

Equality Impact and Risk Assessments

DRAFT Pan Merseyside Policy Review - Cough Assist Devices

Midlands and Lancashire CSU

Current Status

Stage 1 Suspended

Review Date

12/12/2017

Person Responsible

Harinder Sanghera

Service

Policy for the issue of Cough Assist Devices.

Service Area

Individual Funding Request / Individual Patient Activity Procedure for Policies of Lower Clinical Priority.

Project Lead

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Explanation

A Cough Assist Device helps clear secretions (phlegm) in a non invasive way by providing pressure support to assist breathing in patients who are unable to cough effectively. There is currently no policy for the use of Cough Assist Devices, however, due to the growing number of IFR requests, this would suggest that the prescription of these is becoming more common and the CCG's would benefit from having a standardised policy. This document is part of the Suite 3 Policy review currently being undertaken by the Pan Merseyside and Cheshire CCG's. The aim of this policy review is to outline current activity across the region from a data perspective; outline the core criteria set across CCG's engaged in the policy review; and capture views on the current policy from an IFR panel perspective. The CCGs that are part of this review are: NHS Halton CCG NHS Liverpool CCG NHS St. Helens CCG NHS South Sefton CCG NHS Southport and Formby CCG NHS Warrington CCG This Stage 1 Assessment has been written by MLCSU Equality and Inclusion team.

Assessment

Equality Impact

1	Does this issue plan to withdraw a service, activity or presence?	
No. This is a new policy.		
2	Does this issue plan to reduce a service, activity or presence?	
No. See response to question 1.		
3	Does this issue plan to introduce or increase a charge for Service?	
No. See response to question 1.		
4	Does this issue plan to make a change to a commissioned service?	
No. See response to question 1.		
5	Does this issue plan to introduce, review or change a policy, strategy or procedure?	
<p>Yes. This is a new policy providing criteria for the commissioning of of Cough Assist Devices. These will be commissioned where the following criteria are met: 1) Patient is unable to cough or clear secretions effectively with a Peak Cough Flow (PCF) less than 160 L/min OR 2) Patient has a vital capacity below 1.1L in general respiratory muscle weakness, or voluntary reduced peak cough flow of 270 L?pm or <270L/pm and have clinical symptoms or a weak cough and therefore require intervention necessary to clear bronchial secretions or infection. Requests for 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.</p>		
6	Does this issue plan to introduce a new service or activity?	
Yes. See response to question 5.		

7	Is this primarily about improving access to, or delivery of a service?	
No. This is a new policy.		
8	Does this affect Employees or levels of training for those who will be delivering the service?	
Yes. There is currently no policy for the use of Cough Assist Devices and the prescription of these is becoming more common via IFR requests. Staff may benefit from training to help them understand prescription criteria as detailed in response to question 5.		
9	Does this issue affect Service users?	
Yes. This policy will help establish a standardised approach for patients who would benefit from being prescribed a Cough Assist Device as detailed in the response to question 5. The policy includes a list of conditions that may benefit from this treatment. JM to query what happens if there are other conditions not on the list. Will these go to IFR procedures?		
10	Can you foresee a negative impact on any Protected Characteristic Group(s)? <i>If YES please state what these could be.</i>	
No. The proposed policy recognises that patients who have certain types of disability (for example, muscular dystrophy, spinal cord injuries, and multiple sclerosis) may benefit from the prescription of a Cough Assist Device. The policy includes a list of conditions that are typical to cough assist patients. Equally, the proposed policy recognises that typical cough assist patients include, but are not limited to, patients with disability related conditions as listed in this policy. This creates a means to prescribe a Cough Assist Device for a patient who have a condition that may be suitable for the device. JM to check how patients outside of this list but with a condition will access the treatment - IFR? JM to query age criteria as none is noted.		

Equality Risk

11	Have you got any general intelligence (research, consultation, etc.)? <i>If YES please list any related documents.</i>	
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No: There is limited information available on cough Assist Devices. No NICE guidance found.		
12	<p>Have you got any specific intelligence (research, consultation, etc.)? If YES please list any related documents.</p>	
Yes: IFR: 2014/15: 7; 2015/16: 4; 2016/17 (1 refusal): 5; 2017/18: 5 NB: There is no Activity Data for this treatment due to this being a new policy.		
13	<p>Have you taken specialist advice? (Legal, E&I Team, etc). If YES please state.</p>	
Yes: The policy has undergone review with clinicians. The policy group have access to legal advice. The group have access to advice and guidance from Midlands and Lancashire CSU Equality and Inclusion team. Review group has access to advice from Communication and Engagement team at MLCSU who will lead on engagement work.		
14	<p>Have you considered your Public Sector Equality Duty? Please provide a rationale.</p>	
Yes: The policy review group have considered the potential impact of this policy on staff and patients in line with people with protected characteristics as defined by the Due Regard requirement of the Equality Act 2010. Further engagement work is recommended in order to meet Brown and Gunning Principles.		
15	<p>Do you plan to publish your information? Include any "Decision Reports"</p>	
Yes: Policy and any equality impact assessments will be made available to the public.		
16	<p>Can you minimise any negative effect? Please state how.</p>	
Yes: The policy has been subject to engagement work with G.P's. This assessment recommends that the policy group carry out engagement work on this policy.		
17	<p>Do you have any supporting evidence? If YES please list the documents.</p>	

Yes: see responses to question 11 and 12.		
18	Have you/will you engage with affected staff and users on these proposals?	
es: The policy group has undertaken review of proposed changes within the revised policy. This has involved engagement with Clinicians. Engagement work is planned.		

Human Rights Impact

19	Will the policy/decision or refusal to treat result in the death of a person?	
No. Refusal of this treatment should not result in the death of a person. Issue of additional conditions where cough assist devices may be suitable to be discussed with policy author.		
20	Will the policy/decision lead to degrading or inhuman treatment?	
No. The policy should not lead to degrading or inhuman treatment.		
21	Will the policy/decision limit a person's liberty?	
No. The policy should not limit a person's liberty.		
22	Will the policy/decision interfere with a person's right to respect for private and family life?	
No. The policy should not interfere with a person's right to respect for private and family life.		
23	Will the policy/decision result in unlawful discrimination?	
No. The policy should not lead to unlawful discrimination. Exceptional cases will be assessed through applications to the Individual Funding Request process.		
24	Will the policy/decision limit a person's right to security?	

No. The policy should not limit a person's right to security.		
25	Will the policy/decision breach the positive obligation to protect human rights?	
No. The policy should not breach human rights.		
26	Will the policy/decision limit a person's right to a fair trial (assessment, interview or investigation)?	
No. The policy should not limit a person's right to a fair trial		
27	Will the policy/decision interfere with a person's right to participate in life?	
No. The policy should not interfere with a person's right to participate in life		

Stage 2 Details

Equality Policies

No files uploaded

Equality Other

No files uploaded

Human Rights

No files uploaded

Additional Files

No files uploaded

Comments

Assessment Comment

This is a new policy. Ragged red so engagement work is planned.

16/05/2018

MULLOY, JENNIFER

Approval Comment

Recommend that engagement work includes patient groups that are suitable for this treatment.

16/05/2018

MULLOY, JENNIFER

Stage 2 Comment

No comment saved

Last Activation Comment

No comment saved

Last Deactivation Comment

No comment saved