

Policy Category:

CBA

Who usually applies for funding?

Not applicable

Cough Assist Devices

Commissioning decision	The ICB will provide funding of cough assist devices for patients with neuromuscular conditions and spinal cord injuries who meet the criteria defined within this policy.
April 2023	Currently Gloucestershire ICB cannot provide a clinical oversight for patients with cough assist devices. Any clinician wishing to provide this device for patients would be expected to provide clinical oversight themselves.

Policy Statement:

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:

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:

A cough is a natural reflex our bodies use to expel phlegm or mucus from the throat or lungs and it protects our lungs from developing chest infection. An ongoing weak or ineffective cough, where body fluids are allowed to build up in the lungs, can result in a person needed to be admitted to hospital where they can be given treatment to help them breathe.

The cough assist device/machine (also known as a mechanical insufflator/exsufflator) uses pressurised air to help a person cough in a natural way; it quickly changes positive pressure in the airway to a negative pressure which results in a response like a natural cough. It is used in certain specific diseases or back injuries, which affect the spinal cord, which result in the person no longer able to cough effectively. It can be used by the person at home and reduces the likelihood of chest infections or hospital admissions.

This policy outlines when Gloucestershire Integrated Care Board (ICB) will fund a cough assist machine for a person with a weak or ineffective cough. The person will need:

- To be assessed by a specialist centre
- and
- Undergo lung assessments to see how much strength is in the persons cough and whether it is strong enough to expel mucus or phlegm
- and
- Have tried other possible treatment options and they have not been effective or the other available options are not suitable

Requests for cough assist device/machine for patients who do not meet the criteria in this policy above are considered low priority and will not be routinely funded.

People to require a cough assist device/machine and who are eligible for Continuing Healthcare funding are exempt from this policy.

Evidence base:

1. NHS Evidence
<https://www.evidence.nhs.uk/search?q=cough+assist+machines>
2. The Learning Environment, NHS England
[NHS England » Search Results » cough assist device](#)
3. Muscular Dystrophy UK 2015 #Right To Breath Campaign
[PDF-Report-Right-to-Breathe-Respiratory-2015.pdf \(muscular dystrophy uk.org\)](#)

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Not applicable

For further information please contact GLICB.IFR@nhs.net

Date of publication	1 August 2018
Policy review date	September 2022

Policy sign off

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

Version Control

Version No	Type of Change	Date	Description of Change
2	Date	Sept 2019	Review date changed to September 2022.
3	Wording change	Dec 2020	Plain English Summary. Agreed by Respiratory CPG and updated at March 2021 ECCP meeting.
4	Additional wording	21.03.2023	Clinical oversight information added under Commissioning Decision box.