

Discussion Paper: Energy support for at home medical equipment

October 2026

1. Executive Summary

- **People who rely on essential medical equipment at home face unavoidable additional energy costs** because they must power equipment such as dialysis machines, oxygen concentrators, ventilators and CPAP devices to manage their health.
- **Existing support arrangements in Scotland are limited and fragmented.** While reimbursement schemes exist for home dialysis and oxygen concentrators, support for other medical devices is generally unavailable and there can be variation in delivery and levels of support.
- **This discussion paper sets out a framework for how future support could be designed.** It identifies four key principles for any future scheme:
 - (1) **providing a consistent national approach;**
 - (2) **linking support to the current cost of energy;**
 - (3) **basing support on a fuller assessment of energy need; and**
 - (4) **delivering support in a timely manner, ideally in advance of energy use.**
- The paper highlights that **support for home medical equipment users should be considered separately from support for terminally ill people.** While some terminally ill consumers use medical equipment, **their additional energy costs often arise from a wider range of needs, including enhanced heating requirements and increased electricity use for hygiene and comfort.** In addition, terminal illness support can be delivered through the existing Special Rules for Terminal Illness (SRTI) social security framework, whereas there is currently no equivalent national mechanism for identifying and delivering support to users of home medical equipment. **These distinctions mean that policy should avoid conflating the two groups or assuming a common delivery approach.**
- **A range of delivery approaches are considered, including adapting models such as the Warm Home Prescription and trusted third-party arrangements that could assess need and provide energy support linked to actual costs.** These approaches could help patients maintain treatment at home, reduce financial hardship, support preventative healthcare objectives and potentially reduce pressure on NHS services by avoiding poorer treatment adherence and preventable hospital interventions.
- Ultimately, **the paper proposes design principles and delivery considerations to inform the Scottish Government's commitment to explore financial support for households facing electricity costs associated with life-saving medical equipment in the home.** The Scottish Government will need to balance improved targeting and health outcomes against considerations of administrative complexity, deliverability and value for money.

2. Overview

- 2.1 This briefing paper considers how future support for energy costs associated with home medical equipment could be designed to better meet the needs of consumers in Scotland in vulnerable circumstances.
- 2.2 Unlike most households, consumers who are dependent on at home medical equipment cannot significantly reduce electricity consumption without jeopardising their health. Their energy demand is often medically determined rather than discretionary. However, the gap in support for energy costs to run at home medical equipment risks patients rationing device usage, or making other difficult decisions around essential household finances, such as “heating vs. eating”. Further, if households cannot afford to run essential medical equipment, the result may be poorer treatment adherence, deterioration in health, increased clinical interventions and avoidable hospital admissions. Energy affordability therefore has direct implications for preventative healthcare and demand management within the NHS in Scotland.
- 2.3 The briefing focuses on the interaction between healthcare delivery and the energy market, and proposes a set of design criteria that could underpin a more effective and consistent approach to energy-related assistance. These include:
- considerations around national consistency,
 - linking support to the cost of energy,
 - enabling a fuller assessment of need, and
 - providing support to patients in a timely manner.
- 2.4 The briefing aims to support discussions across the Scottish Government, public bodies, the energy sector and health stakeholders on how best to ensure that patients who depend on essential medical equipment are not disadvantaged by the elevated energy costs associated with receiving care at home.
- 2.5 The briefing does not, at this stage, propose specific medical devices that the Scottish Government should provide support for. It does include analysis of the current costs of running some at-home medical devices, however this should be taken as illustrative rather than defining what medical devices are proposed to be covered.

