

Response from the Castle Craig Hospital to the Commission on Cross Border Health Care

The Castle Craig Hospital has been successfully involved in treating patients from cross borders for the last nine years. The bulk of the patients come from the Netherlands but there has been the occasional patient from Germany, Luxemburg and Belgium. In total we have had 331 patients from cross borders treated for alcohol and drug dependency from 1999 to 2006. In the year 2006 cross border patients numbered 91. The bulk of these patients were from the Netherlands and in fact 235 of these were funded by the Dutch insurance system. A further 85 paid privately and a additional 11 were paid for by their companies or given treatment free of charge on humanitarian grounds and because the insurance companies were refusing to pay.

There have been many benefits due to cross border movement of patients. Foremost amongst these has been the growing awareness and popularity of our form of treatment approach to the extent that some Dutch Institutions are introducing our methods in their locality.

The other real benefit is offering a total abstinence form of treatment at short notice when it is often lacking in the Netherlands or where there are excessive waiting lists.

Cheap flights of one hour duration only from Amsterdam to Edinburgh have enhanced accessibility of treatment in Scotland and we have further enhanced our service by opening an office in Den Haag which negotiates with the insurance company, processes the intake reports and provides aftercare when the patient returns home. In addition family therapy is provided in the Netherlands in conjunction with one of the major local mental health care institutions. With regard to this latter point a study is being conducted as to its effectiveness by a Dutch Academic Institution.

Castle Craig Hospital was recognised by College of Healthcare (CVZ) and is thus technically part of the Dutch healthcare system. They were satisfied as to our standards due to the very strict conditions of our accreditation and registration with the Scottish Care Commission which carries out inspections twice yearly. In addition

our ISO 9001 accreditation are fully comprehensive and frequent follow up studies gave the Dutch institutions every confidence in our high standards. We would certainly recommend that all healthcare institutions operating across borders have high standards of accreditation and statutory independent inspection.

One of the points mentioned in your consultation document was regarding patients “suffering harm”. As far as our treatment services in Scotland are concerned, in the unlikely event of this happening the patients have every recourse to our complaints procedure which is monitored by the Care Commission. In addition a complaint can be made directly to the Care Commission which would be followed by a thorough investigation. Patients also have recourse to our Courts if damages are warranted.

There is still a reluctance on the behalf of some of the Dutch insurance companies to permit the funding of patients to us even when there is a very obvious excessive waiting list at their local institution and when there has been medical and psychiatric consultants strongly recommending treatment at Castle Craig Hospital. Such is the nature of the Dutch appeals system that many months would elapse before the case could be heard with the resulting distress to a patient.

We also consider the bureaucracy of some of the Dutch insurance companies to be slow and time consuming. This is distressing for patients who have become motivated for treatment and this “window of motivation” could be lost by excessive delays with the patient returning to their destructive illness.

We think it is unfair that we are prevented automatically from having contracts with the Dutch insurance companies when these are automatically available to their own Dutch health care institutions. This would speed the referral and admission process where as now each individual case has to be assessed on a one off basis. We hope these drawbacks will be removed when, already delayed, reforms come into effect in January 2008. However the present bureaucracy and quite often the unreasonable refusals of funding are most unfortunate.

In general our extensive experience in this cross border flow of patients has been an enormous success despite some patients not being able to access it speedily, or at all.

It would be an enormous shame if it was restricted in any way and would be to the advantage of many if various restrictions were removed. It would be essential that high standards of accreditation and inspection were insisted upon as it is not unknown for facilities to open with poor standards which is dangerous for patients. It is also a waste of money if poor quality treatment is the result.

We are also concerned regarding the government subsidies that are provided to Dutch treatment facilities. We are aware that these are mainly provided for start up and development costs. We suspect that these are against EU regulations. They often take the form of capital start up subsidies. The result is that the level of fees funded by the Dutch insurance companies are artificially low as the facilities do not have these expenses and this makes it difficult for a facility in another country such as Castle Craig which gets no government subsidies to compete price wise.

I regret having not followed the questionnaire in the consultation document but time constraints have not permitted this.

We are happy for this to be publicised and be happy to provide further evidence if requested.

Yours faithfully

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Chairman of the Castle Craig Hospital

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