

ESTIMATES COMMITTEE **(1975-76)**

(FIFTH LOK SABHA)

EIGHTY-THIRD REPORT

MINISTRY OF HEALTH AND FAMILY PLANNING

(Department of Health)

Action taken by Government on the Recommendations contained in the Fifty-Seventh Report of the Estimates Committee (Fifth Lok Sabha) on the Ministry of Health and Family Planning (Department of Health)—Central Government Health Scheme.



LOK SABHA SECRETARIAT
NEW DELHI

August, 1975/Sravana, 1897 (S)

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CORRIGENDA

to

the Eighty-third Report of the Estimates Committee on action taken by Government on the recommendations contained in the 57th Report of the Estimates Committee (Fifth Lok Sabha) on the Ministry of Health and Family Planning (Department of Health) - Central Government Health Scheme.

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(1975-76)

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INTRODUCTION

I, the Chairman of the Estimates Committee having been authorised by the Committee, present this Eighty-third Report of the Estimates Committee on the action taken by Government on the recommendations contained in the Fifty-seventh Report of the Estimates Committee (Fifth Lok Sabha) on the Ministry of Health and Family Planning (Department of Health)—Central Government Health Scheme.

2. The Fifty-seventh Report was presented to Lok Sabha on the 24th April, 1974. Government furnished their replies indicating action taken or proposed to be taken on the recommendations contained in that Report on 31-7-1974 and 15-11-1974. Further replies were received from Government on 21-3-1975 and 2-7-1975. The replies were examined by the Study Group 'E' of the Estimates Committee (1975-76) at their sitting held on the 28th July, 1975. The draft Report was adopted by the Estimates Committee (1975-76) on the 6th August, 1975.

3. The Report has been divided into the following Chapters:—

I. Report.

II. Recommendations which have been accepted by Government.

III. Recommendations which the Committee do not desire to pursue in view of the Government's replies.

IV. Recommendations in respect of which replies of Government have not been accepted by the Committee.

V. Recommendations in respect of which final replies of Government are still awaited.

4. An analysis of the action taken by Government on the recommendations contained in the 57th Report of the Estimates Committee (Fifth Lok Sabha) is given in Appendix X. It would be observed therefrom that out of 83 recommendations made in the Report, 50 recommendations i.e. 60.2 per cent have been accepted by Government and the Committee do not desire to pursue 19 recommen-

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dations i.e. 22.9 per cent in view of the replies received from the Government. Replies of Government have not been accepted by the Committee in respect of 12 recommendations i.e. 14.5 per cent. Finaal replies of Government in regard to 2 recommendations i.e. 2.4 per cent are still awaited.

NEW DELHI;
August 20, 1975.
Sravana 29, 1897 (S).

R. K. SINHA,
Chairman,
Estimates Committee.

CHAPTER I

REPORT

EXTENSION OF C.G.H.S.

Recommendation (Sl. No. 9, Para 2.32)

In para 2.32 of their 57th Report (Fifth Lok Sabha) on the Central Government Health Scheme (hereinafter referred to as Original Report), the Estimates Committee had observed that the CGHS in Delhi had been extended to a number of public undertakings, semi-Government organisations and autonomous bodies on payment of full contribution. They further observed that seven undertakings outside Delhi had allowed the Central Government Employees to receive medical treatment on payment in the Hospitals run by them. The Committee had urged that the CGHS should extend its coverage to the employees of public undertakings, semi-Government organisations etc. who desired to be covered by it and who were not already covered by the State Employees Insurance Scheme, in all those cities where it is functioning.

2. In their reply furnished to the Committee, the Ministry of Health and Family Planning (Department of Health) had stated:—

“The Planning Commission has desired that the first charge of the CGHS should be the Central Government Employees. Though the Scheme is in operation in Delhi since 1954, it has not covered all the Central Government Employees due to lack of resources. Depending on the availability of resources, the Scheme will be extended to the employees of public undertakings, semi-Government organisations etc. who would desire to be covered by it and are not already covered by the State Employees Insurance Scheme.”

3. The Committee had noted that the C.G.H.S. in Delhi had already been extended to a number of public undertakings, semi-Government Organisations and autonomous bodies on payment of full contribution. Also seven undertakings outside Delhi had allowed the Central Government employees to receive medical treatment on payment in the Hospitals run by them. The Committee consider that there should be no difficulty in extending C.G.H.S. coverage to

such undertakings in other cities where C.G.H.S. facilities exist. The Committee would, therefore, like that early action should be taken to implement the original recommendation of the Committee in respect of the Public Undertakings etc. who desires to be covered by the C.G.H.S. on payment of full contribution. Since the extension of C.G.H.S. facilities to those organisations is on payment of full contribution, any additional expenditure incurred in this regard would be reimbursed by them.

C.G.H.S. FACILITIES FOR Ex-M.Ps.

Recommendation (Serial No. 13, Para No. 2.40)

4. In paragraph 2.40 of their original Report, the Committee had observed that ex-M.Ps. had rendered valuable public service. They, therefore, strongly felt that there was no reason why C.G.H.S. should not be extended to the ex-M.Ps. on payment of the same contribution as they were paying as M.Ps.

5. In their reply furnished to the Committee, the Ministry of Health and Family Planning (Department of Health) have stated that lack of resources stands in the way of their coverage under the Central Government Health Scheme. It is, however, open to them to join the Scheme as members of the general public in selected dispensaries where this facility is available.

6. The Committee are not convinced with the reply of Government. They feel that the number of ex-M.Ps. who may avail themselves of the facility of C.G.H.S. may not be very large as the facility is available in a few cities only. This facility, if extended to ex-M.Ps. is not, therefore, likely to cause any appreciable financial burden. The Committee would, therefore, like to reiterate their earlier recommendation that the C.G.H.S. facility should be extended to the ex-M.Ps. on payment of the same contribution as they were paying as M.Ps.

EVALUATION OF POLYCLINICS

Recommendation (Serial No. 33, Para No. 3.65)

7. In para 3.65 of their original Report, the Committee had observed that no evaluation of the various polyclinics in Delhi|New Delhi had been made so far. The Committee suggested that there should be a periodical evaluation of the working of polyclinics to bring

about the required improvements in the interest of efficient service to the beneficiaries.

8. In their reply furnished to the Committee, the Ministry of Health and Family Planning (Department of Health) have stated that in view of the inadequate space and resources, it is not possible to provide additional facilities in the existing Polyclinics. When the poly-clinics are housed in Government buildings to be constructed for the purpose and when funds become available, additional facilities will be provided.

9. The Committee consider that periodic evaluation of various poly-clinics is necessary to improve the efficiency of C.G.H.S. as poly-clinics provide specialist consultation and diagnostic facilities. During evidence it was stated that no evaluation of these poly-clinics had been made as they were started only some time before. As sufficient time has since elapsed after the poly-clinics started functioning under C.G.H.S., the Committee feel that working of these clinics should now be evaluated without further delay and improvements brought about to the extent possible.

AYURVEDIC AND HOMOEOPATHIC DISPENSARIES

Recommendation (Serial No. 40, Para No. 4.10)

10. In para 4.10 of their original Report, the Committee had noted that there were only five Ayurvedic and three Homoeopathic dispensaries for all the C.G.H.S. beneficiaries throughout Delhi as against 63 Allopathic dispensaries. During the Fifth Five Year Plan, however, Government proposed to set up Homoeopathic and Ayurvedic dispensaries in all the cities where the C.G.H.S. is in vogue. The Committee further noted that Government had decided that in the new dispensaries proposed to be set up in Delhi, arrangements would be made to have an attached wing of the Ayurvedic and Homoeopathic dispensary and that similar pattern would be followed elsewhere in future. The Committee had welcomed this development. They had no doubt that in the light of experience gained of the functioning of such composite dispensaries, Government would ensure that similar facilities for Ayurvedic and Homoeopathic treatment would be made available in all the new dispensaries which would be set up in future. As regards the opening of Ayurvedic and Homoeopathic wings in the existing dispensaries, the Committee had desired the Government to review the position in the light of the experience gained in the functioning of the new composite dispensaries, and

based on the preference of beneficiaries take concrete measures to provide these facilities in the existing dispensaries as per a time bound programme.

11. In their reply furnished to the Committee, the Ministry of Health and Family Planning (Department of Health) have stated:

"It was proposed to open a Homoeopathic wing in the Allopathic dispensaries of Delhi Cantonment and Lodi Road I. Due to lack of funds and ban on creation of posts, the scheme could not be implemented. Efforts will, however, be made to provide facilities for Ayurvedic and Homoeopathic treatment in all new dispensaries to be set up in future, according to available resources at the appropriate time."

12. The Committee consider the above reply to be too general. They would, therefore, reiterate their earlier recommendation and urge that based on the experience of the working of the composite dispensaries, Government should take concrete measures to provide facilities for Ayurvedic and Homoeopathic treatment in the existing C.G.H.S. Dispensaries as per a time-bound programme.

CO-EXISTENCE OF ALLOPATHIC, HOMOEOPATHIC AND AYURVEDIC SYSTEMS OF MEDICINE

Recommendation (Serial No. 41, Para No. 4.11)

13. In para 4.11 of their original Report, the Committee had observed that the co-existence of Allopathic, Homoeopathic and Ayurvedic systems of medicine provided an ideal laboratory where modern technology and ancient knowledge reacted on one another and could be used to bring about effective remedies for various diseases. The Committee desired the Government not to deny full facilities to the indigenous systems of medicine so that these systems were fully utilized for bringing relief to the beneficiaries who wished to avail of them.

14. In reply the Government have stated that under the C.G.H.S. at Delhi, Allopathic, Homoeopathic, Ayurvedic and Unani dispensaries will be opened when additional funds are voted.

15. The Committee attach great importance to the indigenous systems of medicine and would like Government to provide full facilities for the growth of the indigenous systems of medicine. Accord-

ing to the Ministry of Health and Family Planning there are only five Ayurvedic and three Homoeopathic dispensaries in Delhi. The Committee desire that more such dispensaries should be opened in Delhi and other cities also where C.G.H.S. facilities exist.

PAY SCALES AND NON-PRACTISING ALLOWANCE OF AYURVEDIC AND HOMOEOPATHIC PHYSICIANS

Recommendation (Serial No. 44, Para No. 4.18)

16. In paragraph No. 4.18 of their original Report, the Committee had noted that the scales of pay and non-practising allowance in the case of Ayurvedic and Homoeopathic physicians were lower than those admissible to the Allopathic doctors under the CGHS. It was observed that in the beginning, the scales of pay and non-practising allowance of the Allopathic, Ayurvedic and Homoeopathic doctors serving in the CGHS were the same. But when the Central Health Service was constituted in 1966, the Allopathic doctors were given the benefit of higher scales of pay and non-practising allowance, according to the grades of Central Health Service. The scales of pay and non-practising allowance of Ayurvedic and Homoeopathic doctors were not simultaneously revised. The Committee were unable to appreciate why the scales of pay of doctors of the three systems of medicine were not revised at the same time with a view to maintain parity. The Committee hoped that suitable action would be taken by Government without delay in this regard.

17. In reply to the recommendation, the Ministry of Health and Family Planning have informed the Committee that the demand of parity in the matter of pay scales, Non-Practising Allowance and status in the case of Ayurvedic and Homoeopathic Physicians with that of their Allopathic counter-parts in C.H.S./C.G.H.S. was considered by the Third Pay Commission. During his oral evidence, the Secretary, Ministry of Health also supported this demand. The Commission found it difficult to accept this proposal in view of the difference in qualifications, period of training and conditions of service of the practitioners of the two systems of medicine. The Commission had, therefore, recommended a scale of Rs. 650—1200. Taking into consideration that Government is trying to popularise and encourage the indigenous systems of medicine, the Commission felt that prohibition of private practice may not further this objective. They had, therefore, recommended withdrawal of non-practising allowance wherever admissible at present and instead had allowed the facility of private practice outside duty hours without interference in official duties. Subsequently, in response to representations made by

the CGHS Ayurvedic and Homoeopathic Physicians etc., the proposal to continue the non-practising allowance to practitioners of Indigenous and Homoeopathic Systems of medicines was under considerations.

18. The Committee feel that with a view to maintain parity and avoid heart-burdening, the identical scales of pay should be prescribed for the physicians of Allopathic and indigenous systems of medicine. In the opinion of the Committee it is very necessary as this would further give an impetus to the development of indigenous systems of medicine in the country in as much as talented persons would be attracted to join service under these systems. The Committee would, therefore, reiterate their earlier recommendations.

APPOINTMENT OF SPECIALISTS FOR AYURVEDIC AND HOMOEOPATHIC SYSTEMS

Recommendation (Serial No. 45, Para No. 4.19)

19. In para 4.19 of their original Report, the Committee had noted that while specialist doctors had been appointed on the side of Allopathy, no such specialists except one Adviser each had been appointed for Ayurvedic and Homoeopathic systems. The Committee felt that keeping in view the advances made in Ayurvedic and Homoeopathic systems and the preference of beneficiaries, Government should examine the question of appointing either more advisers or specialists, to meet the needs of beneficiaries desiring Ayurvedic and Homoeopathic treatment. The Committee pointed out that if the quality of service and the scope of facilities for treatment by Ayurvedic and Homoeopathic systems was made comparable to what was available in Allopathic system, there was bound to be greater response for these systems from the beneficiaries as it was well known that these systems suited well the genius and temperament of our people for a variety of ailments.

20. In reply the Ministry of Health have stated that the Assistant Adviser Ayurvedia and Homoeopathy function as specialists for CGHS beneficiaries. Due to economy reasons it has not been possible to create separate posts of Senior Physicians under Ayurvedia Homoeopathy.

21. The Committee have noted that no specialist doctors have been appointed so far in Ayurvedic and Homoeopathic systems of medicine due to economy measures. They urge that Government should appoint either more advisers or specialists to meet the needs

of beneficiaries desiring Ayurvedic and Homoeopathic treatment. The Committee consider that if indigenous systems of medicine are to be popularised, it is necessary that the quality of service and the scope of facilities for treatment by Ayurvedic and Homoeopathic systems are made comparable to those in Allopathic system.

ARRANGEMENTS FOR HOSPITALISATION OF C.G.H.S. BENEFICIARIES

Recommendations (Serial Nos. 54 and 55, Para Nos. 5.16 and 5.17)

22. In paragraphs 5.16 and 5.17 of their original Report, the Committee had noted that in the existing hospitals there was no reservation of beds for C.G.H.S. beneficiaries. They also felt that the existing arrangements for hospitalisation of C.G.H.S. beneficiaries were far from satisfactory in as much as the number of beds in the existing hospitals were inadequate and the patients had to wait for long periods for seeking admission in the hospitals. The Committee considered that the construction of a separate hospital for C.G.H.S. beneficiaries would be costly and its recurring expenditure would also be much more than the expenditure at present borne by the C.G.H.S. on hospitalisation of beneficiaries. Moreover, the system of having separate hospitals for Government employees would not be in tune with the social objectives. The Committee suggested that the remedy lay in augmenting the bed capacity in the existing hospitals at the earliest. They desired the Government to ensure that the best medical facilities and the latest equipments were provided for the treatment of all kinds of ailments in these hospitals. The Committee further desired that special arrangements for hospitalisation should be made for cardiac and seriously sick patients in the Safdarjang Hospital for the convenience of C.G.H.S. beneficiaries living in that area.

23. In reply, Government have stated that the need for separate hospitals for CGHS has been recognised. But in view of the ban on construction activity, the proposals to have separate hospitals for CGHS beneficiaries have been shelved for the present. However, every care has been taken to admit and look after emergency cases in the two Central Government Hospitals in Delhi as well as in other Delhi Hospitals. The Safdarjang Hospital and Willingdon Hospital have intensive care units to care for seriously sick patients. These hospitals admit patients round the clock.

24. The Committee had not specifically recommended a separate hospital for C.G.H.S. beneficiaries. On the other hand they had only suggested augmentation of the bed capacity etc. in the existing hospitals. The Committee reiterate their earlier recommendation for augmenting the bed capacity in these hospitals. The Committee also desire that the best medical facilities and the latest equipments should be provided for the treatment of all kinds of ailments in these hospitals. The Committee also suggest that special arrangements for hospitalisation in Safdarjang Hospital should be made for cardiac and seriously sick patients for the convenience of C.G.H.S. patients.

HOSPITAL FACILITIES FOR AYURVEDIC TREATMENT

Recommendation (Serial No. 59, Para No. 5.25)

25. In paragraph 5.25 of their original Report, the Committee noted that at present there were no hospital facilities in Delhi for Ayurvedic treatment. The Ayurvedic hospitals were functioning in States like Kerala, Gujarat and Rajasthan etc. and the C.G.H.S. patients requiring hospitalisation in Ayurvedic hospitals were sent to these hospitals, wherever necessary. The Committee felt that Ayurvedic system of medicine had not been given the encouragement that it deserved. In view of the fact that it was an indigenous system evolved from ancient times and suited the temperament of our people, it was but proper that hospitalisation facilities were provided in this system of medicine also. The Committee noted that the Government proposed to set up an Ayurvedic hospital in Delhi during the Fifth Plan and that the details in this regard had been worked out. The Committee had expressed hoped that concrete measures would be taken by Government so as to provide hospitalisation to patients desiring Ayurvedic treatment in Delhi.

26. In reply, the Ministry of Health have stated that depending on the availability of resources, Government would set up an Ayurvedic Hospital in Delhi.

