

Commissioning Policy: Reimbursement of Expenses for Living Donors

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Clinical Commissioning Policy: Reimbursement of Expenses for Living Donors

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**Prepared by NHS England Specialised Services Clinical Reference Group for
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1 Executive Summary

1.1 Policy Statement

NHS England will reimburse living donors in order to ensure that the financial impact on the living donor is cost neutral. This policy document is designed to inform healthcare professionals and commissioning authorities about the principles and processes that underpin financial reimbursement for living donors. The principle of reimbursement is founded on the premise that there should be **no financial incentive or disincentive** in becoming a living donor.

1.2 Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality or opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

1.3 Plain Language Summary

This policy explains how a person who wishes to donate an organ can receive a refund for loss of earnings and some other costs such as travel. Ideally this refund should be applied for before the planned surgery to remove the organ and this document explains how someone can apply and what they need to do.

This policy sets out the rules about how and what can be refunded and what is expected from the patient making the application for the refund, what is expected from the hospital and what is expected from NHS England.

2 Introduction

This Policy is designed to inform healthcare professionals and commissioning authorities about the principles and processes that underpin financial reimbursement for living organ donors. It is compatible with practice in the other UK countries.

3 Aims

The purpose of this policy is to ensure the financial impact on the living organ donor is cost neutral. Reimbursement of expenses must be proportionate and fair for the individual and administered in a consistent and timely manner. Best practice must be congruent with the Human Tissue Act 2004 and Human Tissue (Scotland) Act 2006.

4 Summary

The following points summarise the policy in England (but with a view to being compatible with policies from other UK countries – Wales, Scotland, Northern Ireland) for the reimbursement of costs associated with undertaking a living donation. A living donation could either be a directed donation (to a relative, friend or other), or as part of the UK Living Kidney Sharing Schemes (UKLKSS) (i.e. paired/pooled donation or non-directed altruistic donation and altruistic donor chains):

- a) The principle of reimbursement is founded on the premise that there should be no financial incentive or disincentive in becoming a living donor;
- b) A robust, stratified claims assessment process based upon the level of risk and proportionality is required i.e. in line with the donor' earning, in order to assess claims accurately across the spectrum of costs.
- c) The financial reimbursement will reflect the loss of earnings and other relevant expenses, except where exceptions apply (section 11.1b).
- d) The calculation of reimbursement will be agreed in a transparent and consistent manner before donation so that donors receive reimbursement with the minimum of delay post donation.
- e) Special arrangements for retrospective consideration of claims may apply where there is insufficient time prior to donation for prospective agreement e.g. donors who are non-resident in the UK, urgent lobe of liver donation, non-

directed altruistic donors and where a subsequent claim is made for previously unforeseen expenses.

- f) Reimbursement is funded by NHS England. Mechanisms must be in place to process payments to avoid delay (section 13.1).
- g) Potential donors who are unsuitable to proceed to donation are eligible to claim for reimbursement of travel expenses, including parking costs.
- h) Under exceptional circumstances, additional reimbursement costs may be considered on a case by case basis at the discretion of NHS England.

5 Key Principles for Reimbursement

The key principles that underpin the application and approval processes to prevent delay in settling claims are:

- I. Individual claims must be submitted and settled in a timely manner to prevent unnecessary financial hardship to the donor as a consequence of the donation.
- II. Claims will be settled by NHS England on an individual basis according to agreed criteria specified within the governance structure (see section 11.2).
- III. Potential claims will be identified early in the donor assessment period (see sections 12, 13).
- IV. Whenever possible, notification to NHS England of a claim should be made prior to the date of donation, e.g. when assessment is complete and/or the date of surgery is scheduled. However, there should also be provision for considering claims retrospectively if, for genuine reasons, it has not been possible to make a prospective claim to NHS England (see section 4e). Claimants should discuss this with their trust and notify the intention to claim as soon as possible and within the timelines set out in this policy.
- V. Donor expectations about the nature and size of claims that will be approved must be appropriately managed.
- VI. As early as possible in the assessment process, donors must be provided with appropriate and specific information about the criteria for application, supporting evidence required and approval processes and timeframes.
- VII. Validated income and alternative sources of reimbursement, (e.g. salary, statutory sick pay) must be declared and full supporting evidence (e.g. pay slips, tax return, social security certificates) provided by the donor at the time of

application for reimbursement (see FAQs for more detail: What do I need to make a claim?)

