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Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Specialised Services Commissioning Policy: CP30

Living Donor Expenses

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Policy Statement

Welsh Health Specialised Services Committee (WHSSC) will reimburse living donors resident in Wales in accordance with the criteria outlined in this document to ensure that the financial impact on the living donor is cost neutral.

This policy is designed to inform healthcare professionals and potential donors 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.

Welsh Language

WHSSC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the [Welsh Language Act \(1993\)](#), the [Welsh Language \(Wales\) Measure 2011](#) and the [Welsh Language Standards \(No.7\) Regulations 2018](#).

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, WHSSC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

WHSSC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the WHSSC commitment.

Disclaimer

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this policy.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make

decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this policy.

1. Introduction

This document has been developed as the commissioning policy for the reimbursement of living donor's resident in Wales. This service is only commissioned by the Welsh Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

1.1 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 travelling expenses. 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 WHSSC.

1.2 Aims and Objectives

This policy aims to define the commissioning position of WHSSC to ensure the financial impact on the living organ donor is cost neutral. This policy aims to be compatible with other UK countries – England, Scotland, and Northern Ireland.

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 Transplantation (Wales) Act 2013¹ and Explanatory Memorandum (EM)/Regulatory Impact Assessment (RIA) guidance (Senedd, Wales)².

A living donation could either be a directed donation (to a relative, friend or other), or as part of the UK Living Donor Kidney Sharing Schemes (UKLDKSS)³ (for example paired/pooled donation or non-directed altruistic donation and altruistic donor chains).

The objectives of this policy are to:

- Uphold the legal requirement, under the Human Transplantation (Wales) Act 2013¹ that there should be no reward (financial or other material advantage) for the supply or offer of supply of any organ or part organ.

¹ <https://www.legislation.gov.uk/anaw/2013/5/contents>

² <https://senedd.wales/laid%20documents/sub-ld10351-em/sub-ld10351-em-e.pdf>

³ <https://www.odt.nhs.uk/living-donation/uk-living-kidney-sharing-scheme/>

- Ensure a robust, stratified claims assessment process based upon the level of risk and proportionality, in line with the donor's earning, in order to assess claims accurately across the spectrum of costs.
- Ensure that financial reimbursement will reflect the loss of earnings and other relevant expenses.
- Ensure the principles of reimbursement will be communicated clearly to the donor in a transparent and consistent manner before donation, in line with existing WHSSC financial control procedures.
- Define the special arrangements for retrospective consideration of claims when there has been insufficient time prior to donation for prospective agreement, for example for donors who are non-resident in the UK, urgent liver lobe donation, non-directed altruistic donors and where a subsequent claim is made for previously unforeseen expenses.
- Note that potential donors who are unsuitable to proceed to donation are eligible to claim for reimbursement of travel expenses, including parking costs.
- Note that under exceptional circumstances, additional reimbursement costs may be considered on a case by case basis at the discretion of WHSSC.

1.3 Key Principles for Reimbursement

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

- 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.
- Claims will be settled by WHSSC on an individual basis according to agreed criteria specified and in line with existing financial control procedures.
- Potential claims will be identified by the Health Board (HB) where the recipient resides early in the donor assessment period.
- Whenever possible, notification to WHSCC of a claim should be made prior to the date of donation, such as, 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 WHSCC. Claimants should discuss this with their HB and notify the intention to claim as soon as possible and within the timelines set out in this policy.
- Donor expectations about the nature and size of claims that will be approved must be appropriately managed by the provider HB.
- As early as possible in the assessment process, donors must be provided by the HB with appropriate and specific information about

the criteria for application, supporting evidence required and approval processes and timeframes.

- Validated income and alternative sources of reimbursement, (such as salary or statutory sick pay) must be declared and full supporting evidence (for example pay slips, tax return, social security certificates) provided by the donor at the time of application for reimbursement.

1.4 Relationship with other documents

This document should be read in conjunction with the following documents:

Welsh Code of Practice

- [Human Transplantation Wales Act 2013 - Draft changes to capture change to opt out system in England August 2018 \(hta.gov.uk\)](#)
- [Code F part 1.pdf \(hta.gov.uk\)](#)

NHS Wales

- All Wales Policy: [Making Decisions in Individual Patient Funding requests](#) (IPFR).