3. Medical Devices, Current Support, and Gaps

Comparing Targeting and Delivery of Energy Support for Terminal Illness, and At Home Medical Equipment Groups

- 3.1 The Scottish Government in their 2026-2031 Programme for Government committed to exploring how they will best deliver financial support for people with electricity costs relating to life-saving equipment in their homes, and further support for the energy costs of those with terminal illnessⁱ. It is important to draw out the distinction between these different patient groups as the type of support required, and the mechanisms which the Scottish Government can use to provide support, differ.
- 3.2 Earlier this year, Consumer Scotland published an options paper setting out the case, and potential roadmaps, for delivering support to terminally ill patients in Scotland through the existing devolved social security mechanismsⁱⁱ. It is important to recognise that while the unavoidable higher energy costs faced by terminally ill patients may in part be due to the need to use at home medical equipment, there are other drivers of additional costs for these patients. For example, an enhanced heating regime is recommended for vulnerable groupsⁱⁱⁱ, and these groups may face higher electricity costs through increased use of washing machines and electric showers to maintain good hygiene, provide comfort and reduce the risk of infections, especially if their condition or treatment causes them to be immunocompromised.
- 3.3 Further, it is currently more straightforward to target and deliver additional financial support to terminally ill consumers in Scotland through devolved social security mechanisms. Existing disability benefits in Scotland include eligibility under the “Special Rules for Terminal Illness” (SRTI) route, that includes clinical validation and a fast-tracked route to deliver financial support directly to consumers that meet the definition of terminally ill under social security rules.
- 3.4 In contrast, financial support for energy consumption of at home medical equipment will vary depending on what medical equipment is within scope of any proposed scheme. Medical equipment is also currently prescribed by health authorities in Scotland, without a central data repository detailing both patient details and types of medical equipment prescribed to allow for efficient data-driven targeting of intended recipients at a national level. There is also no equivalent social security marker like the

SRTI route that would allow the straightforward delivery of support to eligible consumers.

- 3.5 Therefore, it is important that policy does not conflate these two groups' needs, or the options and routes to deliver support. Energy support for terminally ill consumers could be delivered using preexisting routes for their particular needs, while proposed support for at home medical equipment will require decisions on what support to provide and through what means, as this paper goes on to discuss.

The Benefits of Home Medical Equipment

- 3.6 Across Scotland patients rely on at home medical equipment to manage long term health conditions and receive treatment outside traditional healthcare settings.
- 3.7 The use of at-home medical equipment and greater use of home treatment can save the NHS in Scotland time and resources, as well as save patients and their families travel time and cost, especially for conditions that require regular use such as haemodialysis. At the same time, Scottish health policy increasingly seeks to deliver care closer to home, reducing pressure on hospitals while improving patient experience^{iv}. Home dialysis, respiratory support, oxygen therapy and other forms of at-home treatment are necessary to realise this ambition. This approach also aligns with the Scottish Government's Public Service Reform agenda, especially around objectives to improve preventative approaches and reduce demand on public services by ensuring patients can maintain their treatment at home.

Energy Costs and Home Medical Equipment

- 3.8 The success of these health delivery models depends on the clinical provision of essential equipment, and on patients being able to use this equipment safely, affordably and consistently at home.
- 3.9 However, for many households in Scotland the benefits of home medical equipment are accompanied by additional energy costs arising from the use of essential devices such as:
- dialysis machines (such as an Automated Peritoneal Dialysis (APD) machine),
 - oxygen concentrators,
 - ventilators,
 - continuous positive airway pressure (CPAP) devices, and
 - nebulisers.
- 3.10 Patients may use many other types of at home equipment depending on their health condition. To provide an illustration of the estimated running costs of at home medical equipment for patients in Scotland, we have taken the consumption cost of the above machines and calculated their annual running costs based on expected usage and

Ofgem's updated price cap figures for October to December in 2026 for Southern Scotland (Northern Scotland figures would be very marginally higher):

Table 1 – Illustration of Estimated Medical Device Running Costs Based on Ofgem Price Cap October – December 2026 (Southern Scotland)

