

Norfolk and Waveney ICB

Service Restriction Policy: High Flow Therapy via My AirVo2

Document Control Sheet

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Name of document	Service Restriction Policy: High Flow Therapy Via My AirVo2
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Produced by	Medicines Optimisation
What is it for?	The ICB policy for Service Restriction: High Flow Therapy via My AirVo2
Evidence base	Not Applicable
Who is it aimed at and which settings?	Healthcare professionals within the ICB
Consultation	
Impact Assessment:	
Other relevant approved documents	
References:	West Essex Restriction Policy BOC Prescriber guidance NICE MedTech innovation briefing MIB161(October 2018)
Monitoring and Evaluation	
Training and competences	
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Version Control

Revision History	Summary of changes	Author(s)	Version Number

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Service Restriction Policy: High Flow Therapy via MyAirVo2

This policy does not include high flow therapy without oxygen, if this is the requirement, it will need to be via an Individual Funding Request.

MyAirVo2 is a device that delivers warmed and humidified respiratory gases at high flow rates. The system includes a humidifier with an integrated flow generator to suit both upper and bypassed airways (tracheostomy patients). Other features of myAIRVo2 are that it allows clinicians to titrate flow (from 10 -60 litres/minute on the adult modes and oxygen independently from one another and does not need a sealed interface. Traditional oxygen therapy is up to 16L/min whilst high flow oxygen therapy is up to 60l/min

NICE published a MedTech innovation briefing (MIB161) in October 2018. The briefing stated that the intended place of therapy would be, as well as standard management in the home or long-term care environment for people with COPD having nasal high flow oxygen therapy. Available research and guidance are mainly within the COPD population.

The NICE guidelines on Chronic Obstructive Pulmonary Disease recommends treatment options including smoking cessation, inhaled therapy, oral therapy, oxygen therapy, non-invasive ventilation, pulmonary rehabilitation and surgery. The guideline makes detailed recommendations for patient selection and use of long-term oxygen therapy and non-invasive ventilation. The guideline does not include recommendations on nasal high-flow therapy as an alternative or adjunct to these interventions.

MyAirVo2, supports local HOS-AR teams in providing care that will potentially reduce hospital COPD admissions. It also supports early discharge from hospital, as patients will be managed in their home or a care-setting, who may have otherwise spent more days in hospital.

Norfolk & Waveney ICB will commission the use of myAirVo2 patients who fit into one or more of the criteria outlined below:

- Chronic Obstructive Pulmonary Disease
- Patient discharged from hospital on a High Intensity Flow therapy, including COVID-19 patients.
- End of life patients
- Patients with a tracheostomy or laryngectomy.

Patients who do not fall under any of the aforementioned should use the Individual Funding Request process.

MyAirVo2 has a 100-minute daily cleaning cycle, will the patient be safe without high flow humidified therapy for this time period? Norfolk & Waveney ICB will not fund 2 appliances to cover this 100- minute daily cleaning cycle.

My AirVo2 GPA form can be found at [this link](#) (Healthcare Professionals Only)

APPENDIX A: EQUALITY IMPACT ASSESSMENT

Step 1: Aims and purpose of the proposal / policy being assessed

(This should reflect what the policy is intending to achieve and how it seeks to achieve, it is this intention that the assessment seeks to measure, consider who benefits and how and who doesn't and why, also consider the impact of associated aims).

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Step 2: Screening process for relevance to equality & diversity issues

Does this proposal / policy have any equality & diversity relevance in the following areas?
 (This should be considered in relation to the formulation and application of the policy. As far as possible engagement with the relevant staff network groups should take place to identify any potential areas of relevance).

A Age	
B Disability	
C Gender reassignment	
D Marriage and Civil Partnership	
E Pregnancy and maternity	
F Race	
G Religion or belief	
H Sex	
I Sexual orientation	
J Other issues	

Step 3: If you have answered, "Yes", to any of the protected characteristic boxes in Step 2, a full impact assessment is required

Are any of the protected characteristic boxes in Step 2 marked “Yes”?	
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Step 4: Examination of available information (sources can include but are not restricted to – ESR data; MI relating to Recruitment /Employee Relations/Attrition; Industry best practice; legal overview; research articles; matters arising from judgements tested during consultation; consider four-fifths rule to assess difference).

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Step 5: Full Impact Assessment Process

Step 5a: Consultation Log

Where are the consultation records stored?

Step 5a: Consultation Log	Step 5a: Consultation Log	Step 5a: Consultation Log	Step 5a: Consultation Log

Step 5b: EIA Action Plan: Workforce Impacts (internal)

Potential issues or impacts (positive and negative)				

Step 5c: EIA Action Plan: Service Delivery Impacts (external)

**Potential issues or impacts
(positive and negative)**

Step 6: Monitoring and review arrangements

How will the implementation of the proposal / policy be monitored, and by whom?

What is the timetable for monitoring, with dates?

Step 7: Public availability of reports / result