Human Tissue Authority

- [Legal Framework for Living Donation](#)

Relevant NHS Scotland policies

- [These can be accessed here](#)

Relevant NHS England policies

- Commissioning Policy: Reimbursement of Expenses for Living Donors: NHS England Ao6/P/a December 2021
<https://www.england.nhs.uk/wp-content/uploads/sites/12/2023/02/Commissioning-policy-dialysis-away-from-base-version-7.pdf>

2. Criteria for Commissioning

2.1 Inclusion Criteria

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

2.2 Responsibilities

2.2.1 Claimant (donor)

In order to achieve an efficient process, it is the responsibility of the donor to ensure that the following is done:

- The donor must notify their living donor coordinator/transplant liaison nurse at an early stage that they wish to submit a reimbursement claim.
- The donor must fully and accurately complete their claim forms which will be included within the donor pack. Assistance can be provided by the donor nurse where necessary.
- The donor must submit the paperwork/evidence relating to their claim within two weeks to the donor nurse. Once the donor nurse has countersigned, the paperwork will need to be submitted to WHSSC.

2.2.2 Local Renal Unit

To achieve an efficient process, it is the responsibility of the local renal unit to ensure that the following is done:

- When notified by the donor that they wish to submit a reimbursement claim, the living donor coordinator / transplant liaison nurse should provide the donor with appropriate information and a claim form.
- The living donor coordinator / transplant liaison nurse should notify the transplant unit of the potential reimbursement claim.
- The living donor coordinator / transplant liaison nurse should confirm that the donor's information on the claim form corresponds with appointment dates and sign off appointment attendance.

2.2.3 Timelines

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

- Return to normal lifestyle or work activity by 12 weeks after surgery depending on whether lifestyle and work commitments are sedentary or physically strenuous. This includes donors who are recovering from 'open' procedures as well as 'minimally invasive' procedures.

- Caveats will apply if there are post-operative complications associated with donation, for example wound infection, hernia etc., which may extend the anticipated in-patient stay/readmission/further procedure and/or recovery time. If there are complications and the donor needs to be off work longer than 3 months, a further claim can be made at that time.
- For expenses to be met, the donor should take personal responsibility for his/her own care and follow reasonable medical advice.

2.3 Reimbursement Criteria

2.3.1 Travel expenses

Any reasonable claim for travel expenses is considered on an individual basis, and documentation such as tickets / receipts to support the claim for these expenses will be required. Travel expenses will only be reimbursed for the donor.

Appropriate travel costs are calculated on the basis of the cheapest and/or most appropriate mode of public transport available (including any promotional or concessionary fares).

Mileage will be reimbursed at the HM Customs and Revenue Mileage Allowance Payment (MAP) rate. Current rates can be confirmed at <https://www.gov.uk/expenses-and-benefits-business-travel-mileage/rules-for-tax>.

Taxi fares will only be reimbursed when used by the donor in the post-operative period if clinically necessary, as approved by the appropriate clinician.

2.3.2 Accommodation expenses

When a donor stays overnight in a hotel, guesthouse or other commercial accommodation, with the agreement of the clinical team, the overnight costs will be reimbursed at the actual receipted cost, up to the normal maximum limit set out in NHS Terms and Conditions of Service Handbook⁴ (£75 per night as of January 2023). This is inclusive, without exception, of VAT, breakfast and any other charges.

Accommodation costs will be reimbursed for the donor alone and will ordinarily be limited to 7 days in total. Exceptional circumstances may require this limitation to be extended. This will be agreed on a case by case basis.

⁴ <https://www.nhsemployers.org/publications/tchandbook>

2.3.3 Loss of earnings

Payment for loss of earnings is legal under the Human Tissue Act 2004⁵, but the method of payment and position with respect to any tax liability depends on the employment status of the individual. Key principles and advice relating to loss of earnings and changes to benefits entitlement is provided below. However, if living donors require expert advice or further information, details are available at <https://www.gov.uk/browse/benefits>.

Payments will be processed by WHSSC on receipt of notification that donation has proceeded or on presentation of a medical/discharge certificate.

2.3.4 Employed Salaried Donors

Earnings from employment are normally subject to tax and national insurance contributions and paid through PAYE. Reimbursement is paid of net income and will not be taxable. Some employers may continue to pay basic pay, but the donor may lose supplementary pay in the form of commission or tips. Such losses may be reimbursed on provision of suitable proof of average overall earnings.

