



*with you every  
breath of the way*

Asthma UK supports people with asthma when they need us the most and funds world-leading research to find better treatments and ultimately a cure.

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<b>Title of Meeting:</b>	Asthma UK's Twenty-sixth Annual General Meeting
<b>Meeting date:</b>	9 June 2015
<b>Venue:</b>	18 Mansell Street
<b>Present:</b>	<p>Professor Rob Wilson Kay Boycott Harriet Jones</p> <p><b>Members of the Lay Advisory Panel:</b> Philip Seagrave (Chair), Tressey Thompson, Rod Greenhalgh Eve Smyth, Joan Kingston-Lynch, David Bourne, Caroline Smith, Tena Roberts, Julia Kerr, Merle Oni, Margaret Lane Chandra Shah</p> <p><b>Members:</b> Teresa Nwokorie, Dr Bill Frankland, H Parmer</p> <p><b>Trustees</b> Kate Clarke, Barbara Herts, Mary Leadbeater, David Steeds</p> <p><b>New Trustees</b> Dr Paul Hodgkin, Dr Mark Taylor, John Tucker</p>
<b>Apologies:</b>	<p><b>Trustees</b> Martin Sinclair George Anson (newly appointed)</p> <p><b>Members</b> Susanne Birch, Sir Stuart Burgess, Canon David Naumann</p>

The meeting began with a series of presentations, starting with Tressey Thompson from the newly named Lay Advisory Panel (previously known as the Users and Carers Advisory Panel). In her presentation Tressey outlined the reasons why she wanted to be involved with Asthma UK and how she had been Vice Chair of the BME Forum and UCAF at one time.

Her reasons for wishing to remain involved with Asthma UK included the increasing opportunities for members of the Lay Advisory Panel to contribute to the website, policies and literature produced by the charity. Tressey felt that the recent changes made to the Lay Advisory Panel, with its new terms of reference, were welcome and would further enable productive and professional support for Asthma UK.

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The second presentation was a review of Asthma UK's highlights over the past year made by Kay Boycott, Chief Executive. Kay began by reminding those present that she was reporting on the achievements made in her first full year at the charity. Areas covered in the presentation included:

- The charity's mission and focus
- Why complacency needs to end - using case studies of people whose lives have been dramatically affected by Asthma UK
- What the charity does
- The year in numbers
- Asthma UK's strategies and achievements
- Key areas of the charity's work, covering research and support for people at high risk of an asthma attack. The significance of the European Asthma Research & Innovation Partnership (EARIP) was explained.
- The five key strategies to deliver the 2014/17 goal of reducing the risk of asthma attacks
- The major achievements of Asthma UK over the past six months - perhaps the most significant of which was confirmation that an asthma audit is to be undertaken. This is something Asthma UK campaigned for.

Professor Wilson congratulated Kay on a very successful year. He was concerned that compliance was an on-going battle, giving the example of a patient of his with late onset asthma who confessed to taking his preventer inhaler only two to three times a week. Kay agreed that this was a concern and that there was a good deal of evidence to show that people with asthma only think they have the condition when it flares up not realising it is a chronic condition. Work is underway to help correct this way of thinking and progress was being made, but there was still a long way to go. Many patients were reluctant to take their preventers because of its steroid content which they believed could have side-effects. The truth is that the level of steroids in a preventer inhaler is far less than those used in the event of a severe asthma attack.

Dr Paul Hodgkin asked whether the UK was any worse than other countries? Kay said that the exemplar often used was Finland where a far heavier handed approach to steroids was used and far more pressure placed on patients to take steroids if required.

Dr Bill Frankland questioned the use of the term 'cure for asthma'. Kay said that, because there were different types of asthma, a better term would be to refer to it as 'cure for asthmas' and that there was no silver bullet to achieving this. She agreed that there was a need to continue to communicate this to the outside world.

Teresa Nwokorie made the point that, whilst the achievement of the inhalers in schools campaign was great, there was a need to stress the importance of acting in a speedy manner when the inhalers were required. Kay advised that Asthma UK was working with schools with the focus being on getting children to have individual action plans. Because of the large amount of work they did in schools and training for school nurses, it would be good to get St John Ambulance on board.

The final presentation of the afternoon was made by Harriet Jones, the new Finance and Operations Director. She talked through the overall financial performance of the charity and provided an explanation for any figures that had changed significantly.

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A question was asked about legacy income which had increased and what information the charity was able to glean as to why people had chosen to donate. Harriet explained that it was very difficult to track this type of giving, particularly as only a low proportion of people who left money in their wills were already known to the charity. Rob Wilson stated that media exposure would attract an increase in legacy donations.

Following the three presentations, the Chairman moved on to the formal business of the Annual General Meeting

### **1. Apologies for absence**

These are shown above.

Professor Wilson informed the meeting that 244 people had appointed him as their proxy.

### **2. To approve the minutes of the AGM 2014 and matters arising**

The minutes of the meeting were approved on a show of hands at the meeting, seven votes in favour, combined with the 242 proxy votes received in favour and two abstentions.

### **3. To consider the accounts, balance sheet and auditors' report for the year to 30 September 2014**

The Chairman reminded everyone that there was no need for a formal vote as the accounts had already been approved by Council.

### **4. To reappoint Grant Thornton as auditors and authorise the council to fix their remuneration**

This was agreed with 242 proxy votes in favour and two votes against. In addition seven people present at the meeting voted in favour.

### **5. To elect trustees to fill the six vacancies on Council**

The Chair confirmed that the election of the six candidates for three year terms had been uncontested. He took the opportunity to congratulate the two re-elected trustees Kate Clarke and Martin Sinclair and the four new trustees George Anson, Dr Paul Hodgkin, Dr Mark Taylor and John Tucker.

He went on to thank the outgoing trustees Professor Jurgen Schwarze, Dr Iain Small and Dr Anne Thomson for their contributions and hard work.

This concluded the formal business of the meeting.

Questions raised by people at the meeting included one from Mr Parmer about food being caught in the throat combined with a constant cough. Rob Wilson said that there was a form of asthma associated with swallowing and reflux. In addition, this problem often developed as part of the ageing process and that thinking more about chewing and swallowing might help with the problem. Certain foods were also more likely to trigger this type of problem.

Another question related to a member's asthma symptoms and the fact that bacterial infections did not appear to trigger attacks, but that viruses often led to bad asthma attacks. Professor Wilson said that this was an interesting observation and in fact formed

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part of a research project being undertaken by Professor Seb Johnston of the MRC Asthma UK Centre in Allergic Mechanisms of Asthma relating to how viruses were recognised by the immune system and the reaction that triggers inflammation in the body.

The Chairman drew the meeting to a close. He thanked everyone for attending and invited them to stay and meet members of the Senior Leadership Team.