27. The Committee feel that the above reply is too general. They would reiterate their earlier recommendation and urge Government to provide hospitalisation facilities to patients desiring Ayurvedic treatment in Delhi at the earliest.

SETTING UP OF AN AYURVEDIC PHARMACY

Recommendation (Serial No. 65, Para No. 6.46)

28. In paragraph 6.46 of their original Report, the Committee regretted to note that Government had not been able to set up an Ayurvedic Pharmacy so far. They understood that it was proposed to open a Pharmacy for which a sum of Rs. 50,000 was provided in the Budget Estimates for 1968-69 and funds were subsequently diverted for other use. It had been urged before the Committee that establishment of a Pharmacy by Government would not only make available standard Ayurvedic medicines to the beneficiaries but would also reduce their cost. The Committee also understood that similar Pharmacies were already working in some States, notably in Gujarat and Kerala. The Committee desired Government to review the matter with all its implications and take a firm decision about setting up an Ayurvedic Pharmacy, so that if the proposition was found to be beneficial it could be implemented as a time-bound programme.

29. In reply, the Government while noting the recommendation, have stated that owing to the present financial stringency, it may not be possible to start an Ayurvedic Pharmacy in the immediate future.

30. The Committee consider that the setting up of an Ayurvedic Pharmacy will ensure supply of standard and cheaper medicines for C.G.H.S. dispensaries and may prove economical. The Committee, therefore, reiterate their earlier recommendation and urge that the Government should examine the economics of setting up an Ayurvedic pharmacy at the earliest and implement the same if found economically viable.

CONSTRUCTION OF DISPENSARIES

Recommendation (Serial No. 80, Para No. 8.26)

31. In paragraph 8.26 of the original Report, the Committee stressed that construction of dispensaries should constitute an integral part of development of new colonies built for the residence of Government employees and it should be ensured that the C.G.H.S. dispensary started functioning simultaneously with the occupation of the colony by the residents.

32. In reply, the Ministry of Health have mentioned the paucity of funds as a hurdle for the construction of Government buildings for locating the C.G.H.S. Dispensaries. Besides this, they have
1191 L.S.—2.

stated that setting up of a C.G.H.S. dispensary in the Government constructed building in any particular colony would depend on the satisfaction of the approved norm of availability of 2000—2500 Central Government employees in the colony concerned as the prerequisite condition for the establishment of a dispensary under the Central Government Health Scheme.

33. The Committee have noted the reply of the Ministry of Health and Family Planning. They would, however, urge that wherever the norm for establishing a C.G.H.S. dispensary is satisfied, it should be ensured that the C.G.H.S. dispensary starts functioning simultaneously with the occupation of the colony by the residents.

IMPLEMENTATION OF RECOMMENDATIONS

34. The Committee would like to emphasise that they attach the greatest importance to the implementation of the recommendations accepted by Government. They would, therefore, urge that Government should keep a close watch so as to ensure expeditious implementation of the recommendations accepted by them. In cases where it is not possible to implement the recommendations in letter and spirit for any reason, the matter should be reported to the Committee in time with reasons for non-implementation.

35. The Committee also desire that further information where called for in respect of recommendations included in Chapters II, III and V of the Report may be intimated to them expeditiously.

CHAPTER II

RECOMMENDATIONS THAT HAVE BEEN ACCEPTED BY GOVERNMENT

Recommendation (Serial No. 1, Para 1.8)

The Committee note that the main objection of the Central Government Health Scheme, which was introduced in Delhi in 1954, was to provide comprehensive and satisfactory medical care services to Central Government employees and members of their families. They further note that the Scheme has so far been extended to seven cities and cover about 2.80 lakhs of Government employees. As out of 15.4 lakh Central Government employees (excluding Railways) only 2.80 lakhs have been covered under the Scheme so far, the Committee consider that the progress in the coverage of Central Govt. employees under this Scheme has been rather slow. The Committee recommend that a detailed plan to extend this Scheme to cover the Central Govt. employees, particularly at places which have a large concentration of such employees, should be prepared early by Govt. so that the benefit of this Scheme is extended to a majority of the Central Government employees.

Reply of Government

A detailed 20 year perspective Plan has been prepared. During the Fifth Five Year Plan, 9 cities have been chosen viz., Madras, Hyderabad, Bangalore, Jaipur, Ferozepur, Poona, Kharagpur; Lucknow and Ahmedabad for introduction of C.G.H. Scheme which is expected to cover 1,62,500 additional families.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F. 4-109/74-CGHS(P), dated 15-11-1974].

Further information called for by the Committee

Please furnish a copy of the perspective plan.

[Lok Sabha Secretariat O.M. No. 4/10(I)|ECI/73 dated the 10th
February, 1975].

Further reply of Government

A copy of the perspective plan for 1974—94 as prepared in 1971 is enclosed (See Appendix I).

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F. 4-43/74-CGHS, dated 21-3-1975].

Recommendation (Sr. No. 5, Para 2.24)

The Committee note that a provision of Rs. 750 lakhs has been made for the extension of this scheme to 9 other cities during the Fifth Plan period, covering over 1.6 lakh families. The Committee urge that, in the light of the difficulties experienced in the expansion of this scheme during the Fourth Plan period, Government should prepare detailed plans and take effective measures in advance, in consultation with the State Governments, to resolve these difficulties and to ensure that there is no shortfall in extending the coverage to beneficiaries as compared to envisaged targets.

Reply of Government

The recommendation of the Estimates Committee has been noted and efforts will be made to achieve the envisaged targets depending on the allotment made in the Budget made each year.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F.13-3/74-CGHS(P) dated the 15th Nov. 1974].

Recommendation (Sr. No. 6, Para 2.25)

The Committee note that Government had drawn up a list of 18 cities, with a population of Central Government employees other than Railways, ranging from 7,000 to 25,000 in each city for the extension of this scheme. The scheme is, however, proposed to be extended to 9 cities only, during the Fifth Plan period. The Committee have been informed that the estimated expenditure under the C.G.H.S. based on direct cost of the Scheme in Delhi for 1966-67, was Rs. 110 per family per year while the amount of reimbursement per family per year in the various cities ranged between Rs. 128 in the case of Calcutta and Rs. 859 in the case of Ranchi in the same year. It is thus evident that the expenditure on reimbursement of medical charges to Government employees under the Central Services (Medical Attendance) Rules, is much more per family than that incurred under the C.G.H.S. Moreover, according to the Government, the CGHS not only provides more efficient and compre-

hensive medical care but also seeks to remove the delays and difficulties caused to Government Servants, particularly to the low-paid employees, in the matter of reimbursement of medical expenses as also in regard to entitlement, domiciliary visits, specialists' consultation, hospitalisation etc. In view of the significantly lower expenditure under the CGHS and the comprehensive medical care provided under this scheme, the Committee consider that the extension of CGHS to all the cities with a sizeable population of Central Government employees (say 5000 and over) should be given high priority. The Committee would like the Government to prepare a perspective plan for extension of CGHS facility to these cities at the earliest by laying down proper priorities, considering the population of Central Government employees in those cities.

Reply of Government

Please see reply to Sr. No. 1, Para No. 1.8

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 12-2/74-CGHS, dated the 15th Nov. 1974].

Recommendation (Sr. No. 7, Para No. 2.26)

The Committee feel that the extension of this Scheme to these cities should not present any financial difficulties as, in any case, the expenditure on the reimbursement of medical charges to the Central Government servants, which is much higher, is at present being met by the various Ministries and Departments of the Government from their budgets which could easily be made available for the extension of the CGHS. Further, it is well known that the Scheme of reimbursement of medical charges has been put to abuse in a number of cases. The Committee would urge the Government to take a firm decision in this regard at an early date in the interest of economy and better medical care for their employees.

Reply of Government

Please see reply to Sr. No. 1 para 1.8.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 12-2/74-CGHS (P), dated the 15th Nov., 1974].

Further information called for by the Committee

Please furnish a copy of the perspective plan.

[Lok Sabha Secretariat O.M. No. 4/10(I)/ECI/73 dated the 10th
February, 1975].

Further reply of Government

A copy of the perspective plan for 1974-75 prepared in 1971 has been enclosed with the reply to Recommendation No. 1.8.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-43/74-CGHS, dated 21-3-1974].

Recommendation (Sr. No. 8, Para 2.27)

The Committee would like to stress that in extending the Central Government Health Scheme facilities, it should be ensured that the quality of service is not diluted but is constantly improved.

Reply of Government

The recommendation of the Estimates Committee has been noted. Utmost endeavour will be made to see that the quality of dispensary service does not get diluted with the expansion of the Central Government Health Scheme.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 13-4/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sr. No. 10, Para 2.33)

The Committee would also like Government to ensure that Medical facilities created by the public undertakings in various cities, are made available to Central Government employees in those cities. The intention of the Committee is that there should be integrated planning in the setting up of medical facilities by the Government and the public undertakings so that there is no duplication and overlapping.

Reply of Government

At present hospitals/dispensaries maintained by 13 Public Sector Undertakings at different cities are recognised for purposes of treatment of Central Government servants and their families under the Central Services (Medical Attendance) Rules 1944. Similarly in Delhi several Public Undertakings/Autonomous Government organisations have been admitted to the Central Government Health Scheme. The basis of provision of medical facilities to the Central Government employees and the Public Sector Undertakings differ to a certain extent and in view of this there is no duplication and overlapping.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 14-165/74-CGHS, dated the 15th Nov. 1974].

Recommendation (Sr. No. 11, Para 2.34)

The Committee would further stress that while extending the CGHS facilities to the employees of public undertakings and semi-government organisations and vice-versa, it should be ensured that there is adequate capacity in the concerned dispensaries and hospitals and that there is no over-crowding and the quality of service does not suffer.

Reply of Government

The Planning Commission are not in favour of extending CGHS facilities to the Semi-Government organisations until all the Central Government employees are covered under the Scheme. It may, however, be stated that dispensaries are opened according to the norm fixed by the Government i.e. one dispensary for 2000 to 2500 employees. Whenever employees of semi-Government Organisations are included in CGHS, the number of employees in that organisations is taken into account and the number of dispensaries increased according to the above norm. This ensures that there is no over-crowding, and the quality of service in the dispensaries does not suffer.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-166/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sr. No. 14, Para 2.41)

The Committee would also like the Government to extend C.G.H.S. to political sufferers who are getting pensions from Government on the basis of monthly contribution leviable on the amount of pension received by them.

Reply of Government

The proposal of extending the benefits of C.G.H.S. Scheme to political sufferers (freedom fighters) who are in receipt of monthly pensions from the Central Government and residing in areas where the C.G.H. Scheme has been extended/being extended has been agreed to in principle. The details could be worked out in consultation with the Ministry of Home Affairs.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-95/74-CGHS, dated the 15th Nov. 1974].

Recommendation (Sr. No. 15, Para 3.10)

It is well recognised that the Dispensary Service is the back-bone of the Central Government Health Scheme Organisation as it projects the image of the entire Scheme to the beneficiaries. It is, therefore, essential that constant effort should be made to improve this Service and make it as efficient and comprehensive as possible.

Reply of Government

Please see reply given to Sr. No. 8, Para No. 2.27.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 13-4/74-CGHS dated the 15th Nov. 1974].

Recommendation (Sr. No. 17, Para 3.12)

The Committee also note that there are 17 areas in Delhi comprising about 31,265 families which have still not been covered under the CGHS and that the employees residing in these areas are governed by the Central Services (Medical Attendance) Rules. The Committee would like the Government to examine the feasibility of extending the C.G.H.S. to these areas as early as possible to enable the Government employees in these areas to have the benefit of this Scheme.

Reply of Government

The recommendation of the Estimates Committee has been noted and efforts will be made to extend the Scheme to these areas depending on the availability of resources.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-128/74-CGHS dated the 15th Nov. 1974].

Recommendation (Sr. No. 18, Para 3.13)

The Committee also recommend that in view of the rapid expansion of Delhi, resulting in the coming up of new colonies, Government should prepare an integrated plan to extend the C.G.H.S. to the newly developed colonies simultaneously with the development of such colonies so as to provide medical aid to Government servants residing there.

Reply of Government

A perspective plan for expansion of C.G.H.S. has been drawn up. New dispensaries are opened on certain norms being fulfilled, in suitable sites earmarked for this purpose. The Delhi Development Authority has been accordingly addressed in the matter to keep in view the above recommendations of the Committee while laying out plans for future colonies.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 1-15/74-CGHS (P), dated the 15th Nov., 1974].

Recommendation (Sr. No. 19, Para 3.14)

The Committee note that the Administrative staff College of India, Hyderabad, in 1971 had recommended the constitution of a committee for the performance evaluation of each dispensary. The Committee are surprised to find that this recommendation has not been implemented by Government on the plea that Zonal Medical Officers have not been appointed so far. The Committee attach great importance to the performance evaluation of the dispensaries as it would provide objective data with a view to identifying the weaknesses and effecting necessary improvement in their working and providing better service to the beneficiaries. They, therefore, recommend that the work relating to the evaluation of dispensaries should be taken up immediately by coopting other personnel on the Performance Evaluation Committee instead of waiting for the appointment of Zonal Medical Officers.

Reply of Government

A Performance Evaluation Committee for evaluating the performance of each CGHS dispensary has been constituted under the Chairmanship of the Director, CGHS, with a representative of the National Institute of Health Administration & Education as one of its members.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-167/74-CGHS, dated the 15th Nov., 1974].

Further information called for by the Committee

Please state when the Performance Evaluation Committee was constituted and what is the progress of work done by them so far.

[Lok Sabha Secretariat O.M. No. 4|10(I)|ECI|73 dated the 10th
February, 1975].

Further reply of Government

The Performance Evaluation Committee was constituted in November, 1974. The Committee has met twice so far. The proforma have been evolved for obtaining data for evaluation.

Copies of the minutes of the meetings and the performae are at Appendix II.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F. 4-43/74-CGHS, dated 21-3-1975].

Comments of the Committee

The progress of the work regarding evaluation of dispensaries may be intimated to the Committee.

Recommendation (Sr. No. 22, Para 3.32)

The Committee feel that there is a great need for establishing proper Doctor-patient relationship. They would urge that Government should examine this matter in depth and devise suitable steps to bring about the desired doctor-patient relationship.

Reply of Government

With a view to ensuring good doctor-patient relationship instructions have been issued to the Medical Officers and staff of the Dispensaries to be helpful and courteous in their dealings with patients and others attending the Dispensaries. The beneficiaries are also urged to extend similar considerations to the Medical Officers and staff of the Dispensaries. In the event of any complaint from either side, they have been advised to seek the assistance of the Area Welfare Officer for mutual consultation and amicable settlement of the complaint.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 14-138/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sr. No. 23, Para 3.33)

The Committee are happy to note that a Central Government Health Scheme Advisory Committee is already functioning for providing a forum for Government servants to apprise the authorities of any difficulties which beneficiaries may experience and for presenting to Government the beneficiaries view-point in the for-

mulation of policies for the functioning of the Scheme with a view to improving it. The Committee would urge that Government should take suitable steps to ensure that the meetings of the CGHS Advisory Committee are held regularly at least every quarter, and the recommendations and assurances etc. made therein implemented to the satisfaction of the beneficiaries.

Reply of Government

Meetings of the Central Government Health Scheme Advisory Committee are normally held every quarter. Suggestions received from members of the Committee are discussed in the meetings and action as necessary is taken.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-111/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sr. No. 24, Para 3.34)

The Committee note that the Contributory Health Service Scheme Assessment Committee had in 1961 recommended the constitution of Regional Councils consisting of Welfare Officers, Medical Officers-Incharge of various dispensaries of the group, representatives of different services and of resident Associations etc. for discussion on matters of mutual interest and for giving suggestions to improve the working of the dispensaries in the region. The Committee understand that in pursuance of the above recommendation of the Assessment Committee, Regional Councils were constituted in 1968-69, but they were subsequently suspended as the response from the representatives as also from the Welfare Officers of the area was not very encouraging. The Committee feel that with a view to provide a forum of discussion of local problems arising in particular dispensaries, Government should consider the feasibility of reviving such Regional Councils and give due publicity to the constitution of these Councils in various areas to bring about an improvement in the working of the CGHS Dispensaries.

Reply of Government

CGHS Advisory Committee in Delhi has been reconstituted and it has held three meetings on 19th October, 1973, 28th March, 1974 and 17th July, 1974.

(Copies of the minutes of these meetings are attached (*vide* Appendices III, IV and V).

In regard to other cities where the C.G.H.E. Scheme is functioning, the Central Government Employees Welfare Coordination Committee of the concerned city serves as the forum of discussion of problems relating to dispensaries. In the circumstances, it is felt that there is no need for reviving of Regional Councils at present.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-139/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sr. No. 25, Para 3.40)

The Committee note that at present the patients have to wait for long periods in the CGHS dispensaries before they are able to obtain medicines. They hope that with the opening of more dispensaries and hospitals, the waiting time for patients at the dispensaries and hospitals will be reduced and over-crowding minimised. Meanwhile, it is necessary that suitable provision for waiting space and arrangements for fans and cold water at the existing dispensaries are made for the patients.

Reply of Government

At present a patient has to spend on an average about 28 minutes in the Dispensaries. Efforts are being constantly made to reduce the period of waiting time. Provision has been made for fans and cold water in the Dispensaries. As for waiting space, efforts are made to provide this to the extent possible.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-124/74-CGHS dated the 15th Nov. 1974].