Exceptionally, if the person is on unpaid leave for several weeks, they may need to make voluntary payments to make up lost pension contributions (for example, to a stakeholder pension or Class 3 additional voluntary National Insurance contributions for a state pension). Such voluntary contributions can be reimbursed without any tax liability. In view of the short time they are away from work, living donors should not need to make additional National Insurance contributions but if they are unsure they should contact their tax office.

Employed donors should ideally provide payslips for the previous 6 months but failing that a minimum of the last 3 months. If overtime is a regular part of a donor's income, this should be determined through examining overtime patterns or their P60 from the previous year.

Additional income will be considered on a case-by-case basis. By signing the claims form, the donor is providing authorisation for WHSSC to contact their employer to clarify any payments.

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

⁵ <https://www.legislation.gov.uk/ukpga/2004/30/contents>

2.3.5 Self-employed donors

Reimbursement for self-employed donors is based on gross income and as such will be liable to tax. Self-employed donors should provide proof of lost gross income through documentation such as a copy of their latest tax return, as well as bank statements covering the period affected and a comparative period from the previous year.

If a new business (operating for less than a year), the donor should provide details of net earnings to date, as well as bank statements covering the relevant period.

Evidence should be submitted of any Employment and Support Allowance received.

2.3.6 Unemployed donors

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

2.3.7 Retired donors

There should be no lost earnings for a retired donor.

2.4 Child Tax Credit and Working Tax Credit

A person's entitlement to Child Tax Credit will not be affected by the fact that they are a living donor. A short absence from work does not usually affect a donor's entitlement to Working Tax Credit, including the child care element, because, assuming the donor plans to return to work as soon as they have recovered, HMRC would not regard the absence as affecting the donor's 'usual working hours'. When entitlement to either or both of the tax credits is assessed, only taxable income is taken into account. So, if donors receive non-taxable income, they are not required to report it to HMRC. Donors who need further information should contact the Tax Credit Helpline on 0845 300 390.

2.5 Miscellaneous expenses

It is possible that a donor may incur additional expenses as a direct result of the donation. In this case an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: [Making Decisions on Individual Patient Funding Requests \(see section 5.2\)](#). The request will then be considered by the All Wales IPFR Panel. Receipts to support the claim for these expenses must be provided by the donor and must accompany the application.

These expenses must be considered reasonable and proportionate. Where possible, these should be anticipated prior to donation and with the agreement of the clinical team.

Further information on making IPFR requests can be found in section 5.2.

2.6 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:

- Full-time residents (non-UK residents)
- UK residents living temporarily overseas (for work or personal reasons)

For both categories, only donors who plan to donate to an 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 Wales. 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.

The transplant centre should ensure that as much pre-operative testing as possible to confirm donor suitability has been undertaken in the donor's home country.

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 here: (<https://bts.org.uk/guidelines-standards/>) (British Transplantation Society website).

Ideally costs are reimbursed directly to the donor. There may be circumstances where reimbursement is not made by the NHS, nothing in law prevents a recipient (or the family of the recipient) from directly reimbursing the donor's expenses. In this circumstance, the donor and recipient should provide evidence to prove that the donor has not materially benefitted in any way, for example that only directly attributable costs were paid.

The Living Donor Coordinator must notify WHSSC of a potential non-resident donor as soon as the donor arrives in the UK, with an appropriate visa (if required).

The overseas donor is no longer the responsibility of NHS Wales upon discharge from clinic post-donation.

2.7 UK Living Donor Kidney Sharing Schemes (UKLDKSS)

The UK Living Donor Kidney Sharing Scheme⁶ organises the exchange of living donor kidneys throughout the UK. This includes paired/pooled donations (PPD) and altruistic donor chains (ADC) initiated by non-directed altruistic donations (NDADs).

Prospective agreement of donor costs from WHSCC may not be feasible in cases of NDAD and ADC donation because the recipient may live anywhere in the UK and arrangements outside Wales 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.

2.8 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 (that is, all recipients ultimately receive a transplant when matched).

2.9 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.

⁶ <https://www.odt.nhs.uk/living-donation/uk-living-kidney-sharing-scheme/>

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.