Device	Assumed power draw	Assumed Use	Assumed Annual Consumption (kWh)	Electricity Rate (£/kWh)	Estimated annual running cost (£)
Automated Peritoneal Dialysis ^v	0.25 kW standard cyclor incl. Warmer; 0.1 kW Claria cyclor	8-10 h/night plus 0.5h set-up	310-960	£0.2611	£81-£250
Home haemodialysis, conventional machine with water treatment (UKKA calculator basis) ^{vi}	0.82 kWh per hour of dialysis incl. Water treatment; 0.82kWh set-up and 0.90 kWh disinfection per session; 2.42 kWh/week cleaning	3 x 4 h a week (low estimate) to 6 x 3h or 3 x 8 h over night (high estimate)	910-1,430	£0.2611	£237-374
Oxygen Concentrator, stationary (e.g. Philips EverFlo) ^{vii}	300-350 W average	15 h/day (minimum long-term oxygen prescription) to 24h/day	1,640 – 3,070	£0.2611	£429-801
Ventilator used continuously (e.g. ResMed Lumis or Astral) ^{viii}	53 W typical (Lumis) to 90 W (Astral power supply rating)	24 h/day	460-790	£0.2611	£121-206
CPAP/APAP (ResMed AirSense 10, with humidifier) ^{ix}	Typical consumption of 53w	8 h/night	155	£0.2611	£40
Mains nebuliser (Medix AC2000) ^x	At most 62 W	1 x 10 min to 4 x 15 min a day	4-23	£0.2611	£1-6

Source: Analysis of NHS and NHS Scotland device prescription and treatment guidance, UK Kidney Association reimbursement calculator, and medical device manufacturer product information. Annual consumption is power draw x hours of use per day x 365, or the UK Kidney Association reimbursement calculator assumptions for dialysis. Costs use the Ofgem price cap single-rate unit price for direct debit customers in Southern Scotland and exclude standing charges, VAT (not charged on electricity from October 2026 to March 2027), water and any additional heating, laundry or cooling associated with treatment. "Typical" figures are manufacturer or calculator averages; Hours of use are taken from prescribing guidance or reimbursement methodologies where these exist and are otherwise illustrative. Actual costs vary with prescription, device settings and duration of use.

- 3.11 Of particular concern in recent years has been the effects of the fluctuating costs of energy has on such patients. In 2023, Children’s Hospices Across Scotland (CHAS) estimated that a household with complex needs and multiple medical devices could face an additional cost in the thousands of pounds when also the increased use of washing and dryer machines necessary to maintain hygiene^{xi}.
- 3.12 The issue has become more pressing in the context of sustained pressure on household energy costs. Although domestic energy costs are below their peaks in 2022-23, many households continue to face affordability challenges. Overall, between January 2019, when the Ofgem Price Cap was introduced, and the upcoming October-December 2026 Price cap period, electricity unit rates in GB have increased 59.3%. Consumer Scotland’s annual Energy Affordability Tracker^{xii} survey found in 2026 that:
- 38% of Scottish households cannot afford to heat their home to a comfortable level,
 - 16% find it difficult to keep up with their energy bills.
 - Those who have a disability or health condition are more likely to experience difficulty paying energy bills
 - Health issues are compounded by the pressure of paying energy bills:
 - a third (33%) of all households reported that their mental health is negatively impacts “a lot” or “a fair amount”,
 - 27% said their physical health is negatively impacted.
- 3.13 The number of households likely to be affected this winter is likely to increase as the conflict in the Middle East has pushed up wholesale energy costs, and early forecasts estimating further increases to domestic bills in January 2027.

Current Support for Users of Home Medical Equipment

- 3.14 Current financial support for patients in Scotland with at home medical equipment is limited.
- 3.15 Direct assistance is focused primarily on home dialysis and oxygen concentrator users. Both current device-specific schemes are structured to provide retrospective financial reimbursement to patients rather than upfront support:
- **Home Dialysis Reimbursement** – this scheme has been in place since February 2024 and covers Home Haemodialysis, Automated Peritoneal Dialysis (APD) and Continuous Automated Peritoneal Dialysis (CAPD), for all patients regardless of age or income. Reimbursement is recommended to be quarterly, calculated on a flat-

rate basis based on the type of dialysis, type of equipment, and average usage per week according to several treatment plan options^{xiii}.

- **Home Oxygen Concentrator Service** - Vivisol administers the Oxygen Concentrator Rebate Scheme on behalf of NHS Scotland, providing a quarterly rebate based on equipment meter readings. The reimbursement rate is dependent on the Distribution Network Operator (DNO) area in which a patient lives. Patients living in the Scottish Power Energy Network Distribution DNO area, or “South Scotland”, receiving 26.55p per unit, and patients living in the Scottish and Southern Energy DNO area, or “North Scotland”, receiving 25.53p per unit, from 1 January 2025^{xiv}.