6 Living Organ Donors who are non-resident in the UK

There are cases when the individual wishing to donate is non-resident in the UK.

There are two categories of donors who live overseas:

1. Full-time residents (non-UK residents)
2. UK residents living temporarily overseas (e.g. for work or personal reasons)

For both categories, only donors who plan to donate to a NHS entitled recipient are eligible to apply for reimbursement of expenses through this Policy.

Where donors proceed to donation it is possible for claims to be made for reimbursement of overseas donor expenses such as flight costs, loss of earnings and reasonable accommodation costs incurred during their stay in England. If a donation does not proceed due to circumstances that could not have been foreseen prior to arrival in the UK, consideration should be given to reimbursing the travel and visa application expenses (if applicable) incurred by the potential donor (see section 11.1).

There are organ specific UK best practice guidelines for the evaluation of donors living overseas and protocols have been agreed between the key stakeholders within the wider transplant community, UK Visas and Immigration and Human Tissue Authority (HTA). These can be accessed at:

[Best practice guidelines for the evaluation of donors living overseas](#) (British Transplantation Society website). Ideally costs are reimbursed directly to the donor.

There may be circumstances where this is impractical because the donor does not have a UK Bank Account. The HTA allows flexibility to reimburse another family member or the recipient where necessary, provided that costs are appropriate and relate to the expenses incurred by the donor as a result of the donation process.

The Living Donor Coordinator must notify the relevant commissioners of a potential non-resident donor as soon as possible i.e. when the donor arrives in the UK with an appropriate visa (if required).

7 UK Living Kidney Sharing Schemes (UKLKSS)

The UKLKSS is the collective term used to describe the scheme in which donated kidneys are “shared” across the UK. These include paired/pooled donation (PPD) and altruistic donor chains (ADC), initiated by non-directed altruistic donations (NDADs)

Prospective agreement of donor costs from NHS England may not be feasible in cases of NDAD and ADC donation because the recipient may live anywhere in the UK and arrangements outside England may apply. The living donor coordinator should have prior knowledge of a claim and the proposed amount that the NDAD intends to claim prior to donation so that donor expectations can be managed. It is recommended that the appropriate paperwork and application are prepared in advance so that, when a NDAD is matched to a recipient, a claim can be expedited as quickly as possible according to the agreed process (see section 12).

7.1 Paired/Pooled Donation

In cases of paired/pooled donation (PPD) kidneys are exchanged between recipient and donor pairs in either two-way (paired) or three-way or more (pooled) exchange. In this case the reimbursement of the donor will be agreed locally with the recipient commissioners. This facilitates prospective agreement and works on the basis of reciprocity (i.e. all recipients ultimately receive a transplant when matched).

7.2 Altruistic Living Donors (non-directed altruistic donation, including altruistic donor chains)

This is where a person volunteers to donate a kidney or a lobe of liver to an unknown recipient, that is, someone they have never met before and who is not known to the donor. They may donate directly to the national waiting list to a single recipient, or, alternatively, in the case of kidney donation, an altruistic donor chain may be created in which donor recipient pairs (within the paired/pooled scheme) may benefit from donation from an altruistic donor; the end of the chain results in a kidney being donated to the national transplant list.

Where there is a non-directed altruistic donation (NDAD) the donor who triggers a 'chain' will claim reimbursement from the commissioners responsible for the recipient at the end of the chain. The PPD donor-recipient pairs involved will claim reimbursement as described in section 7.1.

8 Child Tax Credit and Working Tax Credit

A person's entitlement to Child Tax Credit will not be affected by being a living donor. A short absence (see section 14) from work should not affect a donor's entitlement to Working Tax Credit, including the child care element. This is because HM Revenue & Customs does not regard the absence as affecting the donor's "usual working hours" provided that he/she plans to return to work as soon as he/she has recovered. When entitlement to either or both of the tax credits is assessed, only taxable income is taken into account. If donors receive non-taxable income, they are not required to report it to the Inland Revenue. Donors who need further information can contact the Tax Credit Helpline on 0345 300 3900 for further advice.

9 Travel Expenses

Any reasonable claim for travel expenses is considered on an individual basis and documentation to support the claim for these expenses is required.

Appropriate travel costs are calculated on the basis of the cheapest and/or most appropriate mode of public transport (including any promotional or concessionary fares) available to the patient. Mileage is paid in line with HM Revenue and Customs Mileage Allowance Payments (MAP) (see section 11.1).