Recommendation (Sr. No. 26, Para 3.41)

The Committee would further like an expert study of the procedure of registration, dispensing of medicines etc. to be made at an early date with a view to simplifying them, and reducing the time taken at various stages. They would urge that a time-limit for this study should be laid down and the improved procedures implemented at the earliest to save the time of the patients.

Reply of Government

The National Institute of Health Administration and Education, New Delhi has been entrusted with this study. The Institution has

also been requested to submit the report within three months at the latest.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-173/74-CGHS dated the 15th Nov. 1974].

Recommendation (Sr. No. 27, Para 3.50)

The Committee note that dispensing of medicines at most of the dispensaries is done at two window—one for general medicines and the other for special medicines. Further, there have been cases where patients have to wait for medicines for days together on account of their non-availability. The Committee note that dispensing of general and special medicines from the same window, is being tried in a few selected dispensaries. They hope that this system will be introduced in all the dispensaries if the experiment proves successful in reducing the time taken by a patient to get the medicines.

Reply of Government

Wherever the CGHS Dispensaries are functioning in buildings of their own, the dispensing of general and special medicines is being done from the same counter. This procedure will be introduced in other dispensaries also as and when buildings for these dispensaries are constructed and the dispensaries shift there.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F. 4-140/74-CGHS dated the 15th November, 1974]

Recommendation (Sr. No. 28, Para 3.51)

The Committee would also like the CGHS to have a thorough review of their indenting and stocking procedure so as to ensure that sufficient stocks of medicines are available in the dispensaries. It has to be ensured that no patient remains without a medicine prescribed to him for more than one day. The Officer Incharge of the dispensary and the store keeper should exercise constant vigilance to replenish the stocks of medicines which are exhausted or are about to be exhausted. It has to be realised that nothing irritates a patient more than not getting a medicine prescribed for him. It should be the constant endeavour of the dispensaries to remove this irritant with a view to project a better image of the C.G.H.S.

Reply of Government

The Director (CGHS) has been asked to get this review made.

[Ministry of Health and Family Planning (Department of Health) Q.M. No. F. 4-184/74-CGHS (P) dated 15-11-74]

Further information called for by the Committee

Please indicate the precise progress made by the Director (CGHS) regarding the review of the indenting and stocking procedure for medicines

[Lok Sabha Secretariat O.M. No. 4/10(I)/ECI/73 dated the 10th February, 1975].

Further reply of Government

With a view to ensuring that no patient remains without medicine for more than a day, a thorough review of indenting and stocking procedure has been done and an officer has been earmarked to scrutinise the indents of the dispensary in consultation with the Medical Officer in charge of the dispensary. This officer ensures that the indent prepared by the dispensary is realistic, keeping in view the requirements of the beneficiaries and seasonal variation of the diseases. D.A.D. (St.) has been instructed to ensure that this indent of the dispensary is supplied in full so that there is no shortage of medicine in the dispensary store. Dispensaries can also draw supplementary and 'by hand' indents from the Medical Stores. In case a prescribed medicine goes out of stock in the dispensary and is also not available in the Medical Store Depot, it is procured through special local purchase indent on the Super Bazar who are the authorised chemists of the C.G.H.S. In the event of the medicine being not available with the Super Bazar, the patient is authorised to purchase it from the market and the cost of the medicine is reimbursed to him.

A high level meeting was also held by Joint Secretary in the Department of Health with the authorities of the Super Bazar and the Ministry of Civil Supplies and Cooperation to revise and streamline the procedure for supplying medicines to dispensaries.

A copy of the minutes of the meeting is attached.

[Ministry of Health and Family Planning (Department of Health) O.M. No. F. 4-43/74-CGHS dated the 21st March, 1975].

A meeting was held under the Chairmanship of Shri M. K. Kutty, Joint Secretary on the 28th of December, 1974 to consider the points made out in the D.O. letter of Shri Das, Joint Secretary, Ministry of Civil Supplies dated the 10th December, 1974 requesting the Ministry of Health not to give effect to their decision to appoint local chemists to supply urgent local indents of the C.G.H.S.

The following attended the meeting :

1. Shri M. K. Kutty	Joint Secy.	}	Ministry of Health
2. Shri P. V. H. Sankaran	Dy. Secy.		
3. Shri K Venugopal	Dy. Director Administration	}	(D.G.H.S.) (C.G.H.S.)
4. Dr. H. C. Aggarwal	Dy. Asst. Director (Stores)		
5. Shri P. V. Srinivasan	Section Officer		
6. Shri C. P. Bhatnagar	Accounts Officer	}	
7. Shri K. G. Mathur	Chief Director	}	M/Civil Supplies Cooperation
8. Shri K. R. Hiremath	Director		
9. Shri S.S. Dhanoo	Managing Director	}	Super Bazar
10. Shri Bhan	Manager		

Shri Mathur traced the beginning of the Health Ministry's association with Super Bazar and its expanding role as a supplier of essential commodities to the public with its net work of branches.

Shri Kutty explained that the Ministry of Health had deliberately chosen the Super Bazar as the sole supplier of the needs of the beneficiaries of the C.G.H.S. in the matter of drug urgently needed by them and which were not in stock in the stores Organisation of the C.G.H.S. from March, 1974. However complaints against non-supply by the Super Bazar have been mounting from the beneficiaries, dispensaries and various Associations including the All India C.G.H.S. Medical Officers' Association. These have been brought to the notice of Health Secretary also. Also from September, 1974, the Super Bazar stopped reimbursement of the cost of drugs which it was not able to supply to beneficiaries and which they purchased from the private chemist. This has very much inconvenienced the beneficiaries and increased the work in the C.G.H.S. Accounts section. Besides C.G.H.S. has to pay higher rates when medicines are purchased by beneficiaries themselves from other chemists. The Medical Officer of the Dispensaries and beneficiaries also complained about the Super Bazar's repeated remarks like "Indent tomorrow" or "Indent again". Shri Kutty said that the

C.G.H.S. was an essential service and beneficiaries were paying a part of the cost involved on the service and got sore when drugs were not supplied to them or were supplied when they needed them no longer. The image of the C.G.H.S. gravely suffers when it fails to supply medicines to the needy patients.

There was a free and frank discussion of the problems faced by the Super Bazar and also those faced by the C.G.H.S. Organisation. In view of the fact that the Super Bazar was receiving considerable financial assistance from the Ministry of Industry and Civil Supplies (Department of Civil Supplies and Cooperation), it was felt that they should be given another opportunity to serve the beneficiaries of the C.G.H.S. making use of the experience gained so far and eliminating the shortcomings that have stood in the way of beneficiary satisfaction. The Super Bazar should reimburse the cost of drugs of the beneficiaries which it is not able to supply to them. The Medical Officer Incharge of dispensaries will send an indent as before for medicines to Super Bazar who will supply them on the same day to the dispensaries. In a few cases (and this should really be a few) where the drugs are not available, the Super Bazar will indicate "indent again" on the consolidated indent of the dispensary and take steps at the same time to procure it from the open market. When the indent is repeated the next day the medicine should be supplied. The indent will not be repeated more than once by the dispensary. If not available the second time, Medical Officers Incharge should authorise the beneficiaries to purchase it from the open market and get reimbursement from the Super Bazar after getting the bill endorsed from the Medical Officer Incharge of the dispensary.

In case, a patient is directly authorised to obtain a medicine from the Super Bazar by the Medical Officer Incharge and where the patient is not able to get it from the Super Bazar, the latter may ask the patient to come again the next day (not later than 24 hours) and if not available even then should straightaway authorise him to purchase from the open market and reimburse the amount to the beneficiaries on his producing the necessary voucher. In such cases they will obtain a receipt for the medicines (Name of medicine and quantity) from the beneficiary and forward it to the dispensary for necessary entry and accounting in the stock books of the dispensary.

Chemist's bills should be presented by beneficiaries not later than 15 days from the date of purchase, duly countersigned by the Medical Officer Incharge to the Super Bazar for reimbursement. Bills received thereafter will not be reimbursed.

Listed items.

The same procedure as above will apply for the drugs which are included in the C.G.H.S. Formulary and not available in the Medical Store Depot.

Bills of the Super Bazar should be received by the Depot Accountant (or in his absence by the Accounts Officer) and the date of its receipt indicated in the Peon Book of the Super Bazar by the receiver. The Bills of the Super Bazar should be settled as expeditiously as possible and in any case not later than a month. The Super Bazar, on its part will strictly adhere to the schedule of due dates in sending the bills viz. the day following the end of the fortnight. The financial burden caused on the Super Bazar on account of delayed payment in the context of the present Credit squeeze was appreciated by the Health Ministry.

On a suggestion from Shri B. Dhanoa, it was agreed that the officers of the CGHS and the Super Bazar should meet at least once a month to review the working of the arrangement in the light of the paramount importance of satisfying the CGHS beneficiaries. Shri Mathur said that the Super Bazar should avail of the good offices of the Health Ministry in obtaining supplies of scarce drugs through its Drugs Control or Stores Organisation.

It was also agreed that the arrangements proposed should be tried upto the 31st March, 1975. The decision on employing private chemists as an alternative source of supply to the CGHS will be kept pending till then.

Recommendation (Sr. No. 29, Para 3.52)

The Committee would further stress that as far as possible tablets etc. at the dispensing counter should be supplied in small envelopes instead of paper slips as sometimes is done in certain dispensaries.

Reply of Government

As a rule, medicines in tablet forms are dispensed to the patients in small envelopes. Paper slips are used at times due to delay in the receipt of fresh supply of envelopes. Efforts are being made to avoid such instances.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F. 4-141/74-CGHS, dated the 15th November, 1974].

Recommendation (Sr. No. 34, Para 3.66)

The Committee further note that in several cases reference of the patient to a specialist is made not because of complications of diagnosis, but because of specialists' authority to prescribe some medicines. The Committee suggest that the feasibility of liberalising the condition of prescribing the specialist medicines by the Doctors as well may be examined in the interest of efficient service to the beneficiaries.

Reply of Government

Instructions regarding prescribing of medicines in the Specialist list have already been liberalised. Medical Officer-in-Charge of the Dispensaries have been authorised to prescribe medicines in the Specialist list. The other Medical Officers may also prescribe medicines in this list in emergency and in other cases, also, with the approval of the Medical Officer-in-Charge.

[Mnistry of Health and Family Planning (Deptt. of Health) O.M.
No. F. 4-142/74-CGHS, dated 15th November, 1974]

Recommendation (Sr. No. 35, Para 3.71)

The Committee note that specialised treatment for Cancer, Poliomyelitis, mental diseases, neuro-surgery etc. is provided to the C.G.H.S. beneficiaries in the institutions where facilities for treatment of such diseases exist. In view of the nature of illness requiring specialised treatment, the Committee suggest that Government should ensure that there is no difficulty for the C.G.H.S. beneficiaries to get admission in the relevant hospitals and the reimbursement of the medical charges, where admissible in such cases, is allowed to them expeditiously.

Reply of Government

Cases requiring hospitalisation are admitted without delay in one of the Central Government hospitals or one of the recognised hospitals. Where special treatment is required, arrangements are made immediately directly with the concerned hospitals. Bills received from these hospitals are paid directly to them by the C.G.H.S.

[Mnistry of Health and Family Planning (Deptt. of Health) O.M.
No. F. 4-143/74-CGHS, dated 15th November, 1974]

Recommendation (Sr. No. 36, Para 3.77)

The Committee note that in Delhi there are 16 clinical laboratories to which a group of dispensaries are attached. The Committee feel that there should be arrangements for routine examination of blood, blood-sugar, urine, stool etc., in dispensaries where the quantum of work so justifies, leaving only detailed clinical examination to be done at the various clinical laboratories in hospitals. The Committee would suggest that Government should ensure that the results of the laboratory test are sent to the respective dispensaries from the clinical laboratories within twenty-four hours.

Reply of Government

The routine tests are being done in the laboratories of dispensaries;

A list of tests done is attached.

The result of the laboratory tests are being sent to the respective dispensaries within twenty-four hours.

[Ministry of Health and Family Planning (Department of Health) O.M. No. 4-170/74-CGHS(P) dated 15-11-74].

Further information called for by the Committee

It is not clear whether the routine tests are conducted within the dispensaries themselves or in the clinical laboratories to which the dispensary is attached.

Please clarify the position with reference to the point made out in the recommendation.

[Lok Sabha Secretariat O. M. No. 4/10(I)/ECI/73 dated the 10th February, 1975]

Further reply of Government

The routine tests are conducted in the clinical laboratories which are situated in the premises of these sixteen dispensaries. Detailed laboratory examination is conducted in the hospital laboratories.

[Ministry of Health and Family Planning (Deptt. of Health) O.M. No. F. 4-43/74-CGHS dated 21-3-1975].

- I. BLOOD**
- (a) Total Red Blood Corpuscles Count (R.B.C. Count)
 - (b) Total White Blood Corpuscles or Leucocyte Count (T.L.C.)
 - (c) Differential Leucocyte Count (C.L.C.)
 - Poly %
 - Lympho %
 - Mono %
 - Eosinophils %
 - Basophil %
 - (d) Erythrocyte Sedimentation Rate (E.S.R.)
 - (e) Bleeding time and Clotting time (BT CT)
 - (f) Malarial Parasite (MP)
- II. URINAL**
- A. *Macroscopic* —Volume
 - Colour
 - Reaction
 - Specific Gravity
 - B. *Microscopic* —Castes including R.B.C., Plus Cells and other Sediments, Parasites or Foreign Body.
 - C. *Biochemical*
 - (i) Albumin
 - (ii) Sugar
 - (iii) Bile Salts & Bile Pigments
 - (iv) Benze Zone Protein
- III. STOOL**
- A. *Macroscopic*
 - (i) Colour
 - (ii) Consistency
 - (iii) Foreign body
 - (iv) Parasites or Segments of Parasites.
 - B. *Microscopic*
 - (i) Cyst
 - (ii) Ova
 - (iii) Protozoa vegetative form
 - (iv) RBC
 - (v) Pus Cells
 - (vi) Undigested food particles.
 - (vii) Segments of Parasites
 - C. *Biochemical* Occult Blood
- IV. SPUTUM**
- Mycobacterium*
 - (i) T.B. Bacillus
 - (ii) SMAGMA Bacilli
 - (iii) LEPRO Bacilli
 - (iv) Other Coccie Parasites
 - (v) Foreign body.

Recommendation Sl. No. 39 (Para 3.86)

The Committee are happy to note that emphasis is being laid on the Family Planning in J. J. Colonies and Class IV employees. Government have, however, no separate figures about the coverage of Class IV Central Government employees. The Committee while reiterating the following recommendation contained in para 6.25 of the 13th Report of Estimates Committee (Fifth Lok Sabha) would emphasise that as Family Planning is most needed among the lower grade employees, Government should keep a record of such employees area-wise so that the Family Planning measures could be undertaken more effectively in the areas where there is large concentration of such employees.

"The Government have a net-work of Central Government dispensaries under the Central Health Service Scheme with a vast organisation in Delhi, the Committee feel, there is no reason why the CGHS should not be able to push through the programme of Family Planning and act as a model for other such schemes. They should lay greater emphasis on extension work and particularly concentrate their attention on Government employees coming from weaker sections by intensifying their programme in Class IV residential colonies".

Reply of Government

With a view to intensifying the Family Planning Programme in Class IV residential colonies, a questionnaire was drawn up and circulated in Lodi Road II and Pahar Ganj dispensaries which have large concentration of the weaker sections of beneficiaries under them. The questionnaire as filled in by the beneficiaries is now under study. Effective measures will be undertaken in these areas after the results become available.

[Ministry of Health and Family Planning (Department of Health)
O.M. No. F. 4-121/74-CGHS (P), dated 15-11-1974]

Further information called for by the Committee

It has been stated that the questionnaire drawn up to intensify the Family Planning Programme in Class IV residential colonies, as filled by the beneficiaries, is now under study.

Please indicate the latest position in this regard.

[Lok Sabha Secretariat O. M. No. 4/10(I)/ECI/73,
dated the 10th February, 1975]

Further reply of Government

A statement, indicating the present position of the study, is attached.

[Ministry of Health and Family Planning (Department of Health) O.M. No. F 4-43/74-CGHS, dated the 21st March, 1975;

The replies to Questionnaire received from the beneficiaries residing in the jurisdiction of C.G.H.S. Family Welfare Planning Centre Pahar Ganj and Lodi Road II (Sewa Nagar) dispensary were analysed and studied. The situation as revealed from the study is as follows :—

	Pahar Ganj	Lodi Rd. II (Sewa Nagar)
1. Total No. of class IV employees (beneficiaries)	662	2700
2. How many Class IV employees (beneficiaries) yet to be surveyed	297	1644
3. No. of beneficiaries who have been surveyed so far	395	1056
4. No. of target couples out of these covered	296	432
4a. Total No. of Monopause	24	36
4b. Total No. of widows	7	9
4c. Total No. of bachelors	9	10
5. No. of target couples adopting different methods	256	377

Name of the FWP Centre	Total No. target couples	Total No. of cases not using any method	Total No. of living (eligible) spouse at Village)	Total No. of sterility cases	Total No. of I.U.D.	Total No. of vasecto- my	Total No. of Pregnant	Total No. of cases using Nirodh	Total No. of Tub- ectomy
1	2	3	4	5	6	7	8	9	10
FWPC Pahar Ganj	256	72	58	10	8	6	14	84	4
FWPC Lodi Road II (Sewa Nagar)	377	116	58	10	8	12	15	130	28

Similar studies are being conducted in other C.G.H.S. F.W.P. Centres.