- 3.16 The retrospective rebate model of the two schemes presents risks for patients who pay for their energy through a prepayment meter (PPM). Such meters require consumers to pay in advance of energy usage, with a heightened risk for patients with a PPM to self-disconnect or developing a need to ration usage. The national policy for Home Dialysis Reimbursement states that due consideration should be given to any patients on prepayment meters to ensure their supply is not at risk, however it does not prescribe a national approach to supporting these patients^{xv}. It should also be noted that there can be significant variation in energy needs even with the same device category, complicating any flat-rate reimbursement approach^{xvi}.
- 3.17 While there is a national reimbursement *policy* for dialysis machines, the reimbursement schemes themselves are funded through existing NHS health board’s budgets, and done at a health board’s discretion. Kidney Care UK have found that, in contrast to the approach in England and Wales, this has resulted in significant variation in support for patients in Scotland, with some health boards only offering partial reimbursement^{xvii}. This effectively places a ‘post-code lottery’ on dialysis patients across Scotland as to how much financial support they will receive to meet the running costs of their at home dialysis treatment. The Scottish Government has announced plans to reform the number of health boards in Scotland, replacing the 14 Regional Health Boards with 2 Strategic Health Boards^{xviii}, which will likely have a bearing on how this issue could be addressed in the future.
- 3.18 There is no current financial support provided to users of other at-home medical equipment.

Other Financial Support

Household Energy Support

- 3.19 More general household energy support also exists in Scotland, delivered through the social security system through cash payments, such as the Winter Heating Payment, or through a credit to a consumer’s energy bill in the case of the Warm Home Discount.
- 3.20 However, this support is designed around income/means-testing and age-eligibility^{xix}. These schemes do not provide support based on what energy a patient uses, such as a device type, running hours or energy consumption. For example, a working-age patient who is just above the Universal Credit threshold would not receive any energy-related

social security payments even if they have a Continuous Positive Airway Pressure (CPAP) machine. Therefore, existing general energy support is unlikely to meet the particular energy needs that are associated with at home medical equipment.

Disability Benefits

- 3.21 Disability benefits, such as Adult Disability Payment (ADP) for working-age people and Pension Age Disability Payment for pension-age people, are available in Scotland to provide extra support to help eligible disabled people or those who have a long-term ill health condition. This support is based on the need for assistance with day-to-day living, with eligibility conditional on a person being awarded a sufficient number of “points” in relation to their ability to undertake everyday activities.
- 3.22 For ADP, one these prescribed activities is “managing therapy or monitoring a health condition”, which includes the use of home dialysis^{xx}. However, the level of entitlement under disability benefits is determined by the ability of the person to undertake activities independently, not by actual electricity use or any model of this. Further, “managing” a therapy is a key criteria within the decision-making guide; someone using a high-consumption machine independently and correctly may score zero on this activity despite significant running costs. As the resulting financial support bears no relationship to actual electricity consumption or energy bill impact it is not likely to be appropriate to meet a patient’s cost of at home medical equipment.

4. Design Criteria for a Future Scheme

- 4.1 The analysis presented in this paper highlights a number of challenges faced by patients who rely on medical equipment at home, and where current support may not effectively reach them. To ensure that improvements to support mechanisms are effective and capable of meeting patient needs, the design of these changes should be guided by the following principles:

1. Consideration to be Given for a Consistent Approach Across Scotland

- 4.2 Consideration should be given to whether support for home medical equipment could be delivered on a nationally consistent basis, irrespective of where an individual resides. As discussed above, an example of a scheme where health boards can apply their own discretion is under the National Policy for Reimbursement of Home Dialysis Costs. The Policy requires every health board to offer reimbursement, but the schemes are funded from existing board budgets, and they retain discretion over whether to pay above the suggested annual rate, whether to contribute to additional heating costs that dialysis machines need to operate efficiently, and how frequently to pay. Variation between health boards appear to be driven primarily by local administrative capacity and resource constraints, particularly within smaller finance teams, as well as differing local decisions regarding the level of support available for home-based treatment sessions^{xxi}.
- 4.3 Consideration should be given to where a more consistent approach is beneficial, especially where different levels of support risks exacerbating health inequalities across Scotland, and supporting a preventative approach by reducing the risk of health inequalities linked to a patient's financial circumstances affecting their health outcomes.