If the donor is claiming tax credit, they may claim travelling expenses directly from the Trust. Although it is preferable for donors to comply with the process outlined in this document, in cases of financial hardship reimbursement of travel expenses at the point of need may be more appropriate. If expenses are claimed from the Trust, the claim cannot be duplicated as part of the overall reimbursement claim.

10 Miscellaneous Expenses

It is possible that a donor may incur additional expenses as a direct result of the donation (e.g. additional child care / employment costs/ accommodation). Claims for reimbursement of these costs are considered on an individual basis by designated

personnel in NHS England (see section 11.2). Documentation to support the claim for these expenses must be provided by the donor and accompany the application. Miscellaneous expenses must be considered reasonable and proportionate and, where possible, anticipated prior to donation.

11 Governance

A governance structure has been agreed to provide the appropriate level of scrutiny for all claims. This is designed to support the timely and consistent payment of legitimate claims and to provide a robust risk management strategy to underpin the policy.

11.1 Evidence to support claims (to be provided by the claimant)

The claimant is responsible for submitting the best evidence available i.e. receipts, invoices and statements. In the absence of direct evidence, supplementary documentation e.g. letters of confirmation or testimonies, may be considered to support claims. Lack of supporting evidence will delay the claims assessment and reimbursement process.

a) LOSS OF EARNINGS

Salaried Donors

- Reimbursement is based upon gross income if self-employed (donor will have to declare on tax return) and net income if employed.
- Payslips should be ideally provided for a 6 month period, but, for a minimum of 3 months.
- Overtime – look at overtime patterns and claims as a whole overtime payments over a 3/6month period may be request and averaged and P60 from closest financial year.
- Stipulate that “additional income will be considered on a case-by-case basis” and that “by signing this application form, you are providing authorisation for the commissioner to contact your employer to clarify any payments”.
- Payment will be processed on notification to NHS England that the donation has proceeded or presentation of medical/discharge certificate.

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- Donors must provide evidence of any statutory sick pay (SSP) received – they will be entitled to top-up if SSP is lower than their salary.

Self-employed Donors

- Copy of latest tax return or evidence of validated income e.g. bank statement
- If a new business (operating for under 12/12), their accountant will provide details of net earnings to date.
- Evidence of Employment and Support Allowance received

Unemployed Donors

- If donors believe that they have lost benefits through donation, relevant information must be submitted. Liaison with the benefits and/or other agencies is required to endorse claim.

b) DONOR OUTGOINGS

Travel

- Travel is reimbursed for the donor ONLY.
- Standard class travel claims only will be considered for reimbursement.
- Mileage will be reimbursed at the HM Customs and Revenue Mileage Allowance Payment (MAP) rate. Current rates can be confirmed at [HM Customs and Revenue Mileage Allowance Payment \(MAP\) rates](#)
- Parking, toll and congestion charges will be reimbursed where supported by receipts.
- Taxis will be reimbursed only when used by the donor in the post-operative period unless it can be demonstrated that bus links between a railway station and hospital are not available at the time required for appointments.

Accommodation

Donors may claim accommodation costs on the basis of the actual room/per person rate paid up to a maximum of cost in line with usual NHSE reimbursement policy. Current guidance is that the cost of accommodation cannot exceed £100 per night for hotels booked outside of London and £150 per night for hotels booked in London. Both limits are inclusive of VAT, breakfast and any other charges without exception.

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These may be subject to change so should be checked before processing claims. Advice will be available from the living donation co-ordinator.

Other Expenses

- The commissioner will consider claims for expenses incurred by the donor as a direct result of donation. These costs include reimbursement of expenses incurred through the evaluation process, in-patient stay and for up to 12 weeks post-operatively.
- Care of a dependent will be considered on an individual basis. The donor is responsible for exploring entitlement to support from Social Services in this situation.
- Backfill cover for business – this will be linked to loss of earnings but assume that, if cover is in place, earnings have not been 'lost'. Evidence of reasonable backfill costs may be requested by NHS England including bank transfer details.
- Donation-related prescription costs.

c) Non UK resident donors

- Non UK resident donors who **proceed to donation** are entitled to claim reimbursement for travel, accommodation, visa costs (including extension), and loss of earnings but not for "living expenses".
- Non UK resident donors who **do not proceed to donation** are entitled to claim for travel, accommodation, visa costs (including extension) but not loss of earnings or "living expenses".
- Once donors (both proceeding and non-proceeding) have returned overseas, they are not entitled to claim further expenses through this Policy. However in exceptional circumstances, applications for reimbursement will be considered by NHS England on a case by case basis.