Recommendation (Sr. No. 42 Para 4.12)

The Committee note that Government have not so far collected the comparative figures of *per capita* cost of the three systems of medicines in the various States like Gujarat, Kerala etc. The Committee would like the Government to collect the relevant information from the State Government with a view to effect improvement. The Committee would also like to stress that they are for the provision of comprehensive medical coverage being given to the CGHS beneficiaries in the form of medicines and hospital facilities. They would, however, like that strict watch should kept on overheads and other administrative expenditure so as to keep them to the minimum. The effort should be to provide the best medical care to the CGHS beneficiaries.

Reply of Government

“Every effort is made to provide the best medical care to the CGHS beneficiaries in the most economical manner”.

[Ministry of Health and Family Planning (Department of Health) O.M. No. F. 4-181074-CGHS (P), dated 15-11-1974]

Further information called for by the Committee

Please furnish action taken on the following portion of the Committee's recommendation:—

“The Committee would like the Government to collect the relevant information from the State Governments with a view to effect improvement”.

[Lok Sabha Secretariat O. M. No. 4/10(I)/ECI/73,
dated the 10th February, 1975]

Further reply of Government

Requisite information is being collected from the State Government Health Directorate.

[Ministry of Health and Family Planning (Department of Health) O.M. No. 4-43/74-CGHS, dated the 21st March, 1975]

Recommendation (Sr. No. 43, Para 4.17)

The Committee note that the recommendations of the Staff Inspection Unit of the Ministry of Finance regarding the staffing pattern of Ayurvedic and Homoeopathic dispensaries are still awaited.

The Committee have elsewhere recommended that the Ministry of Health should take suitable steps to ensure that the Report of the Staff Inspection Unit on the staffing pattern of Ayurvedic and Homoeopathic dispensaries is expedited and early decision taken by Government in pursuance of such recommendations.

Reply of Government

The Report of the Staff Inspection Unit of the Ministry of Finance regarding the staffing pattern of Ayurvedic and Homoeopathic Dispensaries under the C.G.H.S. has been received. Steps are being taken to implement the recommendations in the Report.

[Ministry of Health and Family Planning (Department of Health) O.M. No. F. 4-146/74-CGHS (P), dt., the 15th Nov. 1974]

Recommendation (Sr. No. 51, Para 4.47)

The Committee take a very serious view of the shortage of Ayurvedic medicines to the tune of Rs. 1820.46 detected in the C.G.H.S. Ayurvedic dispensary at North Avenue during routine physical verification in June-July, 1971. The Committee note that the cost of the medicines found short has been/is being recovered from the Medical Officer-in-Charge and the Pharmacist concerned at 50 : 50 basis. The Committee feel that the recovery of the loss from the persons concerned in a Government establishment after the loss is detected is not the only remedy in such cases, but suitable disciplinary action should also be taken in all such cases. The Committee would suggest that Government should take concrete measures to streamline the accounting procedures and plug loop-holes to obviate the recurrence of such losses through pilferage etc. The Committee would further suggest that there should be a regular system of surprise checks by the Supervisory Officers for checking the stocks of medicines in stores and dispensaries to obviate pilferage, replacement of standard drugs by non-standard ones etc. and to bring to book without delay the delinquent officials.

Reply of Government

The recommendation of the Estimates Committee has been noted. In cases in which it is found that member(s) of the staff has/have defalcated or acted in a malafide manner, disciplinary proceedings under the Central Civil Services (Classification, Control and Appeal) Rules, 1965 are initiated and the concerned persons are penalized if found guilty.

2. The procedure prescribed for accounting of stores, medicines etc. is being followed in the Dispensaries under the C.G.H.S. Stock/registers/ledgers are maintained for the purpose in which every entry relating to receipt and issue of medicines from the Dispensary stores is chronologically recorded and checked by the Medical Officer-in-Charge with a view to verifying whether receipts and issues have been correctly reflected therein. With a view to further streamlining the procedure relating to accounting of Stores, instructions are being issued that a close watch should be kept on the stocks of each item of medicine with reference to its consumption so as to avoid their misuse and deterioration while in storage.

3. The Dispensaries and the Medical Store Depots under the C.G.H.S. are regularly inspected by the Director, Deputy Director and Deputy Assistant Directors. These inspections are carried out in a surprise manner when they make surprise checks of stores besides other points of inspection. Detailed check/inspection of stores/medicines in the Dispensaries and Medical Stores Depots is carried out by the Internal Audit Unit. For this purpose teams of the Unit are sent to the Dispensaries/Depots without prior information to them. Even the members of the team are informed of the Dispensary etc. to be checked only a few minutes before their actual departure.

[Ministry of Health and Family Planning (Department of Health)
O.M. No. F. 4-150/74-CGHS dated the 15th November, 1974]

Recommendation (Sl. No. 53, Para 5.15)

The Committee find that the average number of CGHS patients who were hospitalised for indoor treatment during the years 1969, 1970 and 1971 was about 20,000 per year, and based on this figure, the CGHS requires a hospital of 600 beds. The capital cost of constructing a 600 bedded hospital is estimated at Rs. 1.50 crores and the recurring expenditure is Rs. 26.50 lakhs annually. At present the total average annual expenditure incurred on hospitalisation of CGHS beneficiaries at the recognised hospitals in Delhi for the last three years was to the tune of Rs. 11.60 lakhs.

Reply of Government

This is a statement of facts.

Attention is also invited to the reply given to Estimates Committee Recommendation at S. No. 5, para 5.16.

[Ministry of Health and Family Planning (Department of Health)
O.M. No. 4-171/74-CGHS dated the 15th November, 1974]

Recommendation (Sr. No. 56, Para 5.17)

The Committee feel that existing arrangements for hospitalisation of CGHS beneficiaries are far from satisfactory in as much as the number of beds in the existing hospitals are inadequate and the patients have to wait for long periods for seeking admission in the hospitals. The Committee consider that the construction of a separate hospital for CGHS beneficiaries will be costly and its recurring expenditure will also be much more than the expenditure at present borne by the CGHS on hospitalisation of beneficiaries. Moreover, the system of having separate hospitals for Government employees would not be in tune with the social objectives. In the opinion of the Committee the remedy lies in augmenting the bed capacity in the existing hospitals at the earliest. It should also be ensured that the best medical facilities and the latest equipment are provided for the treatment of all kinds of ailments in these hospitals. The Committee would further like that special arrangements for hospitalisation should be made for cardiac and seriously sick patients in the Safdarjang Hospital for the convenience of the CGHS beneficiaries living in that area.

Reply of Government

Due to financial constraints, Government does not find it possible to augment the bed capacity in Central Government Hospitals in Delhi. These hospitals have, however, the best possible medical facilities and latest medical equipments.

[Ministry of Health and Family Planning (Department of Health)
O.M. No. F. 4-162/74-CGHS(P), dated 15-11-1974]

Further information called for by the Committee

It seems that the Ministry have inadvertently reproduced para No. 5.17 instead of para No. 5.18 (relating to the doctors and nurses etc.) while the reply seems to supplement the reply given to recommendation No. 55 (Para 5.17).

Please clarify the position.

[Lok Sabha Secretariat O.M. No. 4/10/(I)/ECI/73, dated the 10th
February, 1975]

Further reply of Government

It is clarified that the reply as furnished earlier to recommendation No. 56 supplements the reply given to recommendation No. 55. Inconvenience caused is regretted. Afresh reply to recommendation No. 56 is appended.

[Ministry of Health and Family Planning (Department of Health)
O.M. No. F. 4-43/74-CGHS dated the 21st March, 1975]

Recommendation (Sr. No. 56 para 5.18)

The Committee recommend that the strength of doctors and nurses etc., in these hospitals may be suitably augmented immediately to provide efficient medical care to the patients admitted there, as there are stated to be inadequate to cope with the increased workload.

Reply of Government

Please see reply to recommendation No. 20 para 3.23.

[Ministry of Health and Family Planning (Department of Health)
O.M. No. F. 4-43/74—CGHS dated 15-11-1974]

Recommendation (Sr. No. 57, Para 5.19)

The Committee note that to man the emergency wards in the various hospitals, the staff is provided for round-the-clock-service. The Committee desire that Government should ensure that the requisite staff, both clinical and technical, remains on duty to attend to patients reporting at all hours as there have been complaints in this regard.

Reply of Government

Medical and Para Medical staff are already on duty round the clock in Government hospitals. Suitable steps have been taken to ensure that this is continued in a satisfactory manner.

[Ministry of Health and Family Planning (Department of Health)
O.M. No. 4-177/74-CGHS, dated the 15th November, 1974]

Recommendation (S. No. 58, Para 5.23)

The Committee are greatly concerned to find that only one or two vehicles, out of five or six ambulances attached with the Wil-

lingdon and Safdarjang Hospitals to which CGHS beneficiaries are admitted, are road-worthy. The Committee need hardly stress that such laxity in the provision of essential transport service for carrying seriously sick patients to hospitals should not be allowed. The Committee deprecate the inordinate delay in rectifying the position and desire that the matter should be looked into at the highest level and concrete measures taken to see that the existing fleet of five/six ambulances is kept in efficient working condition and that it is suitably augmented to meet the requirements. The Committee stress that this service should receive close attention so as to obviate the complaints which have been voiced widely before the Committee.

Reply of Government

The ambulance position is now satisfactory in both the hospitals, i.e. Willingdon and Safdarjang. Three new ambulances have been procured for Safdarjang Hospital. For Willingdon Hospital three new ambulances are proposed to be procured subject to funds being voted during 1975-76.

[Ministry of Health and Family Planning (Department of Health)
O.M. No. F. 4-172/74-CGHS, dated the 15th November, 1974]

Recommendation (Sr. No. 60, Para 6.41)

The Committee note that bulk purchases of allopathic medicines for the C.G.H.S. are made through D.G.S. & D. Rate contracts which are entered into with bulk suppliers and manufacturers of repute. For small and emergency purchases, tenders are invited from approved firms and the lowest tender is accepted for such purchases. This year, the emergency purchases are being made from the Super Bazar. The Committee have been assured that all precautions are taken to ensure that medicines and drugs of standard quality only are purchased and supplied for use in C.G.H.S. The Committee further note that encouragement is given for purchase and use of drugs by their generic names rather than by trade names as these are much cheaper and the quality is equally efficacious. The Committee are in agreement with the policy that in purchasing allopathic medicines, the use of trade names should be discouraged.

Reply of Government

Please see information furnished in reply to the recommendation at S. No. 66, para No. 6.47.

[Ministry of Health and Family Planning (Department of Health)
O.M. No. F. 4-151/74-CGHS, dated the 15th November, 1974]

Recommendation (Sr. No. 61, Para 6.42)

The Committee are informed that regular tests of drugs are made to ensure that high standards are maintained in the manufacture of medicines and drugs and that sub-standard medicines are not supplied to the C.G.H.S. They would like Government to exercise constant vigilance and periodical checks to ensure that best quality drugs and medicines are purchased and that under no circumstances spurious or sub-standard drugs are purchased.

Reply of Government

Please see information furnished in reply to the recommendation at S. No. 66, para No. 6.47.

[Ministry of Health and Family Planning (Department of Health)
O.M. No. F. 4-151/74-CGHS, dated the 15th November, 1974]

Recommendation (Sr. No. 62, Para 6.43)

The Committee note that there is no procedure of quality control of homoeopathic medicines and that their quality cannot also be proved by chemical test. The homoeopathic medicines are, therefore, purchased from reputed firms of India and abroad who have a standing in the market and have the capacity to supply the medicines. The Committee feel that in the absence of any facility for chemical test of homoeopathic medicines, it is imperative that these should be purchased from firms of proven standing to ensure their quality and standards.

Reply of Government

Homoeopathic medicines for Central Government Health Scheme are purchased from reputed manufacturers of good reputation and standing and who are registered suppliers under this Scheme.

[Ministry of Health and Family Planning (Department of Health)
O.M. No. 4-158/74-CGHS dated the 15th November, 1974]

Recommendation (Sr. No. 63, Para 6.44)

The Committee note that ayurvedic medicines are purchased by inviting tenders from those firms which have a standing of two years as manufacturer of ayurvedic medicines and that the lowest tenders are accepted by a Committee, consisting of Adviser I.S.M., Deputy Drug Controller etc., appointed for the purpose. These firms are

also asked to submit a certificate from the Director of Ayurveda of the State to the effect that there has been no complaint against the firm. The Committee consider that the present system of purchasing ayurvedic medicines does not ensure the purity, standard and the quality of ayurvedic medicines supplied to the CGHS. As admitted by the representatives of Government, no laboratory tests have been developed to test these medicines. The only criterion i.e., colour consistency, smell and taste which is applied to check the purity and the quality of medicines, does not appear to be satisfactory. It was also admitted by the representatives of the Ministry before the Committee that in the absence of laboratory tests the Ministry has to depend entirely on the discretion of the ayurvedic physicians to decide about the quality of the medicines. There appears to be no check about the reputation of the firms their turn-over of ayurvedic medicines and sales in the market other than that to CGHS etc. in order to ensure that the firms are of proven standing in the matter of supply of drugs of unexceptionable quality. This is also generally borne out by the list of firms which supplied ayurvedic medicines to CGHS during the last three years. The Committee consider that even in the case of allopathic medicines, the reputation and the standing of the firm are ensured before placing orders which does not appear to be the case in respect of ayurvedic medicines. The Committee consider that efficacy and popularity of a system of medicine, apart from other things, depends on the standard and the quality of medicines administered to the patients. The Committee therefore, recommend that Government should draw up a list of reputed ayurvedic firms which have a standing in the market for their supply of high quality ayurvedic medicines and should invite tenders from these firms only so that medicines of high quality are purchased and supplied to the patients. The Committee have no doubt that this would go a long way in making the ayurvedic system more popular among the CGHS beneficiaries.

Reply of Government

Tender for the supply of Ayurvedic medicines for C.G.H.S. will be invited from the following categories of pharmacies during 1975-76:—

- (1) Pharmacies run by State Governments.
- (2) Pharmacies attached to teaching Institutions and Philanthropic societies.
- (3) Other Pharmacies in private or co-operative sector having 5 years' standing and with a record of having supplied

medicines to Central, State or Municipal Dispensaries for at least two years.

The above mentioned pharmacies will also be required to produce a certificate from the Drugs Controller of their respective States to the effect that, apart from being supplier to State/Central Government Departments, there have been no complaints about the quality/efficacy of the medicines supplied by them.

As regards allopathic and homoeopathic medicines attention is invited to reply given to Estimates Committee's recommendations at Sr. No. 66 (Para 6.47) and S. No. 62 (Para 6.43).

[Ministry of Health and Family Planning O.M. No. F. 4-100/74-CGHS(P), dated the 15th November, 1974]

Further information called for by the Committee

Please furnish the list of pharmacies from whom tenders have been invited for supply of Ayurvedic medicines for CGHS, during 1975-76.

[Lok Sabha Sectt. O.M. No. 4/10(I)/ECI/73 dated 14th May, 1975]

Further reply of Government

Pharmacies are not addressed direct. Tenders are invited by means of advertisements issued through the D.A.V.P. A copy of an advertisement is enclosed (Appendix VI).

A list of approved Suppliers of Ayurvedic Medicines for 1975-76 is also enclosed.

[Ministry of Health and Family Planning (Department of Health) O.M. No. F. 4-43/74-CGHS dated 2-7-1975]

Recommendation (Sr. No. 66, Para 6.47)

The Committee need hardly stress that CGHS should spare no pains to see that they get the best quality of medicines consistent with cost, and that the system of checking is such that under no circumstances, spurious or sub-standard medicines are accepted for issue. There should also be standing arrangements for strict checking of medicines and injections, etc., which are liable to damage during storage so as to see that these are stored properly and that, in no case, expired-date medicines are issued. The Committee also stress that CGHS authorities should strengthen their inventory control and stock verification to see that there is no scope for pilferage.

Reply of Government

The CGHS is purchasing medicines from reputed and standard firms registered with the DGS&D after approval by a High Power Committee. A rigid testing procedure is adopted to avoid spurious or sub-standard medicines by exercising strict visual examination and by sending samples to Government Testing Laboratories. Medicines from Medical Stores Depot are sent to the CGHS dispensaries in locked boxes to avoid pilferage on the way. Items liable to deteriorate in room temperature are kept in refrigerators in the Medical Stores Depot.

A live register is also maintained for live items. This is checked by responsible officers in the Depot. Stock verification of items is done by the Internal Audit Unit of the CGHS Headquarters.

Entry to and exit from the depot are restricted and are controlled by gate passes both-ways.

CGHS Formally contains names of medicines both proprietary and generic. These medicines are included on the recommendations of a committee consisting of consultants and senior specialists. The medicines with generic names are purchased only from firms which are on the approved list of the DGS&D. With every drug that is purchased, a certificate of guarantee or standardisation is also obtained from the firm. Samples are drawn from CGHS dispensaries and Medical Stores Depot independently by the Drug Inspectors and got tested by them.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F.4-151/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sr. No. 68, Para 7.6)

The Committee note that under the present set-up the CGHS is concentrating on providing curative aspects only to the patients. The Committee wish to emphasise that instead of merely concentrating on curative aspect, the CGHS should focus attention on preventive aspect, as prevention is better than cure. Positive health will lead to reduction in morbidity and thereby reduce medical expenses. Expenses incurred on assuring positive health will reflect in savings on drugs, hospitalisation, investigations, etc.

