

# 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
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.
Draft	v3.1	Richard Corbett and Mariza Procopio	20250903	Revisions following 2025 UKKA calculator and change in price cap.
Final	v.3.2	Richard Corbett, Mariza Procopio and Stephen Cass	20251128	Reformatted.
Final	v.3.3	Hazel Gleed and Mariza Procopio	20260330	Clarification of reimbursement table wording (no change to rates)

## Executive Summary

This guideline sets out the standardised, Pan-LKN approach for reimbursing utility costs incurred by adults undertaking home haemodialysis (HHD) and peritoneal dialysis (PD). The reimbursement structure is designed to be equitable, simple to administer, aligned with UKKA recommendations, and financially sustainable across Trusts.

Reimbursement is paid **prospectively each quarter**, using **flat, modality-based rates** that do not require patients to submit household utility bills. All rates are calculated using the latest national tariffs, including the updated electricity price cap of **£0.35/kWh**.

### Key elements of the reimbursement model include:

- **Peritoneal Dialysis (PD):**

Reimbursement is applied as a fixed quarterly amount:

- APD: **£67 per quarter**
- CAPD: **£22 per quarter**

These replace the previous £29 (APD). The amount of £22 remains the same (CAPD).

- **Home Haemodialysis (HHD):**

Trusts must apply one of two reimbursement pathways:

- Electricity-only reimbursement
- Electricity + water and sewage reimbursement

These options reflect the separate utility components associated with HHD.

- **WaterSure Scheme:**

Rising water and sewage charges require that Trusts **proactively support all eligible patients to apply** for WaterSure (**London: [Thames Water](#), North West London: [Affinity Water](#), Part of Surrey, West Sussex, West Kent and South London: [Ses Water](#), Surrey: [Southeast Water](#), Essex and Suffolk: [Essex & Suffolk Water](#)**) as the primary route for managing water and sewage costs.

Where a patient is approved for WaterSure, Trusts must reimburse **electricity only**.

Where a patient is **not eligible or not approved**, Trusts must apply the electricity + water/sewage reimbursement pathway.

- To avoid double-claiming, Trusts must ensure that water and sewage costs are not reimbursed when a patient is enrolled in the WaterSure Scheme. WaterSure approval caps the patient's water bill; therefore, Trusts must apply the electricity-only reimbursement pathway in all approved cases.
- Approval status must be checked at each reimbursement review. A light-touch check is sufficient, and Trusts may rely on any of the following:
  - confirmation from the water supplier,
  - a patient-provided approval notice,
  - or a recorded declaration that the application was rejected or that the patient is not eligible.
- If WaterSure approval has not been confirmed, Trusts must apply the electricity-plus-water/sewage reimbursement option until eligibility or approval is established.

## Updated Recommendations (integrated with September 2025 changes)

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 updated base **electricity tariff of £0.35/kWh** using the UKKA calculator for conventional HHD or NxStage as appropriate.

A full table of updated reimbursement rates is provided below for quick reference.

Table 1: Quarterly reimbursement costs per person, by modality.

HHD modality splits into two components (electricity + water/sewage vs electricity only)

Modality	Previous Reimbursement/quarter (£)	July 2024 Reimbursement/quarter (£)	August 2025 Reimbursement/quarter (£)
Conventional Home Haemodialysis (e + water)	217	202	206
Conventional Home Haemodialysis (electricity only)			90
NxStage Haemodialysis (e + water)			113
NxStage Haemodialysis (electricity only)	105	88	106
Nocturnal Conventional Home Haemodialysis (e + water)	-	360	366
Nocturnal Conventional Home Haemodialysis (electricity only)			162
Nocturnal NxStage Home Haemodialysis (e + water)			165
Nocturnal NxStage Home Haemodialysis (electricity only)	-	123	148
Automated Peritoneal Dialysis (APD)	29	24	67
Continuous Ambulatory Peritoneal Dialysis (CAPD)	22	21	22

These costs are based upon the current price cap; the forthcoming price caps are to be reviewed on a quarterly basis. These rates reflect the LKN recommended standard approach for reimbursement, developed through LKN governance processes to support consistent implementation across Trusts.

## Background

In the context of rising energy costs and with an increasing number of people undertaking dialysis at home, there has been an 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 are 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 recently been overtaken by the publication of the UK Kidney Association guidelines through the Kidney Patient Safety Committee in 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 means-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 the 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 the modality of home dialysis used. Using a standard dialysis prescription ensures fair, but simple remuneration. For home haemodialysis, this flat-rate approach now operates through two reimbursement pathways—electricity-only or electricity-plus-water/sewage—to reflect the separate utility components associated with

this modality. For peritoneal dialysis, reimbursement is now applied as a fixed quarterly amount, set at £67 per quarter for APD and £22 per quarter for CAPD.