11.2. Risk Management

Claim applications will be reviewed by designated personnel within NHS England. Designated authority to sign off invoices will be according to local arrangements within Commissioning hubs according to delegated authority.

Each claim will be assigned a Red-Amber-Green (RAG) rating. Claims can be escalated through the scale, e.g. from amber to red if there is concern that the claim is fraudulent. If a claim is thought to be fraudulent it will be referred to the NHS England counter fraud team.

The claim form must be signed by the responsible commissioner within NHS England and will reflect the workings/decision-making process, e.g. overtime calculations.

All panels can be virtual (i.e. discussions via telephone/e-mail)

Green - single commissioner sign-off

- Value of up to £999
- Straight forward claims, e.g. clear relevant evidence provided
- Commissioner should be comfortable/authorised to sign off

Amber - panel e.g. consisting of at least 3 people

- Value of £1,000 to £4,999
- Complex claims, e.g. bonuses/overtime, carers, or where claim is subjective
- Overseas and non-proceeding donors

Red – extended panel, e.g. to include expert advice from another area/discipline

- Value of greater than £5,000
- Complex, contentious claims
- Potentially fraudulent claims
- Altruistic donors/shared kidneys

12 Claims Process

Model for Reimbursement of Living Donor Expenses*

* based upon best practice principles in 'UK Guidelines for Living Donor Kidney Transplantation', 2018.

- Identify potential reimbursement requirements with donor at early stage of assessment, i.e. loss of earnings, travel expenses.
 - Provide donor with information pack & application form to apply to NHS England
- Donor collates relevant documentation to support claim, i.e. evidence of net pay earnings, monthly/weekly payments, sick pay entitlement, travel, accommodation, child care etc.
- Donor completes claim form with supporting evidence (see section 11.1), identifying other relevant sources of funding/entitlements for expenses e.g. statutory sick pay (SSP), incapacity benefit. NB: some travel claims may be directly reimbursed from the Trust on the day of appointment/investigation (e.g. for donors on income support).
 - A social worker is helpful in assisting at this stage.
- NHS Trust applies directly to NHS England having reviewed the claim and supporting information, enclosing relevant information, to seek approval for the claim.
 - Claims must be submitted in accordance with National Policy.
- If claim approved, NHS England either
 - a) pays the donor directly or
 - b) reimburses the local Trust (where local arrangements apply).
 Initial agreement should be for maximum of 12 weeks **with flexibility to apply for extension if required.**
 - Retrospective reimbursement maybe considered if unforeseen circumstances prevent a prospective claim being identified.
- Initial payment for 6 weeks, extendable when supported by Medical certs to 12 weeks if still off work. Claims to be submitted within an absolute maximum of 28 working days from the end of the claim period.
- Payment plan to be established prior to planned date of surgery following receipt of most recent supporting documentation (see section 11.1)
 - NHS Trust issues first medical certificate to donor on admission.



EMPLOYED DONORS

- Medical certificate submitted by donor to employer for SSP
- NHS Trust notifies NHS England that donation has proceeded and forwards 1st payslip showing loss of earnings post-surgery with copy of medical certificate when available
- Payment processed **on notification of donation** and commences as per sum agreed by prior approval from date of transplant



SELF-EMPLOYED DONORS

- Medical certificate submitted by donor to Department of Works and Pensions for incapacity benefit
- NHS Trust notifies NHS England that donation has proceeded and forwards copy of medical certificate forwarded
- Payment processed on **notification of donation** and commences as per sum agreed by prior approval from date of transplant

13 Responsibilities

13.1 Claimant (donor)

a) To achieve **prospective approval** from NHS England, it is the responsibility of the claimant (donor) to ensure that:

- The donor's Trust is alerted at an early stage that he/she wishes to submit a reimbursement claim.
- All paperwork related to the claim is accurate and complete and submitted to the Trust representative (living donor co-ordinator (LDC)/Social Worker (SW)/ Administrative Support (AS)).
- Explicit consent is given for NHS England staff who are involved in processing the expenses claim to receive relevant information and evidence pertinent to processing the claim and also be permitted to make direct contact with the claimant as required to process the claim.
- All claims are submitted to NHS England according to the process in section 13.1b below.

b) It is the responsibility of the claimant (donor) to ensure that, when the donor assessment is complete and/or the transplant has been scheduled:

- All claim forms are fully and accurately completed before submission
- All supporting evidence is available, including confirmation of support from claimant's employer
- Checklist is completed
- All information is submitted in a timely fashion.