Reply of Government

The Central Health Education Bureau is entrusted with the task of preparing suitable pamphlets on the prevention and education aspects. The Bureau has already brought out such pamphlets with useful information on several important subjects like V.D., Cancer, Scrub Typhus, Chancroid, Typhoid, Dysentery, Sunstroke, Family Planning, Leprosy, Lathyrism, Self-Medication, Guinea worm, Rabies, Gastroenteritis, T.B., etc., in Hindi and English.

The CGHS have also started Yoga classes to promote better physical and mental health.

[Ministry of Health and Family Planning O.M. No. F. 4-186/74-CGHS, dated the 15th Nov., 1974]

Recommendation (Sr. No. 69, Para 7.7)

The Committee therefore, consider that Government should take concerted preventive measures so as to minimise the incidence of sickness among the beneficiaries. The aim should be to pursue the concept of 'Arogya' which deals with physical, mental and moral aspects of men. It would be advantageous if people are educated about the course, systems, etc., of the various diseases like high blood pressure, nerve troubles, cardiac diseases, etc., which are taking a heavy toll and are increasing day by day. The usefulness and effect of the various foods, fruits and vegetables on the system should be publicised through booklets in simple and easy to understand language.

Reply of Government

One Health Check-up Centre is functioning in the CGHS dispensary, Central Secretariat, wherein health check-up of beneficiaries is conducted to apprise them of their general State of Health.

In order to minimize the incidence of sickness among the beneficiaries, education is also imparted by means of audiovisual aids and mass media like posters prepared by the Central Health Education Bureau in respect of the usefulness and effects of various types of food, elementary knowledge about the causes, symptoms and prevention of diseases. Some representative samples of the posters, booklets, etc., have been enclosed with the reply to Recommendation No. 70. Instructions are also pasted on the notice boards of the CGHS dispensaries from time to time in the case of diseases like polio, infectious hepatitis, etc.

In addition, the Family Planning Organisation of the CGHS besides imparting knowledge about Family Planning measures, imparts health education in respect of fundamentals of sanitation, prevention of diseases, etc., by means of audio-visual aids and lectures in group meetings in difficult localities especially in jhuggi-jhonpris.

Yoga Centres have also been organised in certain dispensaries to promote positive physical and mental health and also as a preventive measure against diseases.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F.4-119/74-CGHS(P), dated 15th Nov., 1974].

Further information called for by the Committee

Please furnish action taken on the following portion of the Committee's recommendation:—

“The usefulness and effect of the various foods fruits and vegetables on the system should be publicised through booklets in simple and easy-to-understand language”.

[Lok Sabha Secretariat, O.M. No. 4/10(I)/ECI/73-,
dated the 10th Feb., 1975].

Further reply of Government

The Central Health Education Bureau in the Directorate General of Health Services has already brought out a pamphlet entitled ‘Your Food and Nutrition’ covering the points raised in the above recommendation. A copy of the pamphlet is enclosed.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F4-43-CGHS, dated the 21st March, 1975].

Brochure kept in Estimates Committee Branch.

Recommendation (Sr. No. 70, Para 7.8)

The Committee understand that a number of instructive brochures and pamphlets have been brought out in foreign countries on the subjects on ‘The Vitamins explained Simply’, ‘Eating for Health’, ‘The Key to Fitness’, ‘Heart Ailments’, ‘High Blood Pressure’, ‘Nerve Troubles’, etc. The Committee understand that there is a Central Health Education Bureau under the Directorate General of Health Services which deals with health education. The Committee would

like the Directorate of the CGHS to bring out in conjunction with this Health Education Bureau, booklets and brochures which should highlight vital information relating to common diseases which the beneficiaries suffer from.

Reply of Government

Posters, booklets, brochures, etc., to high-light vital information relating to common diseases are already being brought out. Some representative samples are enclosed. The publicity material is supplied to all units under the CGHS, for wide publicity among the CGHS beneficiaries.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-118/74-CGHS, dated the 15th Nov., 1974].

Brochures kept in Estimates Committee Branch.

Recommendation (Sr. No. 71, Para 7.9)

The Committee note that at present there is one Health Check-up Centre, functioning in the Central Secretariat Dispensary. The Committee would like Government to review the functioning of this centre to see how far, the services provided for by it are being availed of and if the response is not upto mark what further measures including improvements in the quality of service and publicity, should be taken to attract more beneficiaries to avail of this facility, particularly after the employees reach the age of 50.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F. 4-175/74-CGHS (P), dated the 15th Nov., 1974].

Reply of Government

The Deputy Director, CGHS, Delhi has been asked to study the working of the Health Check-up Centre and suggest measures to improve its working.

Further information called for by the Committee

In reply to the above recommendation, it has been stated by the Ministry that the Deputy Director (CGHS) Delhi has been asked to study the working of the Health Check-up Centre, functioning in the Central Secretariat Dispensary and suggest measures to improve its

working. Please indicate the precise progress made in this direction so far.

[Lok Sabha Secretariat O.M. No. 4/10(I)|ECI|73,
dated the 10th February, 1975].

Further reply of Government

Deputy Director, Central Government Health Scheme has looked into the working of the Health Check-up Centre functioning at the Central Secretariat Dispensary. A resume of his findings and conclusions is given below:—

The Centre has facilities to conduct routine tests in Urine, Blood and Stools, etc. The number of CGHS beneficiaries examined at the Centre during the last four years is given:—

Year	Total number examined
1971	2832
1972	2872
1973	3160
1974	2815

The Government Employees, who are well over 2,11,000 in Delhi, live in different colonies, which are far away from this centre. The Government Offices are also now spread out all over Delhi, unlike in 1959. As a result the number of persons, who have availed of the health check-up facilities in this centre has not been as much as, one would wish for. The response has also been inadequate due to lack of facilities for detailed investigations including E.C.G., X-Ray, etc.

With a view to facilitate health check-up of larger number of beneficiaries, two more medical check-up centres have been started at the first-aid post of Nirman Bhavan and Vithal Bhai Patel House with effect from 15th December, 1974. These two centres have no laboratory facilities at present. They will, therefore, refer cases needing such facilities to the Willingdon or Safdarjang Hospitals or Central Secretariat Health Check-up Centre. Subject to availability of funds, it is proposed to equip these two centres fully with the necessary staff and laboratory during 1975-76 to make them full

ledged health check-up centres, like Central Secretariat Health Check-up Centre. It is also proposed to open a full fledged health check-up centre in the new Parliament House building, during 1975-76, as soon as the building is ready.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F. 4-43/74-CGHS, dated the 21st March, 1975].

Recommendation (Sr. No. 72, Para 7.18)

The Committee note that Government started Yoga classes in 1961 but they were not continued due to lack of adequate response. Since 1961, there has been a wide-spread realisation about the efficacy of yoga as a practical simple, inexpensive and effective means of sustaining the body in good physique and mental condition. The Committee feel that if CGHS makes systematic effort to publicise the efficacy of yoga discipline and provide instructors with experience and standing to conduct classes under their personal supervision, there is no doubt that the movement for health through yoga would catch the imagination of Government employees and their families. The Committee feel that such concerted efforts for generating interests in yoga may be made in a few selected areas where there is large concentration of Government employees and in the light of experience gathered, it may be extended to other areas. The Committee need hardly point out that to popularise yoga it may be taught in stages so that those who are interested in learning more 'asanas' can do so according to their needs and aptitudes while others may benefit from a few essential basic exercises.

Reply of Government

As early as on 5th December, 1973, a letter was addressed by the CGHS Organisation to all members of the CGHS Advisory Committee, all Allopathic, Ayurvedic and Homoeopathic Dispensaries in R. K. Puram area, Chief Welfare Officer of the Department of Personnel and Adviser, I.S.M. stating that a proposal to open a Yoga Centre at a CGHS dispensary at R. K. Puram for imparting training of yogic exercises to the CGHS beneficiaries was under consideration and that the training would be from 6.30 A.M. to 7.30 A.M. and 6.00 P.M. to 7.00 P.M. for three or four days in a week. The R. K. Puram area was chosen as it was a compact area having a large concentration of Central Government employees. The response to this circular was not very satisfactory as only six persons were sponsored by the Chaturth Shreni Kalyankari Samithi, Sector-I, R. K. Puram, New Delhi.

2. It was felt that there should be more effective publicity of the benefits accruing from these exercises and that suitable material should be published through posters, charts and leaflets for popularising yoga. Necessary action has been taken to prepare these materials for wide publicity. Yoga institutions like the Vishwavyatan Yoga Ashram, Delhi Yoga Sabha, Yoga Institute, New Delhi, have also been addressed to arrange demonstrations and training classes. The Ministry of Education, the Ministry of Information and Broadcasting are also being involved in the coordinated and concerted efforts to achieve the objectives contained in the Estimates Committees recommendations and for giving wide publicity through Radio and T.V.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. 4-43/74-CGHS, dated the 31st July, 1974].

Recommendation (Sr. No. 73, Para 7.19)

The Committee would like to be informed within three months of the concrete action taken by Government in the implementation of the above recommendation.

Reply of Government

Necessary information has been furnished in reply to the recommendation at Sl. No. 72, (Para No. 7.18) .

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. 4-43/74-CGHS, dated the 31st July, 1974].

Recommendation (Sl. No. 74, Para 8.5)

The Committee were given the impression during their visits that in order to attract doctors of eminence and standing, particularly for appointment as specialists, it is necessary that their emoluments should be commensurate with the responsibilities to be discharged by them. The Committee have no doubt that in deciding the scales of pay on the recommendations of the Pay Commission and having regard to all the relevant facts which have already been placed before the Government, a decision would be taken to see that the emoluments of doctors serving CGHS, are such as to attract and retain the services of doctors of proven standing and experience, particularly, in appointments requiring specification.

Reply of Government

The existing scale of pay for specialist officers in the CGHS is Rs. 600—1300. The Pay Commission have recommended a revised scale of Rs. 1,100—1,800. The existing rate of N.P.A. is 50 per cent. of pay subject to a maximum of Rs. 600.00. As against this, the Pay Commission have recommended Non-practising Allowance at rates varying between Rs. 300—400.

Medical posts in the CGHS form part of CHS. Apart from recommending revision of the scales of pay of the various grades of the CHS, the recommendations of the Third Pay Commission involve restructuring of the CHS. The revised scale of pay recommended by the Third Pay Commission for the various grades of CHS have been notified. A decision in regard to the revised rates of N.P.A. recommended by the Third Pay Commission is expected to be arrived at shortly. It will be observed that with the coming into Officers under the CGHS would be definitely better than the pre-Third Pay Commission, the scale of pay for Specialists Grade Officers under the CGHS would be definitely better than the pre-revised scales of pay. While restructuring various grades of the CHS it will be ensured that posts requiring specialisation are included in the Specialist Grade II and higher grades, as the case may be.

[Ministry of Health and Family Planning (Deptt. of Health).
O. M. No. 4-99/74-CGHS(P), dated the 15th Nov., 1974].

Recommendation (Sl. No. 75, Para 8.9)

The Committee note that in order to eliminate the weaknesses in the CGHS Organisation, the Administrative Staff College recommended the grouping of all the dispensaries in Delhi and New Delhi areas into five zones so that each zone could be under the administrative control of one Zonal Medical Officer. The responsibilities of these Zonal Medical Officers have been laid down which include *inter alia* close supervision of different dispensaries, fixing targets for disease prevention and control, reduction in cost per beneficiary, evaluating the working of dispensaries, review the complaints etc. The Committee note that at present the Director, CGHS is required to make daily inspections of dispensaries of CGHS and supervise the working of these dispensaries which are over 70 at present.

Reply of Government

Details are being worked out for grouping the CGHS dispensaries in Delhi and New Delhi into Zones.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-183|74-CGHS(P), dated the 15th Nov., 1974].

Further information called for by the Committee

Please furnish the latest information regarding the details which are being worked for grouping the CGHS dispensaries in Delhi and New Delhi into Zones.

[Lok Sabha Secretariat O.M. No. 4|10(I)|ECI|73,
dated the 10th February, 1975].

Further reply of the Government

The grouping of dispensaries into zones involves creation of a number of posts, a few at the senior level, e.g., Assistant Director General—Supertime Grade II of the Central Health Service. The proposals are being processed and would be implemented subjected to availability of funds.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F. 4-43|74-CGHS, dated the 21st March, 1975].

Further information called for by the Committee

Recommendation No. 75

It has been stated that the grouping of dispensaries into zones involves creation of a number of posts, a few at the senior level, e.g., Assistant Director General—Supertime Grade II of the Central Health Service. It has been further stated that the proposals are being processed and would be implemented subject to availability of funds.

Please indicate the latest position. (Lok Sabha Sectt. O.M. No. 4|10| (1)|ECI|73, dated the 14th May, 1975).

Further reply of Government

Proposals about the grouping of CGHS Dispensaries in zones have been submitted to the Ministry of Finance. The Director, Central Government Health Scheme has discussed these proposals with Financial Adviser.

The proposals are still under consideration with the Ministry of Finance.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F.4-43/74-CGHS, dated the 2nd July, 1975].

Recommendation (Sl. No. 76, Para 8.10)

The Committee feel that keeping in view the expanding nature of work under CGHS and the imperative need for improving the quality of service, the Committee would like Government to review carefully the position, in the light of the recommendations of the Administrative Staff College, to see what administrative support should be given to the Director, CGHS, by way of appointment of zonal medical officers or specialists so that the dispensaries render satisfactory service to the beneficiaries, complaints are obviated and timely remedial measures are taken, where necessary, to tone up the service.

Reply of Government

The Directors, CGHS, has the following officers to assist him in his work:—

1. Dy. Director, CGHS, Delhi.
2. One Dy. Director Admn. CGHS, Directorate General of Health Services.
3. One Dy. Assistant Director, CGHS, Directorate General of Health Services.
4. Two DADs, CGHS, Delhi.
5. Two Admn. Officers in CGHS, Delhi.
6. One Accounts Officer in CGHS, Delhi.

More Officers will be appointed and zonal functioning introduced when the financial position of the Government improves.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F. 4-182/74-CGHS(P), dated the 15th Nov., 1974].

Further information called for by the Committee

Please furnish the latest information regarding the details which are being worked for grouping the CGHS dispensaries in Delhi and New Delhi into zones.

{Lok Sabha Sectt., O.M. No. 4-10(I)|ECI|73,
10th February, 1975}.

Further reply of Government

Kindly see reply to recommendation No. 75.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F. 4-43/74-CGHS, dated the 21st March, 1975].

Further information called for by the Committee

Recommendation No. 76

It has been stated that the grouping of dispensaries into zones involves creation of a number of posts, a few at the senior level, *e.g.*, Assistant Director General—Supertime Grade II of the Central Health Service. It has been further stated that the proposals are being processed and would be implemented subject to availability of funds.

Please indicate the latest position. (Lok Sabha Sectt. O.M. No. 4/10(I)|ECI/73, dated the 13th May, 1975).

Further reply of Government

Please see reply to Recommendation No. 75, para 8.9.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F 4-43/74-CGHS, dated the 2nd July, 1975].

Recommendation (Sl. No. 77, Para 8.20)

The Committee are in full agreement with the following observations made by the C.G.H.S. Assessment Committee in paras 24 and 25 of their Report (1962):

- (i) The Committee is of the view that it is essential for the doctors employed in the Contributory Health Service Scheme to be up-to-date in their knowledge of different branches of medical science particularly because of the fact that enormous advances are being made every year in this field. For this purpose it will be necessary to provide proper facilities for conducting Refresher Courses periodically. Such courses can be arranged in conjunction with the different teaching institutions in Delhi.
- (ii) As promotions in the service will necessarily depend upon post-graduate training and qualifications, the junior doctors in particular should be provided with opportunities

for undergoing the different post-graduate courses in which they are interested. For this purpose, they should be given study leave periodically. Some of them, particularly the specialists, might be given fellowships to go abroad solely for the purpose of gaining more practical experience in their respective fields. It will also be desirable to send senior specialists periodically on short observation tours in order to enable them to get acquainted with recent developments made in medical sciences in other countries.

The Committee desire that Government should take suitable measures for training and refresher courses for the CGHS Medical Officers so as to keep them abreast of advances made in different branches of medical science. The Committee would like to know the concrete measures taken or proposed to be taken in this behalf.

Reply of Government

Refresher Course: Medical Officers from Delhi CGHS are being deputed for attending refresher courses in the National Institute of Health Administration and Education. Doctors from other stations will also be similarly deputed.

Study Leave: Study leave will be recommended for CGHS Medical Officers in accordance with study leave rules to provide them with opportunities for undergoing post graduate courses in which they are interested.

Fellowships Abroad: Fellowships are awarded by the W.H.O. and under the Colombo Plan. Candidates for these fellowships are selected by a Committee in the Health Ministry. The observations of the Estimates Committee will be brought to the notice of this selection committee.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F.14-179/74-CGHS dated the 15th Nov., 1974].

Recommendation (Sl. No. 78, Para 8.21)

The Committee consider that training in inventory management is very necessary for effective stores management and to obviate shortages of medicines in the CGHS medical Stores and dispensaries. It is, therefore, desirable that the authorities controlling the stores should be well versed in modern methods of materials management and inventory control. The Committee are surprised

to note that during the year 1970, no doctor was sent for training in the National Institute of Health Administration and Education and in 1971 only one doctor was detailed for training. They are, however, informed that in 1972 and 1973 10 doctors each were sent for obtaining. The Committee desire that a well regulated and phased programme of training medical and other staff in inventory control and store-keeping should be drawn up and implemented.