Recommendation to the Scottish Government: determine which elements of support for home medical equipment should be set nationally, such as minimum eligibility, the level of support and payment frequency. Consideration should also be given to how national policy will be monitored to understand the existence and extent of regional health inequalities.

2. Support that Reflects the Current Cost of Energy

- 4.4 The value of support should track the price patients actually pay for their household electricity. Unit rates have risen by 59.3% since the price cap was introduced in 2019, and continue to fluctuate as seen in 2022/23, and again as we enter winter in 2026. A fixed cash amount could quickly lose its real value, a persistent problem for other forms of energy support such as the Warm Home Discount.

There are two broad ways to achieve this:

- **Index to the Ofgem price cap** – The payment is recalculated at a set point each year, or each quarter, using the cap unit rate for the relevant region. This is administratively simple and requires no information from the patient's supplier.
 - **Link to the patient's actual tariff** – Where payments reflect each household's energy tariff, reflecting the unit rate of any fixed deal they are on. There are international examples of similarly dynamic schemes. In Australia, Victoria's "Life Support Concession" is directly linked to a household's own tariff rather than a flat national rate. The concession is calculated as equal to the cost of 1,880kWh of electricity annually, or 470kWh per quarter, paid by the energy supplier onto a bill or balance^{xxii}. This is more accurate but requires the supplier to be part of the delivery (see delivery models below).
- 4.5 Either approach produces a "floating" payment where the cash value changes as prices change. This brings three challenges: the payment would need to be reviewed periodically; even yearly movement may complicate Government budget planning; and stakeholders have voiced concerns that variable payments feel less predictable for patients^{xxiii}. However, these challenges may be manageable, and an annual change tied to a fixed price cap period would mitigate any erosion in the value of this support.

Recommendation to the Scottish Government Scottish Government: ensure wherever possible that affordability supports, whether new or existing, keep pace with actual energy costs.

3. Support based on a full assessment of Medical Device Costs

- 4.6 Support should reflect the additional energy a patient's equipment requires. This has two components:
- **Device consumption** – As Table 1 illustrates, consumptions widely by device type, number of devices and hours of use, and can vary significantly between patients using the same device.
 - **Associated heating** - Some equipment only works reliably in a sufficiently warm room. Haemodialysis machines can develop faults with internal temperatures

in under-heated rooms. For this equipment, sufficient heating may need to be factored into the cost of running the machine.

4.7 There are three ways to establish a patient's energy need, each with different trade-offs between accuracy, cost, privacy, administrative burden and timing of payment:

- a. **Measured Consumption** - Smart plugs or current clamps fitted to medical equipment can provide near real-time consumption data^{xxiv}. This would provide the most accurate cost of usage, but would require additional funding for the necessary monitoring equipment, adds in additional administrative requirements, and may raise issues around privacy concerns if not sufficiently explained or explicitly consented to by patients;
- b. **Modelled Consumption** – A standard estimate for each device type, and where relevant its heating requirement, applied to every patient prescribed that device. This is less accurate, and risks over or underpayment, but carries a low administrative burden and fewer privacy concerns. Accuracy could be improved through a pilot study in which volunteer households, as has been used elsewhere in energy sector innovation programmes, opt in to have equipment and heating consumption monitored, giving a better picture of both the increase in electricity use and the additional heating requirements where relevant.
- c. **Metered Reimbursement** – Reimbursing usage recorded by the device itself, as already done in the Oxygen Concentrator scheme. Rather than sharing real-time device usage as suggested in option (a), devices with fitted meters would be read in periodic intervals, and reimbursement would happen after usage in line with these readings. This would be more accurate than modelled consumption, but only possible for devices with such a meter and, because payment follows usage, it is retrospective, with the risks for lower-income and prepayment customers set out in criterion 4.