Provided that the documentation and supporting evidence are complete and accurate, the claim will be processed within a maximum of 28 working days of receipt. Payment is subject to notification to NHS England that the donation has proceeded.

13.2 Trust Representative (see above)

a) To achieve **prospective approval** from NHS England, it is the responsibility of the Trust Representative (LDC/SW/AS) to:

- Provide the Donor Information Pack (Appendix 1) to the potential claimant at an early stage in the donor evaluation.
- Check that the claimant's information corresponds with outpatient and inpatient dates and ensure that the evidence correlates to the information within the claim form.
- To provide the donor with the contact details of the NHS England representative processing the claim.

b) To progress a claim, it is the responsibility of the Trust representative to:

- Check information submitted by the Claimant correlates with outpatient and inpatient dates.
- Send information collated by the Claimant to NHS England and to Trust Finance department (where local arrangements apply) to minimise delay in receipt of information to progress the claim.

13.3 Commissioner (NHS England)

For all claims, it is the responsibility of NHS England to ensure that:

- The claim is processed as soon as possible so that payment is processed within 28 working days of receipt of the claim and payment can commence from the date of donation.
- Acknowledgement that the claim has been received is sent to the donor
- Confirmation of approval/clarifications needed are notified promptly to the LDC/SW and the donor as necessary i.e. clarification about the content and supporting information in the application should be directed towards the donor and clinical queries to the LDC.
- The donor is reimbursed directly from NHS England or NHS Trust (where local arrangements apply) within the specified timeframes (see above).
- Appropriate contact details for designated personnel dealing with claims are provided to Claimants and NHS Trust Representatives.

14 Timelines

The following are guidelines for the recovery process. These are total recovery times from admission to anticipated return to normal activity.

- Return to normal lifestyle or work activity by 12 weeks depending upon lifestyle and work commitments i.e. sedentary/physically strenuous. This includes donors who are recovering from 'open' procedures as well as minimally invasive surgery.
- Caveats will apply if there are post-operative complications, e.g. wound infection, hernia etc., which may extend the anticipated inpatient stay/readmission/further procedure and/or recovery time.

15 Declaration

For expenses to be met, the donor **MUST** take personal responsibility for his/her own care and follow reasonable medical advice.

The information included in each claim will be strictly validated to ensure that it is reasonable and appropriate. Referring Units and Transplant centres are required to provide the necessary mechanisms to ensure that ALL information is correct and legitimate. It should be noted that all claims require the signature of the donor, agreeing to the following declaration:

"I declare that the information given is correct and complete. I consent to the disclosure of relevant information for the purposes of checking this and in relation to the prevention and detection of fraud. I understand that if I knowingly withhold information or provide false information, I may be liable for criminal prosecution and/or civil proceedings."

16 Appeals

- All claims are recorded by NHS England.
- Appeals are considered in accordance with NHS England policies and protocols.

Appendix 1a: Donor Information

Reimbursement of Expenses for Living Organ Donors Donor Information

This information pack is designed to:

1. Advise you how to make a claim
2. Answer frequently asked questions
3. Inform you about what to expect

How do you make a claim?

STEP 1

- The living donor co-ordinator will inform you during your clinic visit about the reimbursement process and what you will need to do to make a claim.
- An Information pack will be provided which will include frequently asked questions and a claim form.
- Please note that you need to complete the claim form yourself and supply relevant documentation/evidence to support your claim.

STEP 2

- Accurately complete the claim form and return it to the living donor co-ordinator along with the relevant evidence to support your claim. The more information you provide to support your application, the easier it is to process and approve your reimbursement.

STEP 3

- The living donor co-ordinator will check and confirm your attendance dates on the claim form, sign and forward your application to the NHS England with the evidence to support all aspects of the claim.