Reply of Government

A programme of training has been formulated and officers will be deputed for this training in a phased manner.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. 4-176/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sl. No. 81, Para 8.31)

The Committee note that the residential accommodation both for medical and para-medical staff in Government colonies is inadequate. The Committee recommend that effective steps should be taken to provide residential accommodation to all essential medical and para-medical staff attached to the dispensaries in the close proximity of their place of duty. The Committee regret to note that Ayurvedic and Homoeopathic doctors are at present not eligible for allotment of residential accommodation from the CGHS Pool on the plea that they are not rendering any emergency service. The Committee were informed that the position in this regard is being reviewed. The Committee have no doubt that homoeopathic and Ayurvedic doctors would not be discriminated against in the matter of provision of suitable accommodation. The Committee would like to be informed of the action taken.

Reply of Government

Necessary orders have been issued making Ayurvedic/Homoeopathic personnel also eligible for Government accommodation. Efforts are being constantly made to augment CGH Scheme Pool accommodation by construction of new buildings and by requesting the Director of Estates to transfer more quarters from the General Pool to the C.G.H.S. Pool.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-112/74-CGHS dated the 15th Nov., 1974].

Recommendation (Sl. No. 82, Para 8.32)

The Committee would further like Government to review urgently the Scale of Conveyance Allowance allowed to the doctors in view of the perceptible increase in petrol prices and purchase price and maintenance of vehicles so as to ensure that the doctors do not feel any financial constraint in examining the patients.

Reply of Government

Orders have since been issued for grant of enhanced rates of conveyance allowance to the Medical Officers, *vide* Ministry of Health and Family Planning (Department of Health) letter No. F. 4-11/74-CGHS, dated the 10th July, 1974. Appendix VII).

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-116/74-CGHS dated the 15th Nov., 1974].

Recommendation (Sl. No. 83, Para 8.35)

The Committee note that in pursuance of the recommendation made by the Assessment Committee 1962, a guide to the CGHS for the use of beneficiaries was published in 1963 and circulated to various Ministries. The Committee are not sure whether any action was taken thereafter to circulate the guide as most of the beneficiaries are not fully aware of the facilities available under the Scheme. The Committee, therefore, recommend that the guide books should be revised, brought up-to-date and circulated to the Ministries and Departments (both in English and Hindi) for the use of the beneficiaries.

Reply of Government

The CGHS Guide is under revision and steps are being taken to bring it up to date for the use of the CGHS beneficiaries.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-180/74-CGHS dated the 15th Nov., 1974].

Comments of the Committee

Government should expedite the work relating to the revision of the CGHS Guide.

CHAPTER III

RECOMMENDATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF THE GOVERNMENT'S REPLY

Recommendation (Sl. No. 2, Para 2.8)

The Committee note that various proposals including the establishment of one Unani Dispensary under the Central Government Health Scheme, Delhi were under consideration of Government during the year 1973-74. The Committee feel that Government should have finalised these schemes so that they could be implemented during the last financial year.

Reply of Government

Financial stringency during 1973 stood in the way of implementing many schemes including the establishment of one Unani dispensary under the CGHS, Delhi. One Unani dispensary has started functioning in Government accommodation with effect from 1-5-1974 at Sarojini Nagar. A Unani dispensary could not be set up so far in North Avenue due to lack of accommodation there.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-43/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sl. No. 3, Para 2.9)

The Committee understand that there is a demand for a Unani dispensary to be opened in the North Avenue to cater to the needs of beneficiaries of that area. The Committee have no doubt that Government will take this demand into consideration while deciding the location of the new Unani dispensary.

Reply of Government

Necessary information has been furnished in reply to the recommendation at Sl. No. 2, para No. 2.8.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-43/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sl. No. 4, Para 2.23)

The Committee regret to note that achievements in regard to the extension of the Central Government Health Scheme during the Fourth Plan, both in physical and financial terms have fallen short of the targets. Against the target of 16 dispensaries for Bombay, 8 dispensaries for Kanpur and 12 dispensaries for Calcutta during the Fourth Plan period, with a coverage of 40,000, 20,000 and 30,000 families respectively, the dispensaries actually opened were 5 with a coverage of 14,100 families in Bombay and 3 with a coverage of 5,000 families each in the remaining two cities. The position in respect of other cities, except Allahabad, is also not satisfactory in regard to the coverage of families envisaged in those cities during the Fourth Plan period. Similarly, out of a total allocation of Rs. 395 lakhs during the Fourth Plan period, the expenditure actually incurred during the First four years of the Plan i.e. upto 1972-73, has been of the order of Rs. 144.35 lakhs only i.e. about 39 per cent. The slow progress in regard to the extension of this Scheme in these cities has been attributed to (i) non-availability of suitable accommodation for housing dispensaries; (ii) delay in getting financial clearance and acceptance by the State Governments for the provision of specialists' consultation and hospitalisation facilities for CGHS beneficiaries; and (iii) non-availability of medical and para-medical staff. The Committee consider that with their experience of running this Scheme in Delhi since 1954, it was expected that Government should have foreseen all these difficulties before planning the extension of CGHS facilities to these cities and should have taken advance action to obviate them. It appears that this was not done.

Reply of Government

The slow pace of extension of the Central Govt. Health Scheme has been due to economy cuts imposed during the last two years of the Fourth Plan period. In spite of this the Scheme has been extended to five (5) new cities out of the proposed six (6) cities.

The numbers of families covered under the CGH Scheme during the Third Plan and the Fourth Plan in the cities of Bombay,

Allahabad, Meerut, Kanpur, Calcutta and Nagpur are given in the table below:

Name of the City	Families covered upto 31-3-1969	Families covered in the Fourth Plan (1-4-69 to 31-3-74)	Total at the end of Fourth Plan
1	2	3	4
1. Bombay	21,743	14,651	36,394
2. Allahabad	—	12,963	12,963
3. Meerut	—	8,973	8,973
4. Kanpur	—	5,705	5,705
5. Calcutta	—	6,043	6,043
6. Nagpur	—	11,189	11,189
	21,743	59,524	81,267

The estimated expenditure during the entire fourth plan period is Rs. 241.30 lakhs upto end of March, 1974 as against the expenditure of Rs. 144.35 lakhs earlier reported.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F. 13-2/74-CGHS(P), dated the 15th Nov., 1974].

Recommendation (Sl. No. 12, Para 2.39)

The Committee are glad to note that the scope of the CGHS has been widened by bringing under its purview, *inter-alia*, Central Government Pensioners in all cities and members of the general public in certain selected areas in Delhi only. In the opinion of the Committee, this is a step in the right direction in the interest of medical care of the community at large. The Committee recommend that in the light of the experience gained in extending this scheme to members of the general public in selected areas in Delhi, Government should consider its gradual extension to other areas in Delhi and also in other cities for members of the general public.

Reply of Government

The C.G.H.S. facilities are available to all Central Government pensioners in cities where the C.G.H.S. has been extended. Due to lack of resources it has not been possible to extend the C.G.H.S. Scheme to all places where there is a concentration of Central Government Employees. Until and unless all the Central Government Employees are covered under this Scheme, it will be appreciated that it would not be possible to extend the C.G.H.S. facilities to members of the general public. However, the recommendation of the Committee will be considered when circumstances are more favourable and requisite resources and facilities are available.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-43/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sl. No. 16, Para 3.11)

The Committee note that there are 13 dispensaries in Delhi where the number of families is more than double the prescribed number, viz, 2500 per dispensary. They urge that with a view to reduce over-crowding and congestion in these dispensaries, urgent measures should be taken to reduce the work-load on these dispensaries by opening more dispensaries in these areas at the earliest. It is necessary that time-bound programme is drawn for this purpose. Till the opening of additional dispensaries, the strength of doctors in these dispensaries should be augmented to the extent necessary, to provide quick medical attendance to the beneficiaries of these areas.

Reply of Government

Provision has been made in the Fifth Plan for expansion of Central Government Health Scheme in Delhi. But lack of allocation of funds during the current Financial Year due to economy drive stands in the way of opening more dispensaries at present. As and when funds are allocated a time-bound programme will be drawn up. In the meantime, the strength of doctors in the dispensaries concerned will be augmented in accordance with the recommendations of the Staff Inspection Unit of the Ministry of Finance.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. 4-114/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sl. No. 30, Para 3.62)

The Committee are concerned to note that in Willingdon Hospital, the majority of specialists are required to look after, not only

the CGHS beneficiaries but the general public as well. The Committee feel that as the specialists' services at Willingdon Hospital are also open to the general public, there are long waiting periods for the CGHS beneficiaries to avail of the service of specialists at this hospital. The Committee, therefore, recommend that there should be separate CGHS Wing in the Willingdon Hospital also as is the case in the Safdarjang Hospital where the CGHS beneficiaries are able to consult the specialists exclusively meant for them.

Reply of Government

Due to lack of space in Willingdon Hospital, and also due to lack of funds on account of economy drive and restrictions on new construction works, it has not been possible to have a separate CGHS Wing in this Hospital. The recommendation will, however, be kept in view while planning future expansion of the Hospital.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-111/74-CGHS, dated the 15th Nov., 1974].

Comments of the Committee

The matter may be pursued and the Committee apprised of the action taken in this regard.

Recommendation (Sl. No. 31, Para 3.63)

The Committee note that with a view to avoid rush and overcrowding at Willingdon and Safdarjang Hospitals in Delhi for specialist consultation. Government have set up five polyclinics at Pusa Road, Lajpat Nagar, Daryaganj, Tilak Nagar and R. K. Puram. The Committee feel that each of these polyclinics should have the following facilities:—

1. Beds for emergency cases.
2. Oxygen Cylinder facilities.
3. Specialised Laboratory examinations.
4. Radiological examination and electro-therapy.
5. Specialist services.
6. Initial supply of special medicines.
7. E.C.G. etc.

Reply of Government

Lack of funds due to economy drive and shortage of accommodation in the Dispensaries stand in the way of augmenting the faci-

lities in the five polyclinics. As and when funds are allocated, additional facilities will be provided.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-123/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sr. No. 32, Para 3.64)

The Committee are of the view that facilities for specialities like medicine, surgery, dentistry, ear, nose and throat, ophthalmology, gynaecology and paediatrics should also be provided at these polyclinics. The surgical specialist should be in a position to do minor operation at the polyclinic itself.

Reply of Government

Please see information furnished under S.No. 31, Para No. 3.63.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. F. 4-123/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sl. No. 37, Para 3.78)

The Committee are constrained to note that it takes unusually long time for the X-ray and other Laboratory reports from the hospitals to reach the respective dispensaries. The Committee understand that the main reasons for delay in the receipt of X-ray and clinical reports at the dispensaries are due to courier system and shortage of staff in the X-ray Department and Laboratories. The Committee would like the Government to examine in detail the reasons for delay in making available laboratory and X-ray reports and take effective measures to obviate the difficulties in this regard and to ensure that these reports are made available within 48 hours at the latest.

Reply of Government

The procedure regarding despatch of X-ray and other laboratory reports is constantly reviewed and whenever specific instances of delay come to light, remedial action is taken. The S.I.U. Report in respect of the Radiology and Laboratories Departments of the Safdarjang Hospital does not contain any recommendation about augmentation of existing staff on the X-ray and Laboratory side. The S.I.U. Report for Willingdon Hospital is awaited. Due to financial stringency and the ban on creation of new posts, it has

not been possible to augment the laboratory services and to ensure speedier delivery of X-ray reports.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-144/74/CGHS, dated the 15th Nov. 1974].

Comments of the Committee

Government should ensure that there is no delay in making available the X-ray Reports to the dispensaries.

Recommendation (Sr. No. 38, Para 3.80)

The Committee feel that for efficient medical care it is necessary that the history of treatment given to a particular patient is always available to the doctor. At present the prescriptions given to the patients are taken away by them and are often destroyed. At the time of the next visit of the patient to the dispensary, the doctors have no knowledge of the previous treatment. The Committee realise that the maintenance of permanent case cards for each patient would involve much clerical work and expenditure. While the maintenance of Case Cards for each patient should be the ultimate objective, the Committee would like that a beginning may be made in the case of chronic diseases, at the discretion of the Medical Officer.

Reply of Government

In the case of Chronic diseases, Medical Officers are advising patients to keep all the prescriptions in one folder. When the financial position improves the question of printing family folders for use by Medical Officers will be taken up.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-122/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sr. No. 46, Para 4.39)

The Committee note that Ayurvedic Medicines costing over Rs. four lakhs were purchased by the CGHS in 1968-69. A large quantity of these medicines proved much in excess of requirements. Out of these, medicines amounting to over Rs. 5,000 are stated to have been declared unfit for use and have been/will be written off. Further, a large number of medicines which were purchased at that time are still being used by the various Ayurvedic dispensaries. There are 24 Compound Ayurvedic medicines which are in stock for over five years. The Committee note that during 1968, only two

Ayurvedic dispensaries were functioning. All this indicates that these Ayurvedic medicines were purchased without proper planning and a realistic assessment of requirements.

Reply of Government

Please see information furnished in reply to recommendation at S.No. 50, para 4.43.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. 4-149/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sr. No. 47, Para 4.40)

The Committee have been informed that the medicines were purchased in excess of the requirements, keeping in view the anticipated demands from certain dispensaries which were still to be opened and certain ingredients which were required for preparation of Ayurvedic drugs, some of which got spoiled in storage. The Committee are not convinced with the reason advanced by Government that the stock of medicines purchased could be utilised in the normal course of time due to the delayed opening of three Ayurvedic dispensaries. The Committee observe that these dispensaries which were originally proposed to be opened in January and February 1969 were actually opened (i) on 14th February, 1969 at R.K. Puram, (ii) on 31st March, 1969 at North Avenue and (iii) on 2nd June, 1969 at Dev Nagar. Thus, in the case of first two dispensaries, there was no appreciable delay while in the case of the last one, there was a delay of about 4 months only, which in the opinion of the Committee could not have greatly affected the usage of Ayurvedic medicines resulting in their being declared as unfit for use or becoming so much surplus.

Reply of Government

Please see information furnished in reply to recommendation at S. No. 50, Para 4.43.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. 4-149/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sr. No. 48, Para 4.41)

The Committee further note that two more Ayurvedic dispensaries—one in Timarpur and another in Tilak Nagar areas were also proposed to be opened in 1968. It appears that provisions of medicines for these two dispensaries was also made and the Ayurvedic

medicines were purchased, though the dispensaries have not yet been opened. It is also noticed that there was a proposal to open a Pharmacy for the preparation of Ayurvedic medicines in 1968. This has also not been opened so far. It is thus evident that the purchase of these Ayurvedic Medicines was made in haste without a firm decision being taken.

Reply of Government

Please see information furnished in reply to recommendation at S.No. 50, para 4.43.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. 4-149/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Sr. No. 49, Para 4.42)

During the course of the evidence, the Committee drew the attention to the excess purchase of Ayurvedic medicines and the losses suffered during storage and complaints of irregularities in their purchase and stackings. Government appointed a departmental committee to go into the matter. The conclusions of the departmental committee are reproduced below:—

'It is unfortunate that in spite of the best efforts, some medicines were rendered unuseable and have to be written off. The Committee feel that the Adviser I.S.M. should keep a close watch on the utilisation and purchase of medicines in future so that assessments are more realistic, storage proper and consumption according to the pattern anticipated. He should hold meetings preferably every two months with Ayurvedic Physicians and Stores Officers for the better functioning of dispensaries and proper use of the medicines on the basis of such periodical reviews. The results of these reviews should be intimated to Director, CGHS and the Health Ministry from time to time.'

The Committee also note that Government have taken the following steps to avoid recurrence of such purchases:

- (a) The Ayurvedic Stores have been shifted to separate premises under an Officer-in-charge, Ayurvedic (Stores). Formerly, they were housed in the Gole Market Dispensary and the Physicians-in-Charge there had to look after its work. The space for the stores was inadequate being housed in one room only with a temporary structure in the compound.

- (b) Office staff consisting of one U.D.C. and three L.D.Cs are now posted to the Ayurvedic Stores. During 1968-69, only one L.D.C. was provided for all the purchase work in the Ayurvedic Stores.
- (c) The procedure for the purchase of medicines has been streamlined. The requirements of medicines are assessed on the basis of past four month expenditure. Medicines in the essential category are purchased equal to six months' requirements and those in the general category equal to four months' requirements. The stocks in hand and supplies on the way from the suppliers are also taken into account while working out such requirements.

Reply of Government

Please see information furnished in reply to recommendation at S.No. 50, para 4.43.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. 4-149/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Serial No. 50, Para No. 4.43)

The Committee see no reason why all these steps could not be taken earlier to obviate such losses. The Committee desire that the Adviser, I.S.M. should ensure that periodical reviews are made of the medicines in stocks in order to put them to the best use and that the results of such reviews are put up to the Director, CGHS. The Committee would like to emphasise that Government should ensure that there is no recurrence of such cases.

Reply of Government

Steps have been taken to prevent recurrence of such incidents. Follow-up action on the report of the High Power Committee has been taken. The working of the Ayurvedic Stores has been further streamlined. A Stores Officer with professional qualifications, under the Officer-in-Charge, Ayurvedic Stores has been appointed. It has also been decided to change the Officer-in-Charge every three years. Further, in pursuance of the Committee's recommendation No. 64, action is being taken to arrange representation of Associated Finance on the Advisory Committee for the purchase of Ayurvedic Medicines for the C.G.H.S.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. 4-149/74-CGHS, dated the 15th Nov., 1974].

