generosity of our loyal supporters, experience has shown asthma is not an easy cause to raise money for. We always strive to increase understanding of the seriousness of asthma. However, we must be realistic that unless someone has undergone the trauma of being unable to breathe or watching a loved one struggle for breath, has experienced the daily grind of disabling serious asthma, or lost a loved one to an asthma attack, they may not understand why support is so necessary.

Maximising impact and staying sustainable

We are proud of what we have achieved but we are clear on our limits. We need a strategy that reflects what we are and what we are not. For a national charity serving over 5 million people with asthma, plus those who care for them, we are a relatively small organisation. We have fewer than 100 employees and less than £1 per year to spend on every person with asthma. Maximising the impact of those resources in a sustainable way is the purpose of this strategy. Of course, we are working hard to grow income, but our operating model reflects the reality of our current finances. We have forced ourselves to think like an SME and have spent as much time deciding what we won’t do, as what we will do.

Our approach, people and culture are critical

How we will deliver this strategy is key. We have spent a lot of time studying the latest evidence, talking to external thought leaders and engaging with people with asthma. During this process five themes have emerged:

• We must challenge ourselves to understand people with asthma even more deeply.
• We have to be focused on the big challenges – we must prioritise.
• We know asthma is too big to tackle alone – we strive to collaborate.
• Digital health is accelerating – we must take the opportunities and manage the risks.
• We live in the real world – stopping asthma attacks and curing asthma is a grand challenge in anyone’s language, so we must make best use of our resources.

Above all we have been guided by the needs and opinions of people affected by asthma, who we serve. On their behalf, we hope it takes us a little closer to the day when we have stopped asthma attacks for good and there is a cure for every type of asthma.

Kay Boycott,
Chief Executive

Stop Asthma Attacks. Cure Asthma.
The need

**200 emergency hospital admissions a day**

**EVERY 10 SECONDS**
someone in the UK has a potentially life threatening asthma attack

**TWO THIRDS**
of people do not receive all three elements of basic care

**TWO THIRDS**
of asthma attacks in the UK. Two of these are preventable

**Asthma UK Strategy 2017 – 2020**

**Emergency hospital admissions for asthma**

**Access to all elements of basic care**

**Asthma Attacks**

**Asthma Deaths**

**Stop Asthma Attacks. Cure Asthma.**
## Delivering charitable purpose

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<td>Inspire people with asthma to make a positive change</td>
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<td>Speed up research against the biggest asthma priorities</td>
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<td>Broker ambitious research collaborations</td>
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## Managing resources responsibly

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<td>Maximise resources for the long-term benefit of people with asthma</td>
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<td>Develop a sustainable asthma income generation model for a digital world</td>
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<td>Advance Asthma UK’s agility and productivity</td>
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### How we will measure Asthma UK’s impact

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<td>• Awareness of Asthma UK amongst people with asthma</td>
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<td>• New asthma advice and support products delivered</td>
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<td>• Positive policy change Asthma UK has contributed to</td>
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<td>• Scientific breakthroughs from Asthma UK funded research</td>
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### Tracking overall asthma outcomes

Improving asthma outcomes is the responsibility of many individuals and organisations as well as Asthma UK – we cannot determine this outcome alone. We will therefore continue to track the four most important overall outcome measures for people with asthma; and continue to foster collaborations to drive improvements.

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**Stop Asthma Attacks. Cure Asthma.**
Improve asthma management wherever delivered

Why we need to act

The Need

• There are over 8,000 asthma attacks every day in the UK.

• Diagnosis and treatment is a long and often inaccurate process, especially for children: 40% of people diagnosed with asthma do not respond to their first treatment.

• Routine, basic NHS asthma care is poor and may worsen: Only 33% people with asthma receive the basic elements of asthma management. Two out of three asthma deaths, and many asthma attacks, are preventable with good basic care, yet the NHS is under increased pressure with stretched resources.

• Access to effective treatments is restricted by funding restrictions and an over-reliance on oral steroids: 63% of people with asthma who pay for prescriptions say the charges impact their finances.

• There is still complacency about asthma amongst the public and policy-makers: Many see asthma as ‘sorted’ and a less serious problem to solve than other conditions.

• Asthma self-management is patchy: Overwhelming evidence proves good asthma management dramatically improves outcomes – yet 60-70% of people with asthma still do not take their treatments as prescribed.