RESPONSIBILITIES

Donor /Claimant

In order for your claim to be considered, you must:

1. Inform the living donor co-ordinator as soon as possible if you would like to submit a claim for reimbursement.
2. Provide a letter from your employer (if employed) confirming the level of sick pay you will get if you go ahead to donate.
3. Ensure you are claiming any other benefits you may be entitled to e.g. statutory sick pay or help with travel costs etc.
4. Ensure the claim form is fully and accurately completed and signed before submitting it to the living donor co-ordinator.
5. Ensure all supporting evidence / documentation is collected and submitted with the claim.
6. Complete and return the checklist
7. Submit the claim form in a timely fashion - preferably when your date of donation is scheduled. In order to be considered, all claims must be submitted within a maximum of 28 working days from the end of the claim period.
8. Inform NHS England if you return to work whilst you are receiving reimbursement or if you have been overpaid.

Hospital Trust Representative / Living Donor Co-ordinator / Social Worker

The Hospital Trust Representative will:

- Provide a donor information pack at an early stage.
- Check and confirm the inpatient / outpatient appointments on the submitted claim form and ensure that the evidence submitted correlates to the claim.
- Check that the claim form is fully completed
- Send the claim form and relevant evidence provided by the donor to NHS England
- Provide the contact details of the NHSE personnel responsible for the processing of the claim to the claimant

NHS England

The NHS England Representative will:

- Acknowledge receipt of the reimbursement claim to the donor and Living Donor co-ordinator.
- Process the claim within 28 working days, provided that the information is accurate and complete.
- Contact the donor directly if further information is required regarding the submitted supporting evidence.
- Ensure the claim is approved to commence payment from the scheduled date of donation

Reimbursement Information for potential living organ donors

You are currently undergoing tests to assess your suitability to become a living organ donor.

Your Living Donor Co-ordinator will have explained that you will be required to attend hospital for several appointments and investigations as part of the work up process. If you are found to be suitable to donate you will also need a period of time after the operation to recover and recuperate.

It is possible to submit a claim for reimbursement of loss of earnings, travel costs and other relevant expenses that have occurred due to the donation process.

Any claims submitted by a donor will be assessed on an individual basis by the NHS England in line with the reimbursement of expenses for living organ donors' policy document.

Frequently asked questions

What is donor reimbursement?

Under the Human Tissue Act 2004 payment for donating a human organ is illegal. However, the Act does support the reimbursement of reasonable expenses for travel, loss of earnings and other expenses if directly attributable to the organ donation process.

When should I start to think about my reimbursement claim?

As soon as possible.

The living donor co-ordinator will provide you with an information pack at the early stage of your testing to assess your suitability as a donor. Read the information provided and start to gather the evidence required to support your reimbursement claim. For example, train tickets, parking receipts and a letter from your employer confirming the level of sick pay you will get if you go on to donate, validated evidence of self-employed income –tax return/paid invoices.

What happens if I have had investigations and have found out I am not suitable to donate? Can I still make a claim?

You may submit a claim for reimbursement of travelling expenses and parking. In exceptional circumstances additional reimbursement costs may be considered.

I am an altruistic donor can I make a claim for reimbursement?

Yes, you can make a claim. The relevant commissioner for the recipient who has benefited from your donated kidney will be responsible for dealing with your claim.

I am in the paired / pooled list as part of the national living donor kidney sharing scheme (NLDKSS) can I still make a claim for reimbursement?

Yes, you can make a claim. Depending upon where you live in the UK, this will be submitted to the relevant commissioner for that country.

What do I need to make a claim?

You will need to provide proof of:

- Current employment status / income / pay slips
- Details about any benefits you currently receive or may receive following the donation / confirmation of loss of benefits.
- If employed, you will need to obtain a letter from your employer confirming the arrangements for work absence, sick pay, unpaid leave, partial pay.
- If self-employed, you will need to provide details of gross income (before tax) from the last year.
- Travel tickets / receipts or mileage travelled by car.
- Miscellaneous receipts, e.g. accommodation.

You will need to submit the completed claim form and checklist

I am coming from overseas to donate. Can I still make a reimbursement claim?

Yes you can make a claim provided that you plan to donate to someone who lives in the UK and is entitled to NHS treatment. The living donor co-ordinator will need to inform NHS England as soon as you arrive in the UK.

Who makes the final decision on a reimbursement claim?

NHS England will make the final decision on any reimbursement claim after looking at the evidence you have supplied with your claim form.

Can my claim be rejected?

All claims will be scrutinised to prevent fraudulent or inappropriate claims being authorised. If evidence submitted with your claim is insufficient you may be asked by the NHS England to provide further information or evidence. This will delay how quickly your claim can be processed.

How much will I be reimbursed?