4.8 Whichever method is chosen, the resulting rates and support value should be clear, transparent and easy for a patient to understand.

Recommendation to the Scottish Government: decide which method, or combination of methods, will be used to assess energy need, including the heating costs associated for eligible equipment. If a modelled approach is preferred, test the estimates through a living-lab pilot before national rollout.

4. Delivered in a Timely Manner

4.9 Policymakers should consider where financial support can be delivered in advance of usage. Marie Curie found that even where rebate schemes do exist, many patients can face months of hardship before they are paid back in arrears^{xxv}. The risk is greatest for patients on prepayment meters, who must pay for electricity before using it, and are

therefore at heightened risk of self-disconnection or of rationing their energy usage. This risk is reflected in Consumer Scotland research published in 2023, when the Ofgem price cap was at £2,074 for a typical dual fuel, direct debit household during the last wholesale gas crisis, which found that 73% of disabled people reporting they were rationing energy use due to financial concerns^{xxvi}. Viewed through a preventative lens, support in advance avoids the poorer treatment quality, worse health outcomes and potentially avoidable admissions that follow from rationing.

- 4.10 Advance payments are more complex to deliver than retrospective reimbursement. It requires an estimate of future consumption and accurate pricing information, the questions addressed under criteria 2 and 3, and that estimate must rest on robust assumptions if public funds are to be targeted efficiently and offer value for money. Administration may also be more complex and costly than reimbursing confirmed usage, however the delivery models below show that these challenges can be addressed.

Recommendation to the Scottish Government: where possible design any new scheme so that support is provided in advance of usage, with priority given to patients on PPM.

Potential Delivery Models for these Criteria

- 4.11 The design criteria for support must be compatible with the delivery model of any future scheme. Below, two established models show how the four criteria can be met together.
- 4.12 **Social Prescription (the Warm Home Prescription model)** - Energy Systems Catapult have run the Warm Home Prescription model in different parts of the country to tackle poorer health outcomes associated with under heated homes. Under the Warm Home Prescription system, a health professional prescribes a heating "credit" to cover a patient's predicted heating bill. A key worker or energy advice organisation assesses the cost from the patient's household circumstances to assess the value of the credit. An evaluation report found that most homes achieved a healthy temperature as recommended by NICE, with a forward-looking estimate of heating requirements to achieve this desired indoor temperature^{xxvii}.
- 4.13 Applying this method to medical equipment, a clinician or adviser could estimate device and associated heating consumption, cost it against a patient's current tariff, and provide a credit in advance. The assessment would also be a natural touchpoint to check whether the patient is on the cheapest available tariff, and eligible for energy efficiency measures that could reduce demand. This model addresses criteria 2, 3 and 4 directly, and if operated under a single national policy, criterion 1.
- 4.14 **Trusted Third Party (TTP)** - A TTP is an independent body that sits between the patient or health board and the energy supplier. The TTP verifies eligibility and passes the supplier only a validation flag (e.g. this customer is entitled to support) and, in a more developed scheme, the level of support, e.g. based on the number and types of devices.

Diagnosis and equipment data are never shared. Because the TTP works through the supplier, a credit can be added to the patient's bill or balance before usage occurs, and the support is guaranteed to be used on energy costs. The model removes the data protection barrier to supplier involvement and is what makes actual-tariff indexation (criterion 2) and advance payment (criterion 4) practical at scale.

- 4.15 There is also a possibility that these two models could be complementary, where a social-prescription assessment could determine the level of support for each patient, and a TTP delivering it as an advance credit through the energy supplier.

Recommendation to the Scottish Government: explore different delivery models to meet the four criteria model, including social prescription, TTP, or hybrid models.