• Activating self-management is one of the biggest challenges: People with asthma often don’t seek the help they need, believing things will improve by themselves: too often they wait until a crisis to get advice.

• Current support for asthma self-management delivers a poor experience: Significant change is unlikely without new models of support that maximise the promise of sensors, algorithms and behavioural science, simplifying the whole process.

The Opportunity

• Asthma is taken more seriously: Changing the attitude that ‘it’s only asthma’ and reaching more people to actively engage them with their health and manage their asthma effectively over their lifetime.

• Asthma UK plays a greater part in supporting personalised, lifetime asthma self-management: As more people seek support outside the NHS, we are already serving almost 200,000 people every month but we could reach even more.

• Sensors, artificial intelligence, algorithms and messaging are harnessed to support better self-management: The potential for digital solutions to transform outcomes is huge and we must continually improve our digital services.

• Supporting asthma innovators who share our vision: A vibrant community of asthma digital health innovators is forming – we must play a pivotal role in supporting them to deliver for people with asthma.
What needs to happen?

Asthma taken more seriously; greater awareness of Asthma UK; more people engaging with their asthma and supporting asthma e.g. through research participation; data donation; volunteering, campaigning, advocating and fundraising.

How we will contribute

• Develop deep insight into people with asthma – their needs, beliefs, attitudes, motivations and triggers for change.
• Raise awareness of the serious problems faced by people affected by asthma across the UK.
• Target key moments of change for people with asthma; diagnosis, asthma attacks, worsening symptoms, high seasonal triggers, major life changes.
• Encourage people to seek information by embedding useful asthma resources in high traffic touchpoints.
• Optimise our search rankings to ensure we are easily discoverable for those we need to engage.
• Campaign for a more flexible and fairer approach to prescription charges for people with asthma in England.
• Accelerate research progress by engaging more people to meaningfully participate in asthma research.
• Integrate the journeys people may take with Asthma UK to increase opportunities to engage in multiple ways.

How we will measure our performance

Awareness of seriousness of asthma; awareness of Asthma UK; trust in Asthma UK; propensity to support Asthma UK; number of people engaging with Asthma UK; repeat engagement with Asthma UK; media reach
Better products and services to support asthma self-management; more adoption of positive self-management; better asthma control; fewer asthma attacks.

• Strive to deliver accessible and engaging asthma advice to everybody with asthma, however and wherever they choose to access it.
• Improve the personally relevant self-care support to resonate with an individual’s personal experience of asthma.
• Increase the opportunities for people to engage with digital asthma communities that reflect their personal experience.
• Refine and build new digital support programmes for those at highest risk of asthma attacks.
• Evolve the helpline to offer a one-to-one asthma nurse service across multiple channels.
• Test, refine and scale new products, platforms and partnerships to deliver a user friendly, clinically verified 24/7/365 virtual asthma nurse service.
• Build an asthma digital health innovation service – Asthma Lab – to ensure people with asthma are at the heart of product and service design; making this infrastructure available to other innovators who share our mission.

Number of people affected by asthma interacting with Asthma UK advice and support; advice and support exit rate; number of people with asthma satisfied with Asthma UK advice and support; new asthma advice and support products delivered.
Improve asthma management wherever delivered

Demand improvement in the NHS for people with asthma

What needs to happen?

More consistent delivery of basic asthma care; equitable access to appropriate treatments and services; better collection and usage of data to deliver improved care; policy change to reduce causes and triggers of asthma attacks.

How we will contribute

• Continuously challenge to ensure the new NICE asthma guidelines are accepted and implemented by NHS commissioners and health care professionals.
• Champion promising new treatments through the NICE approval process, raising awareness of the adverse impact of long term oral steroid usage, and galvanising the system to identify and prescribe approved treatments to all those entitled to benefit.
• Push uptake of risk stratification tools to identify those at high risk of asthma attack and target care where needed most.
• Work in partnership to develop and test real life models for the safe and effective implementation of smart inhalers in the UK.
• Contribute to public debate and policy developments surrounding the collection, usage and ownership of health data in the UK to minimise risk and maximise benefits for people with asthma.
• Highlight preventable deaths and near-misses due to failures of care to stimulate practical improvement projects.
• Support partners campaigning for change likely to substantially reduce asthma attacks.