Recommendation (Serial No. 52, Para No. 5.14)

The Committee note that all cases of C.G.H.S. beneficiaries requiring hospitalisation are referred, on the advice of medical officers and the specialists under the Scheme, to various hospitals viz., Central Government hospitals, State Government hospitals and other private hospitals recognised for the purpose. The Committee also note that expenditure on hospitalisation, laboratory tests, bio-chemical investigations, and specialist consultation etc., is borne by the C.G.H.S. The Committee further note that there are no hospitals owned by the C.G.H.S. and they have a proposal to set up their own hospitals at Delhi and Bombay.

Reply of Government

Please see information given against Serial No. 55, (Para 5.17).

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-110/74-CGHS (P), dated the 15th Nov., 1974].

Recommendation (Serial No. 64, Para No. 6.45)

The Committee note that the Purchase Committee for Ayurvedic medicines consists of the Adviser, Indigenous System of Medicines, Ministry of Health, the Deputy Drugs Controller, Directorate General of Health Services, Deputy Assistant Director (Stores), Central Government Health Scheme, Senior Research Officer, Indigenous System of Medicines and the Medical Officer-in-charge, Ayurvedic Stores, Central Government Health Scheme. The Committee consider that it would be desirable if a representative of the Associated Finance is also represented on the Purchase Committee.

Reply of Government

The recommendation of the Committee has been examined in consultation with the Ministry of Finance who have stated that it is not desirable to have the Associated Finance as a representative on the Purchase Committee for canalising purchases under the powers vested in the Ministry of Health. It has, therefore, been decided to have a representative of the Internal Financial Adviser on the Committee.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-153/74-CGHS (P), dated the 15th Nov., 1974].

Recommendation (Serial No. 67, Para No. 6.52)

The Committee note that the CGHS Formulary is prepared by a Committee consisting of heads of various specialities and that the same is reviewed from time to time and kept most comprehensive and up-to-date by adding the latest drugs in the field of medicines and deleting the obsolete ones. They further note that there are at present two lists in this Formulary one consisting of comparatively inexpensive medicines which the G.D.M.O's can prescribe while the other list which consists of expensive proprietary medicines, can be prescribed by specialists. The Committee have been informed by the representatives of the Ministry that the Medical Officers In-charge of dispensaries have been authorised to prescribe medicines from the second list also and that in emergent cases any doctor can prescribe any medicine. The Committee have been given the impression during their visits to the dispensaries that not infrequently, the beneficiaries experience difficulties in getting in time medicines which are necessary in the interest of quicker and more efficacious treatment. The Committee suggest that the whole matter may be reviewed by Government to see, how these genuine difficulties of the patients could be resolved by either providing for specialists to visit the dispensaries more frequently, or for expeditious internal reference by the G.D.M.O's to the specialists for approving the prescription of the medicines required, which may be falling in List I. The Committee have no doubt that Government would ensure that the CGHS formulary is kept up-to-date, so that the latest and most efficacious medicines are readily available to the beneficiaries.

Reply of Government

Medicines in the General List and Specialist List are adequately stocked in the dispensaries and so the question of experiencing difficulty in getting these medicines arises only rarely when they are not available in the dispensary. These are however, replenished immediately on ending an indent to the Government Medical Store. Difficulty arises only in cases where specialists prescribe medicines outside the CGHS formulary, as the procedure involved in procuring non-listed items from the authorised chemists take some time. In the case of non-listed items, the dispensaries send their indents to the CGHS Medical Store Depot and from there, they are distributed to the authorised chemists. The authorised chemists on receipt of the indents, supply such medicines as are available in their stock directly to the dispensaries through special messenger. Delays occur in cases where the medicines are not available with the autho-

rised chemists. In that case, the CGHS beneficiaries are authorised to purchase the medicines from any where in the market and claim reimbursement.

A list of specialist centres where facilities for specialist consultation is available is attached.

The CGHS formulary is reviewed from time to time and is kept up-to-date by the inclusion of latest medicines of therapeutic value to the patients and by the deletion of obsolete medicines therefrom.

[Ministry of Health and Family Planning (Department of Health) O.M. No. 4-154/74-CGHS, dated the 15th November, 1974].

C.G.H.S., Delhi/New Delhi Skin Specialist Centre

1. Darya Ganj
2. Kasturba Nagar
3. Lajpat Nagar
4. Lakshmibai Nagar
5. Lodi Road-II
6. Moti Bagh
7. Netaji Nagar
8. Pusa Road
9. Rajouri Garden
10. R.K. Puram-III
11. S.N. Market
12. Srinivaspuri
13. Tilak Nagar
14. Wellesly Road.

C.G.H.S. Delhi/New Delhi eye Specialist Centre

1. Darya Ganj
2. Kasturba Nagar
3. Lajpat Nagar
4. Moti Bagh
5. Pusa Road
6. R.K. Puram-III
7. S.N. Market
8. Shahdara

C.G.H.S. Delhi/New Delhi E.N.T. Specialist Centres

1. Darya Ganj
2. Kasturba Nagar
3. Lajpat Nagar
4. Moti Bagh
5. Pusa Road
6. R.K. Puram-III

7. Rajouri Garden
8. S.N. Market
9. Shahdara

C.G.H.S. Delhi/New Delhi Surgical Specialist Centres

1. Kasturba Nagar
2. Lajpat Nagar
3. Moti Bagh
4. S.N. Market

C.G.H.S. Delhi/New Delhi Psychiatrist Specialist Centres

1. Kasturba Nagar
2. Lajpat Nagar
3. Moti Bagh
4. S.N. Market

Gynae Centre:	Lajpat Nagar
Psychiatric Centre:	Kidwai Nagar
Dental Centres:	Kasturba Nagar and Pusa Road.

C.G.H.S. Delhi/New Delhi Medical Specialist Centres

1. Andrews Ganj
2. Chandni Chowk
3. Chankayapuri
4. Chitra Gupta Road
5. Darya Ganj
6. Delhi Cantt.
7. Dev Nagar
8. Gole Market
9. Kalkaji
10. Karol Bagh
11. Kasturba Nagar
12. Lakshmibai Nagar
13. Lajpat Nagar
14. Lodi Road-I
15. Lodi Road-II
16. Malvia Nagar
17. Minto Road

18. Moti Bagh
19. Moti Nagar
20. Netaji Nagar
21. Patel Nagar-II
22. Pul Bangash
23. Rajouri Garden
24. R.K. Puram-III
25. Pusa Road
26. Sarojini Nagar-I
27. Sarojini Nagar-II
28. S.N. Market
29. Shahdara
30. Srinivaspuri
31. Sabzi Mandi
32. Tilak Nagar
33. Timar Pur
34. Wellesley Road
35. Kinsway Camp
36. Shakurbasti
37. Nanakpur.

Recommendation (Serial No. 79, Para 8.25)

The Committee regret to note that most of the CGHS dispensaries are located in residential quarters and rented private houses which are not suitable for the purpose. The Committee feel that due to lack of adequate accommodation, the services at the dispensaries have suffered. The first essential requisite for proper working conditions of medical and para-medical staff in dispensaries is the availability of suitable dispensary buildings which should be well laid out, and provide accommodation for efficient running of all services and convenient places for the beneficiaries who are waiting to consult the doctors together and have other essential amenities like water, fans, etc., for patients. They recommend that a phased programme for construction of the buildings for dispensaries should be drawn up and implemented to meet the long-felt need.

Reply of Government

Central Government Health Scheme dispensaries housed at present in private buildings are proposed to be shifted to Government

buildings constructed as per requirements of approved specification.. Shifting is hampered due to: (i) difficulty in the procurement of a suitable plot of land in a particular area and (ii) paucity of funds required for the construction of Government buildings for locating the CGHS dispensaries. However, efforts will continue to be made to overcome these difficulties and to locate the CGHS dispensaries in proper buildings.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-117/74-CGHS, dated the 15th Nov., 1974].

CHAPTER IV

RECOMMENDATIONS IN RESPECT OF WHICH REPLIES OF GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

Recommendation (Serial No. 9, Para 2.32)

The Committee note that CGHS in Delhi has been extended to a number of public undertakings, semi-Government Organisations/autonomous bodies on payment of full contribution. Similarly, seven undertakings outside Delhi have allowed the Central Government employees to receive medical treatment on payment in the hospitals, run by them. The Committee would urge that the CGHS should extend its coverage to the employees of public undertakings, semi-government organisations etc. who desire to be covered by it and who are not already covered by the State Employees Insurance Schemes, in all those cities where it is functioning.

Reply of Government

The Planning Commission has desired that the first charge of the CGHS should be the Central Government employees. Though the Scheme is in operation in Delhi since 1954, it has not covered all the Central Government employees due to lack of resources. Depending on the availability of resources, the Scheme will be extended to the employees of public undertakings, semi-Government organisations etc., who would desire to be covered by it and are not already covered by the State Employees Insurance Scheme.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-164/74-CGHS, dated the 15th Nov., 1974].

Comments of the Committee

Please see comments under Chapter I.

Recommendation (Serial No. 13, Para 2.40)

The Committee further consider that ex-M.Ps. have rendered valuable public service. They, therefore, strongly feel that there is no reason why C.G.H.S. should not be extended to the ex-M.Ps. on payment of the same contribution as they were paying as M.Ps.

Reply of Government

Lack of resources stands in the way of their coverage under the Central Government Health Scheme. It is, however, open to them to join the Scheme as members of the General Public in selected dispensaries where this facility is available.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. 4-96/74-CGHS, dated the 15th Nov., 1974].

Comments of the Committee

Please see Comments under Chapter I.

Recommendation (Serial No. 33, Para 3.65)

The Committee find that no evaluation of the various poly-clinics in Delhi/New Delhi has been made so far. The Committee suggest that there should be a periodical evaluation of the working of Poly-clinics to bring about the required improvements in the interest of efficient service to the beneficiaries.

Reply of Government

In view of the inadequate space and resources, it is not possible to provide additional facilities in the existing Poly-clinics. When the poly-clinics are housed in Government buildings to be constructed for the purpose and when funds become available, additional facilities will be provided.

[Ministry of Health and Family Planning (Department of Health) O.M. No. 4-162/74-CGHS dated the
15th November, 1974].

Comments of the Committee

Please see comments under Chapter I.

Recommendation (Sr. No. 40, Para 4.10)

The Committee note that there are only five Ayurvedic and three Homoeopathic dispensaries for all the CGHS beneficiaries throughout Delhi as against 63 Allopathic dispensaries. During the Fifth Five Year Plan, however, Government propose to set up Homoeopathic and Ayurvedic dispensaries in all the cities where the CGHS is in vogue. The Committee further note that Govern-

ment have decided that in the new dispensaries proposed to be set up in Delhi, arrangements are to be made to have an attached wing of the Ayurvedic and Homoeopathic dispensary and that similar pattern would be followed elsewhere in future. The Committee welcome this development. They have no doubt that in the light of experience gained of the functioning of such composite dispensaries, Govt. will ensure that similar facilities for Ayurvedic and Homoeopathic treatment are available in all the new dispensaries which would be set up in future. As regards the opening of Ayurvedic and Homoeopathic wings in the existing dispensaries, the Committee would like Government to review the position in the light of the experience gained in the functioning of the new composite dispensaries and based on the preference of beneficiaries, take concrete measures to provide these facilities in the existing dispensaries as per a time-bound programme.

Reply of Government

It was proposed to open a Homoeopathic wing in the Allopathic dispensaries of Delhi Cantonment and Lodi Road I. Due to lack of funds and ban on creation of posts the Scheme could not be implemented. Efforts will, however, be made to provide facilities for Ayurvedic and Homoeopathic treatment in all new dispensaries to be set up in future, according to available resources at the appropriate time.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-120/74-CGHS(P), dated the 15th Nov., 1974].

Comments of the Committee

Please see Comments under Chapter I.

Recommendation (Sr. No. 41, Para 4.11)

The Committee consider that the co-existence of Allopathic, Homoeopathic and Ayurvedic system of medicine provides an ideal laboratory where modern technology and ancient knowledge react on one another and can be used to bring about effective remedies for various diseases. The Committee would like the Government not to deny full facilities to the indigenous systems of medicine so that these systems are fully utilised for bringing relief to the beneficiaries who wish to avail of them.

Reply of Government

Under the CGHS at Delhi, Allopathic, Homoeopathic, Ayurvedic and Unani Dispensaries are functioning at present. More Homoeo-

pathic and Ayurvedic Dispensaries will be opened when additional funds are voted.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-120/74-CGHS, dated the 15th Nov., 1974].

Comments of the Committee

Please see Comments under Chapter I.

Recommendation (Sr. No. 44, Para 4.18)

The Committee understand that the scales of pay and non-practising allowance in the case of Ayurvedic and Homoeopathic physicians are lower than those admissible to the Allopathic doctors under the CGHS. The Committee find that in the beginning, the scales of pay and non-practising allowance of the Allopathic, Ayurvedic and Homoeopathic doctors serving in the CGHS were the same. But when the Central Health Service was constituted in 1966, the Allopathic doctors were given the benefit of higher scales of pay and non-practising allowance, according to the grades of Central Health Service. The scales of pay and non-practising allowance of Ayurvedic and Homoeopathic doctors were not simultaneously revised. The Committee are unable to appreciate why the scales of pay of doctors of the three systems of medicine were not revised at the same time with a view to maintain parity. The Committee trust that suitable action will be taken by Government without delay in this regard.

Reply of Government

The demands of parity in matters of pay scales, N.P.A. and status in the case of Ayurvedic and Homoeopathy Physicians with that of their Allopathic counterparts in C.H.S./C.G.H.S. was considered by the 3rd Pay Commission. During his oral evidence the Secretary, Ministry of Health also supported this demand. The Commission found it difficult to accept this proposal in view of the difference in qualifications period of training, and conditions of service of the practitioners of the two systems of medicine. They have therefore, recommended a scale of Rs. 650—1200.

Taking into consideration that Government is trying to popularise and encourage the indigenous systems of medicine, the Commission felt that prohibition of private practice may not further this objective. They have, therefore, recommended withdrawal of N.P.A. wherever admissible at present and instead have allowed the facility of private practice outside duty hours without inter-

ference in official duties. Subsequently, in response to representations made by the C.G.H.S. Ayurvedic and Homoeopathic Physicians etc., the proposal to continue the N.P.A. to practitioners of Indigenous and Homoeopathic Systems of medicine is under consideration.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4-147/74-CGHS, dated the 15th November, 1974].

Comments of the Committee

Please see Comments under Chapter I.

Recommendation (Sr. No. 45, Para 4.19)

The Committee note that while specialist doctors have been appointed on the side of Allopathy, no such specialists except one Adviser each has been appointed for Ayurvedic and Homoeopathic systems. The Committee feel that keeping in view the advances made in Ayurvedic and Homoeopathic systems and preference of beneficiaries, Government should examine the question of appointing either more advisors or specialists, to meet the needs of beneficiaries, desiring Ayurvedic and Homoeopathic treatment. The Committee need hardly point out that if the quality of service and the scope of facilities for treatment by Ayurvedic and Homoeopathic systems is made comparable to what is available in Allopathic system, there is bound to be greater response for these systems from the beneficiaries as it is well known that these systems suit well the genius and temperament of our people for a variety of ailments.

Reply of Government

The Assistant Adviser Ayurvedic and Homoeopathy function as specialists for CGHS beneficiaries. Due to economy reasons it has not been possible to create separate posts of Senior Physicians under Ayurvedic|Homoeopathy.

[Ministry of Health and F.P. (Deptt. of Health) O.M.No. F.
D-148/74-CGHS, dated the 15th November, 1974].

Comments of the Committee

Please see Comments under Chapter I.

Recommendation (Sr. No. 54, Para 5.16)

The Committee note that in the existing hospitals, there is no reservation of beds for C.G.H.S. beneficiaries. The number of

beds is inadequate and the C.G.H.S. patients have to wait for admission as these patients are admitted along with the general public, in the hospitals depending upon their clinical conditions.

Reply of Government

The two large Central Government Hospitals in Delhi, viz., Safdarjang and Willingdon, which work round the clock, have necessary facilities to admit emergency cases all the 24 hours. In addition to these two hospitals, CGHS beneficiaries avail of treatment facilities in other Hospitals in Delhi also, in cases of emergency.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-157/74-CGHS(P), dated the 15th Nov., 1974].

Comments of the Committee

Please see Comments under Chapter I.

Recommendation (Sr. No. 55, Para 5.17)

The Committee feel that the existing arrangements for hospitalisation of CGHS beneficiaries are far from satisfactory inasmuch as the number of beds in the existing hospitals are inadequate and the patients have to wait for long periods for seeking admission in the hospitals. The Committee consider that the construction of a separate hospital for CGHS beneficiaries will be costly and its recurring expenditure will also be much more than the expenditure at present borne by the CGHS on hospitalisation of beneficiaries. Moreover, the system of having separate hospitals for Government employees would not be in tune with the social objectives. In the opinion of the Committee, the remedy lies in augmenting the bed capacity in the existing hospitals at the earliest. It should also be ensured that the best medical facilities and the latest equipment are provided for the treatment of all kinds of ailments in these hospitals. The Committee would further like that special arrangements for hospitalisation should be made for cardiac and seriously sick patients in the Safdarjang Hospital for the convenience of CGHS beneficiaries living in that area.