5. Conclusion – What can be Achieved and Cost Implications

Benefits and Costs of a Scheme

- 5.1 Rising energy costs fall hardest on households managing disability, long-term illness and caring responsibilities. Patients who depend on medical equipment at home cannot reduce that consumption without risking their health. Support for these costs protects financially vulnerable consumers, helps patients maintain their treatment, improves the viability of care at home, reduces avoidable interventions, and helps narrow health inequalities. Any scheme should ensure these benefits are shared fairly between service providers and patients.
- 5.2 However, these benefits must be set against the cost of delivering them. This paper does not estimate the total cost of the scheme. However, a 2022 NHS Scotland estimate put the electricity used by around 139,000 powered medical devices in the community at around £11.5 million a year, excluding oxygen and dialysis machine costs^{xxviii}. Applying today's unit rate would therefore cost around £10 million a year before considering the additional costs of administration of the scheme, associated heating costs, or increased use of washing machines and dryers to maintain hygiene, which would drive costs well above £10 million.
- 5.3 Offsetting NHS savings are plausible but difficult to quantify, and would only be realised in the mid-long term, with the benefits accruing to health boards most directly affected. Consumer Scotland has supported the improvement and delivery of more targeted support for those consumers or patients who need it the most. However, administration of complex schemes, for a relatively low annual payment in the case of some medical devices, could cost as much as the payment. The Scottish Government will therefore need to find a proportionate approach that can deploy support where it may improve health outcomes the most.
- 5.4 This is a consumer matter as much as a health one. And there are innovations in the energy market that provide useful tools for realising this kind of financial support and supporting a preventative approach. Designing a policy with this in mind could make support timely and in line with price changes.

- 5.5 In its Programme for Government, the Scottish Government has committed to exploring how best to deliver this support. The four design criteria in this paper, alongside test for value for money and administrative proportionality, provide an initial framework for it to follow.

ⁱ Scottish Government (2026) [Programme for Government 2026-2031](#)

ⁱⁱ Consumer Scotland (2026) [Terminal Illness Energy Support Options Paper](#)

ⁱⁱⁱ As recognised in the Scottish Government's own Fuel Poverty legislation, Fuel Poverty (Targets, Definition, and Strategy) (Scotland) Act 2019, s. 3

^{iv} Scottish Government (2023) [NHSScotland National Access Policy](#)

^v Welsh Kidney Network and UK Kidney Association, Home Dialysis Utility Reimbursement Calculator, tariffs April 2025 to March 2026 (v2.2), <https://www.ukkidney.org/sites/default/files/documents/WKN-UKKA%20Home%20Dialysis%20Utility%20Reimbursement%20Calculator%202025-2026.xlsx>. Assumptions used: standard APD cyclers including warmer 0.25 kWh per hour, Claria APD cyclers 0.1 kWh per hour, 0.5 hours set-up per session; CAPD bag warmer 0.03 kWh per hour left on continuously; home haemodialysis 0.82 kWh per hour including water treatment, plus 0.82 kWh set-up and 0.90 kWh disinfection per session and 2.42 kWh per week equipment cleaning.

^{vi} *Ibid.*

^{vii} Philips Respironics EverFlo home oxygen concentrator, product specifications: average power consumption 350 watts, https://au.healthcare.airliquide.com/sites/alh_au/files/2026-03/philips_everflo_brochure.pdf. Long-term oxygen therapy is prescribed for a minimum of 15 hours a day: NHS England (2024) Home Oxygen Service Assessment and Review service specification, https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2024/01/London_HOSAR_servicespec-FINAL.pdf. In Scotland concentrator electricity is currently reimbursed by the supplier, Vivisol, on the basis of the device meter reading.

^{viii} ResMed Lumis 150 VPAP ST-A user guide: typical power consumption 53 W (57 VA), peak 104 W, https://document.resmed.com/documents/products/machine/lumis-100-150-sta/user-guide/lumis-150-st-a-user-guide_chn_eng-chs.pdf; ResMed AirSense 10 AutoSet user guide (device with humidifier): typical power consumption 53 W (57 VA), peak 104 W (108 VA), https://document.resmed.com/documents/products/machine/airsense-series/user-guide/airsense-10-device-with-humidifier_user-guide_amer_eng.pdf. The Lumis device is used in the home NIV service at the Queen Elizabeth University Hospital, Glasgow (<https://pubmed.ncbi.nlm.nih.gov/34782327/>); the AirSense 10 is prescribed by NHS Lanarkshire (https://www.whatdotheyknow.com/request/respiratory_diagnostic_equipment_232#incoming-2528312). For continuous ventilation the upper figure is the 90 W rating of the ResMed Astral 100/150 power supply, https://document.resmed.com/documents/products/machine/astral-series/user-guide/astral-100-150_user-guide_amer_eng.pdf