How we will measure our performance

Number of PWA helped through positive policy change Asthma UK has contributed to
• **We know the greatest priorities for asthma research and innovation:** After three years, the European Asthma Research & Innovation Project (EARIP) is complete. It provides a blueprint for investment in asthma research, development and innovation. We have got, for the first time, international, cross-disciplinary consensus on the priorities in asthma research that need addressing.

• **Research funding is under pressure:** Large institutional research funders have fixed budgets, with increasing demands. The life sciences sector is undergoing considerable change with increasing scrutiny of R&D expenditure. There are calls on funding to tackle new global challenges e.g. infectious diseases, conditions of older age. The case for impact (economically and societally) needs to be stronger than ever before.

• **Asthma UK must be highly strategic in our own research investment:** Our funding is important but limited: we must leverage our insights about people living with asthma, unrivalled understanding of unmet need, international networks and our money in order to retain a critical mass of talented researchers in asthma, leverage in other funding, and kickstart new collaborations or areas of research.

• **Pure academic endeavour is meaningless unless it improves life for people with asthma:** Articulating the ‘pathway to impact’ is critical and applications must be clear on how this will be achieved and the disciplines required.

• **The move to patient-centric research continues, but not fast enough:** Asthma UK needs to explore our role in driving more patient-centric research, including as a co-applicant.

• **There are strong arguments for investment in asthma research:** There is a rapidly expanding global asthma population of all ages. There are still unmet needs in treatment-resistant people with asthma, and there is continued poor routine care and self-management.

• **Asthma UK has a crucial role to play in stoking interest from knowledgeable and well-resourced funders:** We have the knowledge, networks and, importantly, the passion to advocate for investment on behalf of people with asthma.

• **New research areas could benefit asthma:** Personalised medicine, genomics, biomarkers, phenotyping and digital health could all tackle the areas of greatest unmet need in asthma — though there might be a higher risk of failure in the early stage.

• **Big, multi-disciplinary collaborations:** Breakthroughs will come when research moves beyond the confines of single institutions and disciplines.

• **Asthma UK can be an honest broker and ethical leader:** New types of science and collaborations need different ways of working and throw up new questions — not-for-profit organisations can be trusted intermediaries in complex partnerships.

• **There is a solid case for asthma research investment:** There are strong arguments for investment in asthma research — a rapidly expanding global asthma population (primarily working age), still unmet needs in treatment-resistant people with asthma and the de-risking of asthma research through the European Asthma Research & Innovation Project (EARIP).
More investment in asthma research, particularly in diagnostics; treatments for severe asthma; technology-enabled asthma management; more and larger asthma collaborations; better data assets to speed up discovery; more research with people with asthma at the heart.

**What needs to happen?**

More investment in asthma research, particularly in diagnostics; treatments for severe asthma; technology-enabled asthma management; more and larger asthma collaborations; better data assets to speed up discovery; more research with people with asthma at the heart.

**How we will contribute**

- **Stimulate investment, partnership and co-funding opportunities** against the defined asthma research priorities through thought leadership, networking and events; focusing on proposals aiming to develop:
  - A deeper understanding of the **types of asthma** to underpin all future research;
  - **Tools that diagnose asthma** quickly, accurately and cost-effectively;
  - **New targeted treatments** to change the lives of those with treatment-resistant asthma;
  - Accelerated adoption of **new asthma digital health solutions** that improve routine care and self-management.
- Support the design, development and maintenance of **data assets and capability** with the potential to reduce the cost and time taken for asthma research; such as bio-banks, registries, data science hubs.
- Seek opportunities for Asthma UK to expand involvement and add value as a **research co-applicant**; especially in asthma digital health.

**How we will measure our performance**

Overall public money invested in asthma research in the UK; number of research collaborations with Asthma UK involvement.
Speed up research against the biggest asthma priorities

**Invest in exceptional patient-centric science**

**What needs to happen?**

More research breakthroughs with demonstrable impact for people with asthma; increased funding focused on asthma research priorities.

**How we will contribute**

- Fund world class laboratory science through the **Asthma UK Centre for Mechanisms in Asthma**.
- Fund the largest asthma applied research network in the world through the **Asthma UK Centre for Applied Research**.
- Purposefully use funding to stimulate **research into new diagnostics**.
- Strategically invest so people with asthma benefit from current and future advances in **data science** and **technology-enabled asthma management**.
- Design grant rounds and seek co-funding opportunities that increase the research spend for asthma and contribute to **plugging priority research gaps**.

