

**Cough Assist Devices**

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| **Commissioning decision** | **The CCG will provide funding of cough assist devices for patients with neuromuscular conditions and spinal cord injuries who meet the criteria defined within this policy.** |

**Policy Statement:**

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| Cough assist devices are funded for patients with neuromuscular conditions and spinal cord injuries in the following circumstances:   * Patients who have been assessed in a Specialist Centre and has an established diagnosis such as a paralytic/restrictive disorder including but not exclusively; spinal cord injuries (SCI), neuromuscular diseases such as Amyotrophic lateral sclerosis (ALS), Guillain-Barré Syndrome, myasthenia gravis, muscular dystrophy, multiple sclerosis, post-polio, kypho-scoliosis, syringomyelia   **AND**   * Patients who are unable to cough or clear secretions effectively with a: * PCF (Peak Cough Flow) less than 160 L/min * VC (vital capacity) below 1.1L in general respiratory muscle weakness, or voluntary * Reduced Peak Cough Flow (PCF) of 270 l/pm or < 270 l/pm and have clinical symptoms or a weak cough and therefore require intervention necessary to clear bronchial secretions or infection   **AND**   * Patients who cannot co-operate with manual cough assist or air-stacking methods or these methods have not been effective   Requests for mechanical insufflator/exsufflator (MI-E) or 'cough assist therapy' for patients who do not meet the above criteria are considered low priority and will not be routinely funded.  Patients who are eligible for CHC funding are exempt from this policy. |

**Rationale:**

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| Cough assist machines augment/assist an ineffective cough (determined by a reduced cough peak flow) in patients with neuromuscular conditions and spinal cord injuries  Use of cough-assist machine is vital to enable expectoration of phlegm or mucus from throat or lungs, thus preventing A&E admission and emergency intubation. |

**Plain English Summary:**

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| The cough assist machine is vital to patients who have an ineffective/weak cough due to neuromuscular disease and cervical spinal cord injury, specifically patients with conditions such as muscular dystrophy, spinal muscular atrophy, motor neurone disease and spinal cord injury. Use of cough-assist machine is vital to enable expectoration of phlegm or mucus from throat or lungs, thus preventing A&E admission and emergency intubation.  The mechanical insufflator/exsufflator (MI-E) assists the clearance of bronchopulmonary secretions in those patients with an ineffective cough by gradually applying a positive pressure to the airway, then rapidly shifting to negative pressure. The rapid shift in pressure produces a high expiratory flow, simulating a natural cough.  Respiratory function should be assessed in people with more complex care needs and consideration should be made of support from speech and language therapists and physiotherapist who as part of an MDT assessment can recommend appropriate interventions such as cough assist devices.  The MDT may include palliative care and respiratory nurses to support people, for patients who require intensive interventions and cough assistance, and a rehabilitation consultation to advise on the best course of action when a significant worsening of symptoms occurs. |

**Evidence base:**

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| 1. NHS Evidence <https://www.evidence.nhs.uk/search?q=cough+assist+machines> 2. The Learning Environment, NHS England <https://www.learnenv.england.nhs.uk/pinboard/download/id/312> 3. Muscular Dystrophy UK 2015 #Right To Breath Campaign http://www.musculardystrophyuk.org/news/campaign-success-as-nhs-bosses-in-cornwall-agree-to-fund-cough-assist-machines/ |

Link to application form – No applicable

For further information please contact [GLCCG.IFR@nhs.net](mailto:GLCCG.IFR@nhs.net)

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| **Date of publication** | 1 August 2018 |
| **Policy review date** | 1 August 2019 |

**Consultation n/a**

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| **Consultee** | **Date** |
| Respiratory Clinical Programme Group | 07/09/2017 |
| GHNHSFT (via CPG) | 07/09/2017 |
| GP Membership (via CCG Live/What’s New This Week) | July/August 2018 |
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| Has the consultation included patient representatives? | Yes |

**Policy sign off**

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| **Reviewing Body** | **Date of review** |
| Effective Clinical Commissioning Policy Group | 01/02/2018 |
| Integrated Governance and Quality Committee | 21/06/2018 |
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**Version Control**

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| **Version No** | **Type of Change** | **Date** | **Description of Change** |
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