- 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. 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 now differ depending on whether Trusts reimburse electricity only or electricity plus water and sewage. This reflects the separate utility components associated with HHD and supports Trusts to manage budgets effectively while maintaining fairness for patients.

Reimbursement continues to be calculated using the UKKA calculator, based on standardised dialysis prescriptions:

- Conventional HHD: 3.5 sessions per week (14 per fortnight) at 4 hours each
- NxStage HHD: same prescription, with two SAKs per week
- Nocturnal conventional HHD: 5 sessions per week at 6 hours each
- Nocturnal NxStage HHD: same schedule, with five SAKs per week

For peritoneal dialysis, the previous calculator-based approach has been replaced with fixed quarterly reimbursement rates that reflect current utility use and tariff assumptions:

- Automated Peritoneal Dialysis (APD): £67 per quarter
- Continuous Ambulatory Peritoneal Dialysis (CAPD): £22 per quarter

These updated costs are based on the Welsh Kidney Network – UKKA Home Dialysis Utility Reimbursement Calculator tariffs for April 2025 – March 2026. They are reflected in the table (on page 3) and form the proposed reimbursement rates from September 2025. Rates will continue to be reviewed quarterly to remain aligned with changes in energy, water and sewage costs.

Trusts should use the WaterSure Scheme as the default route for supporting water and sewage costs for people on home haemodialysis. All eligible patients should be supported to apply.

Where a patient is not eligible or has been assessed and not approved, Trusts must apply the electricity-plus-water/sewage reimbursement option.

This requirement applies only to home haemodialysis, as peritoneal dialysis reimbursement remains electricity-only.

Further detail on eligibility and discretionary considerations is outlined in the *Changes September 2025 section*.

## What Has Changed Over the Years

### 2022–2023 (Versions v0.1–v1)

1. Initial creation of the Pan-LKN reimbursement guidance.
2. Introduction of flat-rate reimbursement paid prospectively.
3. Alignment with UKKA calculator for HHD utility estimates.
4. Inclusion of APD and revised CAPD costings.
5. Standardisation recommendations across Trusts.

### July 2024 Revision (v2)

1. Updated electricity tariff reduced to **£0.297/kWh**.
2. Addition of reimbursement guidance for **nocturnal HHD** following patient and charity feedback.
3. Removal of financial impact tables from the document.

### August/September 2025 Revision (v3.1 / v3.2)

1. The electricity tariff used to calculate reimbursement has been **updated to £0.35/kWh**, reflecting the current national price cap.
2. The **previous** reimbursement rates for APD and CAPD have been **removed and replaced**. Running costs must now be reimbursed at **£67 per quarter for APD, with the CAPD reimbursement remaining at £22 per quarter**, reflecting tariff and current utility usage.
3. Reimbursement continues to be provided by modality. For **home haemodialysis only**, Trusts must now choose between **two utility cost options**:
  - Electricity-only reimbursement, or
  - Electricity plus water and sewage reimbursement

These options reflect the separate utility components associated with home haemodialysis. This change enables Trusts to manage budgets more effectively, while still supporting patients fairly.

This change does not apply to peritoneal dialysis (APD or CAPD). For PD, reimbursement remains a single rate for electricity.

4. Due to rising water and sewage charges, Trusts should proactively support eligible patients to apply for the WaterSure Scheme, which caps metered water bills at £639 (2025/26) per year, helping reduce Trust reimbursement expenditure and avoid patient financial burden. Water and sewage reimbursement must only be applied where the patient is not eligible for WaterSure scheme or has been assessed and confirmed not to qualify. This approach allows Trusts to support patients fairly while managing budgets and applies exclusively to home haemodialysis, where water consumption is high.

To qualify under WaterSure scheme, households must:

- Have a water meter (or be awaiting installation), and
- Have someone receiving a means-tested benefit (e.g., Universal Credit, Housing Benefit, Income Support, income-based JSA, or low-income Child Tax Credit), and

Either have:

- A medical condition requiring significant water use, or
- Three or more children under 19 in the household.

**About PIP:**

Personal Independence Payment (PIP) is not a qualifying benefit because it is not means-tested. However, some organisations (e.g., [Mencap](#)) note that water companies may apply discretion when a patient has:

- A qualifying medical condition that increases water use, and
- Evidence of disability support, such as PIP.

For patients receiving PIP with high water needs, Trusts should support them to contact Water companies (London: Thames Water, Surrey: Southeast Water and Ses Water) with:

- Meter status
- Details of the medical condition
- Their PIP award letter

**Water's companies may consider WaterSure eligibility on a discretionary basis.**