

Reimbursement of Utility Costs for Patients on Home Haemodialysis and Peritoneal Dialysis

A Pan-LKN Guideline

| Status | Version | Author | Date | Changes |
|-------------|---------|---------------------------------------|----------|--|
| Draft | v0.1 | Reimbursement Subgroup | 202209 | Amended following group feedback |
| Draft | v0.2 | Reimbursement Subgroup | 20221004 | UKKA calculator details and impact added |
| Draft | v0.3 | Richard Corbett and Nicola Cunningham | 20221006 | Reformatted and executive summary added. Financial impact tables added |
| Draft | v0.4 | Richard Corbett and Nicola Cunningham | 20221010 | CAPD costs added and APD details revised. Recommendations amended to reflect these |
| Final draft | v0.5 | Richard Corbett and Nicola Cunningham | 20221018 | Current costs by Trust amended. Formatting revised |
| Final | v1 | Richard Corbett and Nicola Cunningham | 20221019 | Approved by Robert Elias and Stephen Cass |
| Final | v2 | Richard Corbett | 20240724 | Revisions to include nocturnal HHD and change in price cap. |

Executive Summary

The rising costs of energy has led to increasing numbers of those undertaking home dialysis to seek reimbursement (in-line with NHS England National Service Specifications), with anecdotal evidence of patients asking for in-centre dialysis as a result. Pan-LKN review of current reimbursement implementation showed unwarranted variation between Trusts including:

- How reimbursement is offered
- How much is reimbursed
- The process to be reimbursed

A small task and finish group was convened to:

- Review National, regional and local calculators and recommendations
- Suggest an approach to home therapy reimbursement which
 - Provides an equitable approach to reimbursement for all those on home therapies
 - Goes further to ensure people are not left with unmanageable energy costs as a result of their treatment
 - Aligns with the UKKA recommended reimbursement calculator
 - Meets the Trusts' responsibilities as laid out in the National Service Specification
 - Is easy to implement at unit level
 - Does not place undue financial burden on the units

Recommendations

The task and finish group recommend:

1. All patients on home dialysis should have access to reimbursement that is paid prospectively, each quarter without production of household utility bills.
2. To minimise administrative burden for both patients and dialysis units, this should be reimbursed on a flat basis by modality regardless of dialysis prescription
3. This flat rate should be calculated at base rate (£0.35 per k/hr at the time of the initial guideline) using the UKKA calculator for conventional or NxStage as appropriate.
4. Running costs for APD and CAPD should be remunerated at a rate of £29 and £22 respectively per quarter given the electrical running cost of both
5. Reimbursement rates should be reviewed on a quarterly basis in line with changes in energy costs.
6. Units should work with their finance teams to establish a straight-forward mechanism for people to receive payment
7. Units should work locally to implement this guideline to fit with current operational delivery approach

Changes July 2024

The original guidelines were re-drafted in July 2024:

1. Following feedback from charities and people with experience of home haemodialysis, reimbursement guidelines were included for nocturnal haemodialysis. This was based upon an assumption of 6 hours of HHD being performed 5 nights/ week.
2. To reflect a change in the electricity tariff from £0.35/kWh to £0.297/kWh in line with changes in the national price cap.
3. The financial impact of implementation to Trusts has been removed.

Background

In the context of rising energy costs and with increasing number of people undertaking dialysis at home there has been increasing focus on the support for people undertaking dialysis at home to receive remuneration for the costs incurred from utilities associated with dialysis.

The requirements to support the utility bills of patients undertaking dialysis at home is laid out in the NHS England National Service Specifications summarised below and referred to previously as [A06/S] Haemodialysis to treat established renal failure performed in a patient's home (2015):

- *It is recognised that there may be circumstances when it is appropriate to make a contribution towards a utility bill if:*
 - *A patient is running specialised equipment at home, which would usually be operated in a hospital setting; AND*
 - *There are additional costs of running the equipment over and above the patient's usual utility bills; AND*
 - *The specialised equipment is the commissioning responsibility of NHS England. In the case of home dialysis, NHS England will meet (through the payment of the national tariff to the patient's usual dialysis provider) the additional direct utility costs (which may include electricity, water, gas, and telephone) by way of a reimbursement to the patient. These costs should be based on documentary evidence such as copies of utility bills before and after the specialised equipment was introduced. The costs should be agreed between the provider and the individual patient.*

All units in London have processes in place to support reimbursement for patients undertaking haemodialysis at home. However, these processes are inconsistent and do not have universal uptake. Only one unit currently supports payments of patients undertaking automated peritoneal dialysis.