This will vary according to your individual circumstances. You should not be financially worse off as a result of the donation process, but neither should you make any financial gain as this would constitute payment for donation, which is illegal. Travel costs for donors can be reimbursed and will be calculated on the basis of the cheapest and most appropriate mode of public transport. Reasonable reimbursement of accommodation charges will be made up to the national average cost of a room.

When will I receive my reimbursement?

NHS England will aim to process your claim and approve it within 28 working days so that payment can be made to you as quickly as possible once NHS England is notified that the donation has gone ahead.

What if I return to work while I am still being reimbursed?

If you return to employed or self-employed work during your period of reimbursement you must inform NHS England. You will need to repay the appropriate amount of reimbursement as the calculations will have been done on the basis of the amount of time you expected to be unable to work.

Who can help me make a reimbursement claim?

The living donor co-ordinator will inform you about the donor reimbursement process at an early stage of your assessment to donate. You will need to complete the claim form yourself and obtain all the relevant documentation to support your claim. Your hospital may also have a Renal Social Worker who can help you with queries related to your claim e.g. sick pay and benefits.

Appendix 1b: Template letters and Claim Forms

Template letter and claim form for reimbursement of living donor expenses

[Trust Headed Paper]

[Date]

To whom it may concern [NHS England],

Re: Reimbursement of Living Donor Expenses for

Donor name:.....Date of Birth:

Hospital No:.....NHS No:

Address:

The above named person has been assessed as a living kidney/lobe of liver * (delete as necessary) donor and the date of donation is scheduled/was* (delete as necessary) [insert date].

Please find enclosed a completed claim form and supporting documentation for reimbursement of expenses.

The claimant consents for NHS England staff involved in processing the expenses claim to receive relevant information and evidence pertinent to processing the claim and also be permitted to make direct contact with the claimant as required.

We would be grateful if you could confirm receipt of this letter to [*insert email address*].

Please do not hesitate to contact me if you have any queries. I look forward to hearing from you.

Yours faithfully,

Living Donor Co-ordinator

cc: potential donor

cc: Trust Finance Department (where local arrangements apply)

LIVING ORGAN DONOR CLAIM FORM FOR REIMBURSEMENT OF EXPENSES

This form must be completed in full. Missing information will delay your claim. Please complete all relevant sections before submitting the form to your Trust Representative for signature and final submission.

Please attach all supporting evidence to this claim form (see 'Donor Information' Frequently Asked Questions)

For the purposes of completing the form:

- The 'Claimant' is the donor
- The 'Trust Representative' is the Living Donor Co-ordinator/ Administrative Assistant/ Social Worker
- The 'Commissioner' is the NHS England

Section 1: DONOR AND RECIPIENT INFORMATION. To be completed by the Claimant.	
Name of donor:	
NHS Number:	
Date of Birth:	
Address:	
Email:	
Telephone number/s:	
Name of recipient (If applicable):	
NHS Number:	
Date of Birth:	
Address:	

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Section 2: RELEVANT APPOINTMENTS/HOSPITAL ATTENDANCES

To be completed by the Claimant and confirmed by the Trust Representative.

Date	Hospital/clinic	Reason for appointment	Initials of Trust representative to confirm each entry

Signature of Trust Representative to confirm attendances:

Section 3: TRAVEL EXPENSES

To be completed by Claimant. NB: only complete this section if you have not been previously reimbursed for your travel expenses by the Hospital Trust. Mileage is paid at 25 pence /mile (HM Customs and Revenue Mileage Allowance Payment (MAP) rate).

Date and time	Journey To/From	Mileage (if driving)	Amount claimed	Evidence attached Yes/No*
Total				

* see section 6

If you have been informed that you are unable to donate, please go directly to Section 6

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Section 4: PREDICTED LOSS OF EARNINGS (IF DONATION IS PLANNED TO PROCEED)

To be completed by the Claimant.

Proposed Date of Donation (if agreed)		
Dates	Amount claimed	Evidence attached Yes/No*
Total		

Section 5: OTHER EXPENSES

To be completed by Claimant. NB: only complete this section if you have incurred/are likely to incur other expenses that are directly related to your donation.

Dates	Type of expense	Reason	Amount claimed	Evidence attached Yes/No*
Total				

* see section 6

Section 6: SUPPORTING STATEMENT

To be completed by Claimant. Please provide any additional information that you wish to be considered e.g. if supporting evidence cannot be provided and/or anything else that may affect your claim.