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ResMed Lumis 150 VPAP ST-A user guide: typical power consumption 53 W (57 VA), peak 104 W, https://document.resmed.com/documents/products/machine/lumis-100-150-sta/user-guide/lumis-150-st-a-user-guide_chn_eng-chs.pdf; ResMed AirSense 10 AutoSet user guide (device with humidifier): typical power consumption 53 W (57 VA), peak 104 W (108 VA), https://document.resmed.com/documents/products/machine/airsense-series/user-guide/airsense-10-device-with-humidifier_user-guide_amer_eng.pdf. The Lumis device is used in the home NIV service at the Queen Elizabeth University Hospital, Glasgow (<https://pubmed.ncbi.nlm.nih.gov/34782327/>);

^x Medix AC2000 mains nebuliser, technical specification: power consumption 62 VA (260 mA), <https://evergreen-nebulizers.co.uk/uploads/files/Manuals/AC2EcoTurbo.pdf>, prescribed by NHS Lanarkshire (FOI response as above); used 1 to 4 times a day for sessions of 10 to 15 minutes.

^{xi} CHAS (2023) 'Help Power Precious Lives': Supporting the Families of Seriously Ill Children with their Energy Costs, p. 3

^{xii} Consumer Scotland (2026) [Insights from the 2026 Energy Affordability Tracker](#)

^{xiii} Scottish Government (2024) [National Policy for Reimbursement of Home Dialysis Costs](#)

^{xiv} Information from the scheme administrator, Vivisol's, website, [Concentrator Rebates in Scotland](#) [accessed 10.08.2026]

^{xv} Scottish Government (2024) [National Policy for Reimbursement of Home Dialysis Costs](#)

^{xvi} Energy Systems Catapult (2023) [Discovering Disabled Consumers' Future Energy Needs](#)

^{xvii} Kidney Care UK (2026) [Kidney Care UK Concerns Regarding Funding Restrictions on Dialysis Away from Base in Some Parts of Scotland](#)

^{xviii} Scottish Government (2026) Programme for Government 2026 to 2031, p. 45

^{xix} For example there are four general support schemes, (1) the Winter Fuel Payment (Age-based); (2) Warm Home Discount (Income-based, with a limited group available to disability benefits recipients but not specifically medical equipment users); (3) Winter Heating Payment

(Income-based through qualifying benefits); and (4) Child Winter Heating Payment (Age-based when in receipt of child or young person disability benefits).

^{xx} Social Security Scotland (2025) [Adult Disability Payment Decision Making Guide: ADP Daily Living Component Activity 3 – Managing Therapy or Monitoring a Health Condition](#)

^{xxi} Kidney Care UK (2026) Kidney Care UK concerns regarding funding restrictions on dialysis away from base in some parts of Scotland

^{xxii} Victoria State Government (2026) [Life Support Concession \(Electricity\)](#)

^{xxiii} Committee on Fuel Poverty (2025) [Exploring Options for Improving Energy bill Equity for Fuel Poor Households](#)

^{xxiv} Smart Energy GB (2020) [Smart Future of Healthcare](#)

^{xxv} Marie Curie (2023) [One Charge Too many: The Impact of Rising Energy Costs on People at the End of Life](#)

^{xxvi} Consumer Scotland (2023) [Health, Disability and the Energy Crisis](#)

^{xxvii} Sheffield Hallam University (2023) [Warm Homes Prescription Impact and Value for Money Report](#)

^{xxviii} Scottish Government (2024) Correspondence on funding of disability equipment: FOI release 202300339463, Documents 1-7. Estimates prepared by NHS National Services Scotland in September 2022 for a First Minister briefing on the energy crisis and described in the correspondence as rough estimates and, in places, best guesses; electricity priced at £0.31/kWh; home oxygen and dialysis shown separately and excluded from the total as already largely reimbursed.
<https://www.gov.scot/publications/correspondence-on-funding-of-disability-equipment-foi-release/>