Local commissioners have identified the following challenges:

- Ensure appropriate standardisation of approach across all London renal units
- Ensure implementation of reimbursement to patients on APD
- An ongoing piece of work will be to also consider how to improve uptake where it is low

This guideline seeks to address these three challenges.

Principles

There are a variety of different approaches to the mechanism and quanta of reimbursement, including a variety of bespoke calculators. These have been recently overtaken by the publication by the UK Kidney Association guidelines through the Kidney Patient Safety Committee September 2022. However, the administration of these schemes is complex.

We propose that in the LKN, with more than 250 people carrying out haemodialysis at home alongside approximately 1000 people doing peritoneal dialysis [PD] (see Appendix 3), the reimbursement is:

- 1. Easy to administer**

To improve patient access and uptake of reimbursement whilst minimising administrative burden. Furthermore, an easily administered scheme should improve uptake and ensure patients do not have to revert to in-centre haemodialysis due to pressures associated with energy costs.

- 2. Applied across LKN units**

To reduce within- and between-centre variation in the care of patients across London and Surrey Heartlands

- 3. Universally applied without means testing**

Means-testing is a complex process and will lead to increased administrative time. Moreover, no other part of NHS care is mean-tested, whilst this scheme may seem to be providing patients directly with payments, this is to cover utility costs which would otherwise be incurred by Trusts through the delivery of in-centre haemodialysis.

- 4. Not dependent upon production of household bills**

To reduce administrative burden in the delivery of this scheme. The quanta of remuneration listed below is based upon reasonable estimates of utility usage and current costs.

- 5. Paid prospectively on a quarterly basis**

To ensure that whilst the quanta of reimbursement may seem small that patients are not out of pocket with utility costs particularly as energy costs rise. A monthly reimbursement schedule is likely to have a high administration, whilst longer than quarterly schedules may be associated with relatively high modality transfer rates leading to patients off-therapy being inappropriately reimbursed.

- 6. A flat rate dependent only upon the modality of home dialysis**

To overcome the complexity of individualised calculators, we propose discrete standardised payments based upon modality of home dialysis used. Using a standard dialysis prescription ensures fair but simple remuneration.

- 7. Indexed such that as energy bills fluctuate the quanta of reimbursement also changes**

With considerable fluctuation in energy bills likely to occur for the foreseeable future, it is vital that patients undertaking dialysis at home are not forced to transfer onto in-centre haemodialysis due to utility costs.

Reimbursement Costs

The current costs assumed an energy price cap at a unit rate of £0.35/kWh (revised to £0.297/kWh in July 2024). Reimbursement costs do not reflect the changes in the standing charge which will be incurred by patients regardless of home dialysis.

For home haemodialysis costs, given substantial differences in the delivery of conventional Home Haemodialysis with NxStage, these are listed as separate therapies.

For conventional HDD, utility bills compensate the electricity and water costs associated with a prescription of 3.5 sessions/week (based upon 14 sessions/ fortnight), with 4 hours of dialysis. For NxStage, a similar prescription is assumed with two SAKs required/week. For APD a prescription of 7 nights with 8 hours of dialysis is expected. For nocturnal HDD a prescription of 5 sessions/week with 6 hours is included. For nocturnal NxStage a similar prescription is assumed with five SAKs required/week.

These costs have been obtained using the UKKA calculator.

Table 1: Quarterly reimbursement costs per person, by modality

| Modality | Previous Reimbursement/quarter (£) | New (July 2024) Reimbursement/quarter (£) |
|---|---|--|
| Nocturnal Conventional Home Haemodialysis | - | 360 |
| Nocturnal NxStage Home Haemodialysis | - | 123 |
| Conventional Home Haemodialysis | 217 | 202 |
| NxStage Haemodialysis | 105 | 88 |
| Automated Peritoneal Dialysis | 29 | 24 |
| Continuous Ambulatory Peritoneal Dialysis | 22 | 21 |

These costs are based upon the current price cap the forthcoming price caps are to be announced at the following dates and will need to be reviewed on a quarterly basis.