National home adaptation and reimbursement guidance

Undertaking home therapies, such as haemodialysis, can incur costs. Existing guidance is dated and may not meet the needs of service specifications. The British Renal Society (BRS) has worked in collaboration with other professional groups to produce new guidance, which was launched at the society’s recent annual conference. Karen Jenkins and Anthony Adams outline the key points.

In response to a call from patient groups concerned about the inequity of reimbursements for people undertaking home therapies and the lack of up-to-date national guidance, the British Renal Society (BRS) has produced guidelines for adaptation and reimbursement for home therapies. The existing archived guidance (Services for Chronic Renal Failure (Department of Health (DH), 1974; Home Haemodialysis Patients: Cost of Metered Water Used for Home Dialysis (DH, 1993)) unfortunately does not meet the needs of home dialysis service specifications, nor does it reflect the provision of home therapies in 2015.

Recently, the BRS worked in collaboration with the National Kidney Federation (NKF), British Kidney Patient Association (BKPA), Association of Renal Technologists (ART) and British Association of Renal Social Workers (BASW) to produce the guidance, which was launched at the 2015 British Renal Society conference in Leeds, and is available from each respective website.

The BRS recommends that the guidance be used as a reference for NHS trusts as best practice, alongside the service specifications for home therapies. It outlines the responsibilities of the provider (NHS trusts) for the capital costs of home adaptation, remote telemonitoring, and ongoing assistance with funding for electricity, heating, telephone, water and sewage costs due to haemodialysis/automated peritoneal dialysis treatment.

Although it is unlikely any home adaptation will be required to undertake automated peritoneal dialysis, NHS trusts may be required to implement minor alterations based on individual home assessments. Methods of reimbursing additional direct utility costs, such as water and electricity, will be agreed by the provider and patient. Payment will be made directly to the patient or utility company depending on the agreement.

It is expected that payment of the national tariff to the patient’s usual dialysis provider will meet these costs (NHS England, 2013).

Key points covered by the adaptation and reimbursement guidance include:

- Capital whole-life costs, for example cost, installation maintenance and reinstatement of any adaptations
- Reimbursement of additional utility costs, for example agreeing a method of reimbursement, and meeting average cost of electricity and water to run a dialysis machine
- Ongoing clinical/technical support
- Community support
- Suitability assessment for home therapies involving the multidisciplinary team.

To date, NHS trusts have reimbursed patients receiving home haemodialysis inconsistently, with a wide variation in practice being reported through patient groups. To enable equity and consistency of reimbursement of utility costs, the guidance makes the following recommendations:

- Reimbursement should be based on the production of relevant utility bills before and after instalment of the dialysis equipment.
- If utility bills pre and post commencement of home dialysis are not available, ART have approved methods to calculate consumption of local costs of electricity and water (based on existing local tariffs). Table 1 and Table 2 demonstrate the ART-approved example methods of utility bill calculations.
- Other possible reimbursements include:
  - Heating and lighting
  - Assistance with telephone costs
  - Use of online technology/telemonitoring.

In addition, council tax reduction and under occupancy charges need to be addressed as they can be of great concern to patients. These will need to be discussed locally, but it is important to remember that a reduction in council tax for having medical equipment at home can be applied for. Such applications will need to be made by the person having home dialysis, directly to their local council. The NHS trust may be required to write a letter of support.

It is expected that the implementation of this guidance as best practice will enable patients receiving home therapies to be appropriately supported and reimbursed for the cost of dialysis at home.
Table 1. Electricity in kilowatt-hours (kWh)

<table>
<thead>
<tr>
<th>Total equipment kWh consumption</th>
<th>Apply local kWh rate (pence)</th>
<th>Calculate agreed reimbursement cost</th>
</tr>
</thead>
</table>

Frequency of dialysis and average consumption per session based on local kWh rates.
Example: dialysis machine using 7 kWh x local rate 0.14p/hr x 3 hours = 0.98p

Table 2. Water consumption and sewerage

<table>
<thead>
<tr>
<th>Total water consumption per year</th>
<th>Apply local rate per cubic metre</th>
<th>Total cost per year</th>
<th>Calculate total cost per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total waste water consumption per year (as a percentage of total water consumption)</td>
<td>Apply local rate per cubic metre</td>
<td>Total cost per year</td>
<td>Calculate total cost per month</td>
</tr>
</tbody>
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To calculate water consumption, ideally a separate dialysis treatment water meter should be installed at the point of adaptation, if possible. Where this is not feasible, estimates can be considered to calculate costs for reimbursement. This will need to be agreed at local level and depend on frequency of dialysis, the equipment used, and flow rates required.

References


Useful websites

- British Renal Society: www.britishrenal.org
- Association of Renal Technologists: www.renaltech.net
- British Association of Renal Social Workers: www.basw-renal.co.uk
- British Kidney Patient Association: www.britishkidney-pa.co.uk
- National Kidney Federation: www.kidney.org.uk