For example:

- Donor Cardiff – Recipient Bristol; Donor Bristol – Recipient Manchester; thus Manchester reimburses Cardiff.

2.10 Declaration

The information included in each claim will be strictly validated to ensure that it is reasonable and appropriate. Transplant centres will be required to provide necessary mechanisms to ensure all information is correct and legitimate. 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 purpose of checking this and in relation to the prevention and detection of fraud, for example, communication with my employer. I understand that if I knowingly withhold information or provide false information, I may be liable for criminal prosecution and/or civil proceedings."

2.11 Fraud management

Fraud in the NHS is unacceptable as it diverts resources away from patient care. It is therefore important that robust verification procedures are in place. Only claims submitted using the appropriate forms should be accepted. Should fraud be suspected, it should be reported to NHS Wales Counter Fraud Services on 01495 334100.

2.12 Appeals

The purpose of the reimbursement scheme for living donors is to reimburse for validated expenditure or loss directly associated with donation. As such there is no appeal mechanism.

However if the patient does not meet the criteria for reimbursement as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: [Making Decisions on Individual Patient Funding Requests \(see section 5.2\)](#). The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy:

Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

3. Evidence

WHSSC is committed to regularly reviewing and updating its clinical commissioning policies based upon the best available evidence of both clinical and cost effectiveness.

3.1 Date of Review

This document is scheduled for review in 2026 where we will check if any new evidence is available. If no new evidence or intervention is available the review date will be progressed.

If an update is carried out the policy will remain extant until the revised policy is published.

4. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

5. Putting Things Right

5.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales the patient or their representative should be guided to the [NHS Trust Concerns Procedure](#), with a copy of the concern being sent to WHSSC.

5.2 Individual Patient Funding Request (IPFR)

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#).

Annex i Patient Pathway

Under development and will form part of the Standard Operating Procedure (SOP) for operationalisation of the policy

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Annex ii Checklist

Living Donor Expenses

The following checklist should be completed for every patient to whom the policy applies:

- Where the patient meets the criteria **and** the procedure is included in the contract **and** the referral is received by an agreed centre, the form should be completed and retained by the receiving centre for audit purposes.
- The patient meets the criteria **and** is received at an agreed centre, but the procedure is not included in the contract. The checklist must be completed and submitted to WHSSC for prior approval to treatment.
- The patient meets the criteria but wishes to be referred to a non contracted provider. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration.
- If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

Appendix 1

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

The claimant is responsible for submitting the best evidence available, such as receipts, invoices and statements. In the absence of direct evidence, supplementary documentation, for example 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 WHSSC that the donation has proceeded or presentation of medical/discharge certificate.
- 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, such as a 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 <https://www.gov.uk/expenses-and-benefits-business-travel-mileage/rules-for-tax>.
- 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

- Accommodation is reimbursed for the donor ONLY
- Duration of stay is based on clinical need and the individual circumstance of the donor.
- Subject to prior approval for duration of stay, donors may claim accommodation costs on the basis of the actual room/per person rate paid up to a maximum of cost based upon up to the normal maximum limit set out in NHS Terms and Conditions of Service Handbook (£75 as of April 2014).
<http://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/AfC%20Handbook%20version%2033.pdf>

Appendix 2

Claims Process

Model for Reimbursement of Living Donor Expenses based upon best practice principles in 'UK Guidelines for Living Donor Kidney Transplantation', 2018.

Donor collates relevant documentation to support claim, for example evidence of net pay earnings, monthly/weekly payments, sick pay entitlement, travel, accommodation, child care etc.

Donor completes claim form with supporting evidence (Appendix 1), identifying other relevant sources of funding/entitlements for expenses e.g. statutory sick pay (SSP), and 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.

LHB applies directly to WHSCC 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.

Payment plan to be established prior to planned date of surgery following receipt of most recent supporting documentation (Appendix 1)

- LHB issues first medical certificate to donor on admission.
- If claim approved, WHSSC either
 - a) Pays the donor directly or
 - b) Reimburses the LHB (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.

EMPLOYED DONORS

Medical certificate submitted by donor to employer for SSP.
LHB notifies WHSSC 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.
LHB notifies WHSSC 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.

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.
Involve Social Worker if available to assist.