

# Commissioning Policy

FINAL Version

Commissioning Policy on the use of Mechanical insufflation-exsufflation (MI-E) therapy for Neuromuscular disorders and cervical spinal cord injury patients

January 2020

<b>Name of Responsible Board / Committee for Ratification:</b>	<b>Staffordshire &amp; Stoke-on-Trent CCG Governing Board Meeting in Common</b>
<b>Date Issued:</b>	January 2020
<b>Review Date:</b>	January 2022

1. Treatment	Mechanical Insufflation-Exsufflation (MI-E) therapy.
2. For the Treatment of	For patients with neuromuscular disorders and cervical spinal cord injury patients who are unable to cough or clear secretions effectively without assistance
3. Background	<p>Pulmonary complications are major causes of morbidity and mortality for patients with severe expiratory muscle weakness. Mechanical insufflation-exsufflation (MI-E), known as 'cough assist therapy', provides an effective yet gentle, non-invasive alternative for use in the hospital and at home. From a mechanical perspective, this provides for a timed, forced exhalation manoeuvre that effectively mimics a cough. Cough assist therapy also clears airways for longer periods of time than tracheal suctioning, and with fewer complications.</p> <p>Principally, the MI-E is for patients who are unable to cough or clear secretions effectively due to reduced peak cough flow (less than 3 litres per second or 180 L/min) resulting from spinal cord injuries (SCI) and neuromuscular diseases such as amyotrophic lateral sclerosis (ALS), Guillain-Barre Syndrome (GBS), myasthenia gravis, muscular dystrophy, multiple sclerosis, post-polio, kyphoscoliosis, and syringomyelia.</p> <p>A cough assist device clears secretions 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 - whilst avoiding the potential problems associated with more invasive procedures. The device can be applied via an oral–nasal interface, or an endotracheal or tracheostomy tube.</p>
4. Scope	The purpose of this policy is to outline eligibility criteria for the use of Mechanical Insufflation-Exsufflation (MI-E) therapy for patients with neuromuscular disorders and cervical spinal cord injury patients who are unable to cough or clear secretions effectively without assistance
5. Commissioning Position	<p><b>Commissioned Services</b></p> <p>The CCG will commission MI-E therapy for neuromuscular disorders and cervical spinal cord injury patients in accordance with the criteria outlined below.</p> <p><b>Eligibility Criteria</b></p> <p>North Staffordshire and Stoke on Trent CCGs will routinely fund the provision of MI-E therapy for neuromuscular disorders and cervical spinal cord injury patients in the following circumstances;</p> <ol style="list-style-type: none"> <li>1. An established diagnosis as paralytic/restrictive disorder including but not exclusively: <ul style="list-style-type: none"> <li>• spinal cord injuries (SCI)</li> <li>• neuromuscular diseases such as ALS</li> <li>• Guillain-Barre Syndrome</li> <li>• myasthenia gravis</li> <li>• muscular dystrophy</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>• multiple sclerosis</li> <li>• post-polio</li> <li>• kypho-scoliosis</li> <li>• syringomyelia</li> </ul> <p>2. Patient is unable to cough or clear secretions effectively with a</p> <ul style="list-style-type: none"> <li>• PCF (Peak Cough Flow) less than 160 L/min</li> <li>• VC (vital capacity) below 1.1L in general respiratory muscle weakness, or voluntary</li> </ul> <p>Requests for MI-E or 'cough assist therapy' for patients who do not meet the above criteria are considered low priority and <b>will not be routinely funded</b>.</p> <p>Assisted coughing is contraindicated (except under careful medical supervision) in the presence of unstable angina or arrhythmia, or extensive chest trauma, rib fractures / flail segment (osteoporosis, carcinoma). Caution should be exercised in patients with acute upper SCI who may be susceptible to bradycardia.</p>																																										
6. Indicative numbers	<p>The table below indicates the actual number of machines issued during 2018/19 and 2018/17.</p> <table border="1" data-bbox="644 983 1286 1503"> <thead> <tr> <th></th> <th>2018/19</th> <th>2017/18</th> </tr> </thead> <tbody> <tr><td>April</td><td>8</td><td>4</td></tr> <tr><td>May</td><td>3</td><td>5</td></tr> <tr><td>June</td><td>8</td><td>7</td></tr> <tr><td>July</td><td>3</td><td>5</td></tr> <tr><td>August</td><td>1</td><td>9</td></tr> <tr><td>September</td><td>11</td><td>5</td></tr> <tr><td>October</td><td>5</td><td>12</td></tr> <tr><td>November</td><td>3</td><td>7</td></tr> <tr><td>December</td><td>10</td><td>11</td></tr> <tr><td>January</td><td>7</td><td>7</td></tr> <tr><td>February</td><td>15</td><td>4</td></tr> <tr><td>March</td><td>10</td><td>4</td></tr> <tr><td><b>Total</b></td><td><b>84</b></td><td><b>80</b></td></tr> </tbody> </table>		2018/19	2017/18	April	8	4	May	3	5	June	8	7	July	3	5	August	1	9	September	11	5	October	5	12	November	3	7	December	10	11	January	7	7	February	15	4	March	10	4	<b>Total</b>	<b>84</b>	<b>80</b>
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7. Effective from	February 2020																																										
8. Summary of evidence/rationale	<p>NICE Guideline NG42- Motor neurone disease: assessment and management</p> <p>NHS England Service Specification for Neurosciences: Specialised Neurology (Adult) D04/S/A.</p>																																										
9. Review Date	January 2022																																										
10. Policy to be reviewed by	CCG Lead Commissioner / UHNM Respiratory Consultant																																										
11. Contact for this policy	Sarah Evans, North Locality Commissioning Manager.																																										