Section 7: DECLARATION

To be signed by the Claimant.

I declare that the information given is correct and complete. I consent to the disclosure of relevant information for the purposes of checking this and in relation to the prevention and detection of fraud. I understand that if I knowingly withhold information or provide false information, I may be liable for criminal prosecution and/or civil proceedings.

I consent for NHS England staff involved in processing my expenses claim to receive relevant information and evidence pertinent to processing the claim and also be permitted to make direct contact with me as required.

Signed: _____ Date: _____

Print Name: _____

Final Checklist

Please ensure that you complete the following checklist before submitting your claim form:

To be completed by Claimant to accompany claim form.	
Have you:	Please initial to confirm
1. Completed all relevant sections on the form?	
2. Enclosed all relevant supporting evidence/information?	
3. Signed and dated the declaration?	

Please submit your completed form, supporting information and attached checklist to your Trust Representative to sign the relevant sections. He/she will send your application NHS England.

Section 7: CONFIRMATION BY TRUST REPRESENTATIVE

To be signed by the Living Donor Co-ordinator.

I confirm that the above person has (**delete as applicable):

****Been assessed as a living organ donor and is suitable to donate a kidney/lobe of liver * (delete as necessary).**

****Been assessed as a living organ donor but is unsuitable to donate and will not be proceeding to donation.**

Signed: _____ Date: _____

Print Name: _____

Hospital Trust: _____

For office use only section to be included to reflect claims approval process

Appendix 2



Change form for published Specifications and Products developed by Clinical Reference Group (CRGs)

Product name: Commissioning Policy: Reimbursement of Expenses for Living Donors

Publication number: A06/P/a

CRG Lead: Jon Gulliver

Description of changes required

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
Donors may claim accommodation costs on the basis of the actual room/per person rate paid up to a maximum of cost based upon The Institute of Hospitality average room rates for the year in question found at The Institute of Hospitality average room rates.	Donors may claim accommodation costs on the basis of the actual room/per person rate paid up to a maximum of cost in line with usual NHSE reimbursement policy. Current guidance is that the cost of accommodation cannot exceed £100 per night for hotels booked outside of London and £150 per night for hotels booked in London. Both limits are inclusive of VAT, breakfast and any other charges without exception. These may be subject to change so should be checked before processing claims.	Section 11.1	The link in the current document is defunct so offers no advice	Sarah Watson	9/03/18
Not applicable	Explicit consent is given for NHS England staff who are involved in processing the	Section 13.1	This is an additional statement in order to meet requirements for	Sarah Watson	9/03/18

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	expenses claim to receive relevant information and evidence pertinent to processing the claim and also be permitted to make direct contact with the claimant as required.		information governance with respect to handling of patient information		
Not applicable	The claimant consents for NHS England staff involved in processing the expenses claim to receive relevant information and evidence pertinent to processing the claim and also be permitted to make direct contact with the claimant as required.	Appendix 1b: Template letters and Claim Forms	This is an additional statement in order to meet requirements for information governance with respect to handling of patient information	Sarah Watson	9/03/18
National Living Donor Kidney Sharing Schemes (NLDKSS)	7 UK Living Kidney Sharing Schemes (UKLKSS)	Section 7	Scheme renamed	Sarah Watson	9/04/18
* adapted from BTS/RA 'UK Guidelines for Living Donor Kidney Transplantation', May 2011.	* based upon best practice principles in 'UK Guidelines for Living Donor Kidney Transplantation', 2018.	Section 12	Updated reference to 2018	Sarah Watson	9/04/18
To facilitate communications between the donor and NHS England.	To provide the donor with the contact details of the NHSE representative processing the claim.	Section 13.2	To try to simplify and speed up the payment process and promote direct communication between the donor and NHS England in particular around some of the practical issues that arise in payments.	Sarah Watson	9/04/18
Acknowledgement that the claim has been received is sent to the donor via the LDC/SW.	Acknowledgement that the claim has been received is sent to the donor.	Page 17	Removing reference to confirmation going back through LDC, NHS England should contact	Sarah Watson	9/04/18

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			the donor directly		
Confirmation of approval/clarifications needed are notified promptly to the LDC/SW and the donor via the LDC/SW.	Confirmation of approval/clarifications needed are notified promptly to the LDC/SW and the donor as necessary	Page 17	To be clear that approvals/clarifications will be from NHS England	Sarah Watson	9/04/18