**How we will measure our performance**

Advances in scientific knowledge from Asthma UK funded research; Total funding leveraged from Asthma UK research investment
The Need

• **The world is moving online – there is not yet a proven digital fundraising model and benchmarks are thin on the ground:** Charity supporters want more choice in how they support to fit with their lives and interests.

• **The regulatory environment is changing:** These changes will impact not-for-profit operating models and increase compliance costs. There is a new Fundraising Regulator, new guidance from the Information Commission, increasing media scrutiny and higher expectations from the Charity Commission and the public of governance and trustee oversight. The introduction of the General Data Protection Rules (GDPR) in 2018 will transform how organisations seek and maintain relationships with customers, including charities.

• **Significant external change requires new capabilities and investment:** The digital consumer, UK research and healthcare, and income generation environments require developing new capabilities, including investment in technology.

• **We need new ways of generating income:** The generosity of those who leave a legacy to Asthma UK enables many significant achievements, and is our largest source of income. However, becoming reliant on any one income stream is risky. Other fundraising channels which have delivered income for many years are increasingly less effective. Sadly, many charities have closed from lack of funds in recent years, and the whole sector needs new models to mitigate risk and ensure future financial sustainability. We must ensure we bring in a new generation of supporters through new products and services, and seek new financing for the planned asthma digital health innovations. Any new income must be raised in accordance with the high standards of governance and compliance our donors and the public expect.

The Opportunity

• **Our donors have a personal connection with asthma, which gives us an opportunity to support their health:** We know that most of our supporters have personal experience of asthma. Seeking to engage people unaffected by our cause is not fruitful – problems faced by people with asthma are poorly understood and complex to explain without personal knowledge. This is true sometimes even amongst people with asthma. However, if someone does financially support Asthma UK we have an opportunity to engage them more deeply in their own asthma management. Tests have shown our supporters appreciate this. It also helps us to achieve our mission sooner.

• **Our size, skills and collaborative ways of working are advantages in a digital world:** We have built a team recognised for their digital leadership, even though there is more to do. We believe we can achieve impact at scale with a small team, but need to continue to develop new skills and adopt ways of working unusual in the charity sector. In an unstable world, the difference between success and failure can depend on the quality of the people within an organisation. Whatever we do we will not deliver without retaining and developing a talented, motivated team, focused on driving positive change for people with asthma.

Maximise resources for the long-term benefit of people with asthma

Why we need to act
More people and organisations supporting Asthma UK for longer; new ways of generating income; improved return on fundraising investment.

How we will contribute

• **Dynamically manage our fundraising and investment portfolio** for long term financial sustainability.
• Develop and deliver **realistically stretching income targets** based on real-world assumptions.
• Continually **improve the end-to-end supporter experience** through all channels and touchpoints.
• Invest in testing, learning, refining and scaling effective **new fundraising products and approaches** that fit with the changing data and digital landscape and provide diverse ways to support Asthma UK.
• Actively **convert donors with asthma to benefit from our self-management support** and vice versa.
• Seek **new funding relationships to accelerate the delivery of innovative digital products and services** to stop asthma attacks.
• Develop **meaningful partnerships with companies** who wish to leverage their assets and expertise to deliver our mission.

How we will measure our performance

Raised income (gross and net); fundraising return on investment; value of in kind support from partners; number of financial supporters; retention of financial supporters; complaint rate, new fundraising products and services delivered; investment portfolio performance; reserve levels.
What needs to happen?

Achieving more impact with the same resources; increased responsiveness to new opportunities; effective governance; effective collaborative working; retaining a high-performing team.

How we will contribute

- Continually review and invest in the capabilities required to deliver our mission.
- Streamline core processes enabled by investment in technology, flexible enough to turn our size into an advantage.
- Drive more nimble, effective resource planning and decision making through improved business intelligence.
- Ensure the value of data held outweighs the cost of its compliant capture and management.
- Protect our resources through robust information governance, cyber security and risk management.
- Inspire and invest in our employees to grow and develop their career within Asthma UK.
- Drive a collaborative, high performance environment that stimulates the generation of new ideas and knowledge to benefit people with asthma.

How we will measure our performance

Support costs, organisation productivity, employee retention, employee absence, employee satisfaction.