Reply of Government

The need for separate hospitals for CGHS has been recognised. But in view of the ban on construction activity the proposals to have separate hospitals for CGHS beneficiaries have been shelved for the present. However, every care has been taken to admit and look

after emergency cases in the two Central Government Hospitals in Delhi as well as in other Delhi Hospitals. The Safdarjang Hospital and Willingdon Hospital have Intensive Care Units to care for seriously sick patients. These hospitals admit patients round the clock.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-110/74-CGHS, dated 15th Nov., 1974].

Comments of the Committee

Please see Comments under Chapter I.

Recommendation (Sr. No. 59, Para 5.25)

The Committee note that at present there are no hospital facilities in Delhi for Ayurvedic treatment. They note that Ayurvedic hospitals are functioning in States like Kerala, Gujarat and Rajasthan etc. and that CGHS patients requiring hospitalisation in Ayurvedic hospitals are sent to these hospitals, wherever necessary. The Committee feel that Ayurvedic system of medicine has not been given the encouragement that it deserves. In view of the fact that it is an indigenous system evolved from ancient times and suits the temperament of our people, it is not proper that hospitalisation facilities are provided in this system of medicine also. The Committee note that Government propose to set up an Ayurvedic hospital in Delhi during the Fifth Plan and that the details in this regard have been worked out. The Committee hope that concrete measures will be taken by Government so as to provide hospitalisation to patients desiring Ayurvedic treatment in Delhi.

Reply of Government

Depending on the availability of resources, Government will set up an Ayurvedic Hospital in Delhi.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-178/74-CGHS, dated 15th Nov., 1974].

Comments of the Committee

Please see Comments under Chapter I.

Recommendation (Sr. No. 65, Para 6.46)

The Committee regret to note that Government have not been able to set up an Ayurvedic Pharmacy so far. They understand that it was proposed to open a Pharmacy for which a sum of Rs. 50,000 was provided in the Budget Estimates for 1968-69 and the funds

were subsequently diverted for other use. It has been urged before the Committee that establishment of a Pharmacy by Government would not only make available standard Ayurvedic medicines to the beneficiaries but would also reduce their cost. The Committee also understand that similar Pharmacies are already working in some States, notably Gujarat and Kerala. The Committee would like Government to review the matter with all its implications and take a firm decision about setting up of an Ayurvedic Pharmacy, so that if the proposition is found to be beneficial it is implemented as a time-bound programme to be laid down in this behalf.

Reply of Government

The recommendation of the Committee is noted.

Owing to the present financial stringency, however, it may not be possible to start an Ayurvedic Pharmacy in the immediate future.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-84/74-CGHS, dated 15th Nov., 1974].

Comments of the Committee

Please see Comments under Chapter I.

Recommendation (Sr. No. 80, Para 8.26)

The Committee stress that construction of dispensaries should constitute an integral part of development of new colonies built for the residence of Government employees and it should be ensured that the CGHS dispensary starts functioning simultaneously with the occupation of the colony by the residents.

Reply of Government

Besides the hindrances enumerated in para 8.25, the setting up of a CGHS dispensary in the Government constructed building in any particular colony will depend on the satisfaction of the approved norm of availability of 2000—2500 Central Government employees in the colony concerned as the pre-requisite conditions for the establishment of a dispensary under the Central Government Health Scheme.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. 4-117/74-CGHS, dated 15th Nov., 1974].

Comments of the Committee

Please see Comments under Chapter I.

CHAPTER V

RECOMMENDATIONS IN RESPECT OF WHICH FINAL REPLIES OF GOVERNMENT ARE STILL AWAITED

Recommendation (Sr. No. 20, Para 3.23)

The Committee note that the Staff Inspection Unit of the Ministry of Finance had conducted a work-study of the CGHS in 1971 and prescribed norms of the staffing pattern in respect of CGHS allopathic dispensaries. The Committee find that the norms prescribed by the Staff Inspection Unit were significantly lower than those recommended by the CGHS Assessment Committee (1961) earlier. The Committee are surprised that Government have taken no action on the report of the Staff Inspection Unit, published in 1971, on the plea that as the report covers only the doctors working in the CGHS dispensaries they are waiting for the report on specialists also. The Committee would like the Government to implement the recommendations already made by the Staff Inspection Unit without waiting for the report on specialists as it has already taken about three years to implement them.

Reply of Government

The recommendations of the S.I.U. in respect of dispensary doctors are already being implemented without waiting for the report on Specialists.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-43/74-CGHS, dated 15th November, 1974].

Further information called for by the Government

Please indicate the latest position in regard to the presentation of the Report on Specialists and when the said report is expected to be submitted.

[Lok Sabha Secretariat O.M. No. 4(10)(I)/ECI/73, dated
the 10th February, 1975].

Further reply of Government

The Ministry of Finance, Staff Inspection Unit, who was consulted in the matter, have replied stating that the report on the

entire staff of the Willingdon Hospital has been issued on the 12th March, 1975. The report is being processed. As regards Safdarjang Hospital, the data relating to Specialists have been collected and analysed. It is hoped to complete this part of the exercise also in another six weeks time.

A copy of their letter No. 16(1)-SIU/74, dated 17-3-1975 is enclosed. (See Appendix VIII).

[Ministry of Health and F.P. (Deptt. of Health) O.M. No. F.4-43/74-CGHS, dated 21-3-1975]

Further information called for by the Committee

Recommendation (Sr. Nos. 20 & 21)

The result of action taken on the report of S.I.U. on the staff of Willingdon Hospital may be intimated to the Committee. It has been stated that as regards Safdarjang Hospital, the data relating to Specialists have been collected and analysed.

Please indicate the result of the analysis.

[Lok Sabha Secretariat O.M. No. 4/10(1)/ECI/73, dated 14th May, 1975].

Further reply of Government

The S.I.U.'s report on staff requirement of Willingdon Hospital (CGHS Wing), was informally discussed with the Specialists Incharge of each Department. A summary of discussion held has been sent to the Director, S.I.U. on 29-5-1975. (Copy enclosed) (See Appendix IX).

The report in respect of Safdarjang Hospital is still awaited from the Staff Inspection Unit of the Ministry of Finance. The Director, S.I.U. has been reminded demi-officially.

[Ministry of Health and Family Planning (Deptt. of Health) O.M. No. F. 4-43/74-CGHS dated, 2-7-1974].

Comments of the Committee

Final action taken by Government in implementation of the recommendations of the Staff Inspection Unit of the Ministry of Finance.

on the Staff of the Willingdon Hospital may be intimated to the Committee.

The Committee regret to observe that the report in respect of Safdarjang Hospital is still awaited from the Staff Inspection Unit even after a lapse of four years. The Committee would urge that the matter should be expedited and the result of action taken communicated to them at an early date.

Recommendation (Sr. No. 21, Para 3.24)

The Committee deplore the delay in submission of report on specialists by the Staff Inspection Unit even after a lapse of three years. In the opinion of the Committee, Staff Inspection Unit should complete the examination of the entire organisation before taking up other tasks. They would, therefore, urge the Government to take suitable steps to expedite the submission of the remaining part of the report by the Staff Inspection Unit and implement the same at the earliest.

Reply of Government

The observations of the Estimates Committee have been brought to the notice of the Staff Inspection Unit of the Ministry of Finance. They have been requested to complete the remaining parts of their reports as early as possible.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-43/74-CGHS dated, 15th Nov., 1974].

Further information called for by the Committee

Please indicate the latest position in regard to the presentation of the Report on Specialists and when the said report is expected to be submitted.

[Lok Sabha Secretariat O.M. No. 4-10(I) | ECI | 73, dated the
10th February, 1975].

Further reply of Government

Please see the reply to Recommendation No. 20, para 3.23.

[Ministry of Health and Family Planning, (Deptt. of Health)
O.M. No. F. 4-43/74-CGHS, dated, the 21st March, 1975].

Further information called for by the Committee

The result of action taken on the report of S.I.U. on the staff of Willingdon Hospital may be intimated to the Committee. It has been stated that as regards Safdarjang Hospital, the data relating to specialists have been collected and analysed.

Please indicate the result of the analysis.

[Lok Sabha Sectt. O.M. No. 4/10(I)/ECI/73, dated the 14th May, 1975].

Further reply of Government

Please see reply to Recommendation No. 20, para 3.23.

[Ministry of Health and Family Planning (Deptt. of Health)
O.M. No. 4/43/74-CGHS, dated 2nd July, 1975].

Comments of the Committee

Final action taken by Government in implementation of the recommendations of the Staff Inspection Unit of the Ministry of Finance on the Staff of the Willingdon Hospital may be intimated to the Committee.

The Committee regret to observe that the report in respect of Safdarjang Hospital is still awaited from the Staff Inspection Unit even after a lapse of four years. The Committee would urge that the matter should be expedited and the result of action taken communicated to them at an early date.

NEW DELHI;

R. K. SINHA,

August 20, 1975.

Chairman,

Sravana 29, 1897 (Saka).

Estimates Committee.

APPENDIX I

(Vide reply to recommendation No. 1)

BRIEF ON THE TWENTY YEARS PERSPECTIVE PLAN OF CENTRAL GOVERNMENT HEALTH SCHEME

C.G.H.S. was introduced in Delhi to provide comprehensive medical care facilities and as a fore-runner of National Health Insurance Scheme in the country. The Scheme was introduced in Delhi in 1954. One of the main Objectives of the Scheme was to provide better medical care facilities to the Central Government employees and members of their families and to do away with the cumbersome and expensive system of reimbursement. The C.G.H. Scheme is generally acclaimed to have been a success. Apart from its functional utility, the Scheme has provided the organisational basis required for administration of mass medical care Scheme as a pattern of services to be provided. Certain norms regarding the medical care facilities have been established and the Scheme has firmly established itself. Besides Delhi, the Scheme is at present functioning in Bombay, Allahabad and Meerut. Efforts to establish the Scheme in Calcutta, Kanpur during 1971-72 are already in hand. By the end of the 4th Five Year Plan, the Scheme will be functioning in the five major cities of India viz. Delhi, Bombay, Calcutta, Madras and Kanpur and three small towns viz. Allahabad, Meerut and Nagpur.

2. The process of the expansion of the C.G.H. Scheme is proposed to be continued further in the successive years. Apart from the recommendations of 2nd Pay Commission and Health Survey and Planning Committee, that CGHS should be extended further to all the cities where there is a sizeable concentration of Central Government servants, the high incidence of expenditure under C.S. (M.A.) Rules and other medical attendance rules, which are being abused widely, also suggest that these should be replaced by C.G.H.S. The reimbursement system has become a racket which involves the Government in a large avoidable expenditure. Appendix 'I' gives the comparative expenditure under the two systems.

Further, there is need to provide uniform medical care facilities for all the Central Government employees stationed all over India. It will be in the fitness of the things that before the Government can embark upon any endeavour to introduce National Health Insurance

Scheme for the whole of the country, it should first bring its own employees within the purview of the Social Security Scheme already in operation.

3. In regard to the expansion of the C.G.H.S. to any city, a basic norm of 7,500 families has been laid-down. Cities having a concentration of 7,500 families or more will be brought within the purview of the ensuing 20 years.

4. The expansion programme of C.G.H.S. during the next 20 years will comprise of two parts.

1. Expansion/Consolidation of the Scheme in cities where it is already operating.

2. Extension to new cities.

In regard to the extension and consolidation programme of C.G.H.S. it may be stated here that definite targets cannot be laid-down at present for the next 20 years. For variety of factors like the future rate of recruitment of the Central Government employees, expansion of the cities, the availability of the accommodation and the required manpower resources, will effect the targets laid-down. It is, however, proposed to cover nearly 25,000 additional families in all each year by extending the Scheme to one city in a particular financial year and to consolidate the Scheme by extending its coverage to additional families in the cities where the Scheme has already been implemented. The back-log occurring in one particular year will be completed in the ensuing year(s). The position will, however, be reviewed after every five years and the targets revised/reviewed in the light of work accomplished.

A brief of the consolidation programme and the expansion programme is given below:—

5. Consolidation Programme:

1. CGHS, Bombay covering the back-log of the 4th Plan viz., the families not brought within the purview of the Scheme during the 4th Plan, construction of a CGHS Hospital (the back-log of the 4th Plan) and coverage of additional families.
2. Calcutta, covering nearly 40,000 families which is expected to be the back-log of the 4th Plan, construction of a 100 bedded hospital and dispensary.

3. Kanpur, construction of 50 beded hospital and coverage/ nearly 10,000 additional families.
4. Allahabad, covering of approximate number of 5,000 additional families and the setting up of a CGHS Polyclinic.
5. Meerut, opening of a Polyclinic and covering of approximate number of 5,000 families.
6. Madras, completion of the back-log of the 4th Plan, construction of a 50 beded hospital and covering of approximately 10,000 additional families.
7. Nagpur, setting up of a Polyclinic and additional coverage of nearly 5,000 families.

6. *Extension programme of C.G.H.S.*

A list of new cities to be brought within the purview of the C.G.H.S. is given below:

Name of the city	Total No. of Central Govt. employees including Rly. which constitute 54% of the total Number.	Estimated No. of Em- ployees other than Rail- ways.	Estimated No. of Em- ployees 20 years hence.
1	2	3	4
Poona	58,500	25,000	}
Lucknow	54,000	15,000	
Jabalpur	54,000	15,000	
Khargpur	33,000	10,000	
Bangalore	28,500	14,000	
Hyderabad	23,400	13,000	
Gorakhpur	28,00	8,000	
Jhansi	24,000	7,000	

1	2	3	4
Ajmer .	24,000	7,000	2,60,000 families
Jaipur	21,000	10,000	
Ahmedabad	19,000	9,000	
Agra	14,000	7,000	
Varanasi	13,000	5,000	
Trichurapali	16,000	7,000	
Dehradun	13,000	7,000	
Bikaner	17,000	7,000	
Vishakhapatnam	13,000	7,000	
Jodhpur	10,500	5,000	
Asansole	9,400	4,000	
Shahjahanpur	14,000	7,000	
	4,87,300	1,89,000	

The above list does not show the order of priority in which the Scheme is to be extended to the cities but simply indicates the extent of extension. The position may have to be reviewed later on depending upon the availability of the resources, administrative convenience and changed circumstances.

7. Targets proposed to be covered

The estimated number of Central Government employees (other than Railways) residing in the 20 cities listed above comes to nearly 1,90,000. The back-log of the 4th Five Year Plan will approximate to 50,000 families. The number of Central Government Employees likely to be brought within the purview of the Scheme under the 4th Five Year Plan has been estimated at 1,60,000 and additional number of 2,40,000 families will be brought within the purview of the Scheme during the next twenty years (including the back-log of IVth Plan). It may, however, be stated that this total number of 4 lakhs will not remain static but continue to increase during the next 20 years. The rate of increase of Central Government employees during the successive years cannot be safely calculated as it depends upon a variety of factors like future employment potential which itself depends upon a number of factors (*viz.* the employment policy of the Govt. the rate of economic growth in the country etc.) availability of accommodation and the policy of the Govt. regarding the

stationing or the localising of the Government employees in the various cities of India.

Efforts have been made to ascertain the rate of growth of Central Govt. employees during the past 10 to 15 years but from the data available no safe basis of the rate of growth can be determined. For the rate of the growth in Central Govt. employees, has been quite erratic during the past 13 years without a uniform pattern. In some years, there has been a sporadic increase in the number of Central Govt. employees, [in the the year 1962-63 (India-China War period)], whereas in other times the rate of growth have slacked. Recently, due to economic pressures, Government has tightened the recruitment to Central Government Offices and hence the rate of growth of Central Govt. employees has been affected. But this position is not going to remain in all times to come. Situations, may, however, arise when due to pressing circumstances, the recruitment of Central Govt. Offices may have to be increased. Thus, no sound basis of the increase of Central Govt. employees during the next 20 years can be ascertained. A rough rate of growth has, however, been worked out on the basis of the increase of Central Govt. employees in respect of Ministerial and other staff other than Railways and P. & T. employees. Taking 1956 as the base year, there has been an increase of nearly 4 lakh employees in respect of Ministries and Departments other than Railways upto 31st March, 1969. The average rate of increase thus comes to 31,000. For 4 lakh Central Government employees, the average rate of increase per year comes to nearly 13,000. It means that by the end of the 20th year nearly 2.60 lakh families will be added to the proposed coverage of 2.40 lakh families. Thus in all 5 lakh families will be covered in the next 20 years. At this rate, an average number of 25,000 families will have to be covered each year during the next 20 years. The rate of coverage cannot, however, be the same in each year, as it will depend upon a number of factors. The back-log of one year will be completed during the subsequent year or years, as the case may be.

Targets for the next twenty years:

	V PLAN	VI PLAN	VII PLAN	VIII PLAN	TOTAL
No. of families to be covered .	1,25,000	1,25,000	1,25,000	1,25,000	5,00,000
No. of dispensaries .	50	50	50	50	200
No. of Hospitals .	one 100-bedded Hospital	two 50-bedded Hospitals			Three Hosps. with 200 beds.
Poly-clinic . .	4	4	..		8

8. Financial outlay and man-power requirement

For providing coverage 5 lakh Central Govt. employees, 200 Dispensaries will be opened during the next 20 years involving a financial outlay of 1754 lakhs. The break-up of the each plan is given below, which does not take into account the committed expenditure in respect of earlier plans and the rising cost in the next twenty years.

Plan	Recurring Expd.	Non-recurring Expd.	Total
	Rs. in lakhs	Rs. in Lakhs	Rs. in lakhs
5th Plan	406	50	456
6th Plan	406	50	456
7th Plan	406	15	421
8th Plan	406	15	421

The detailed year wise financial break-up of the V Plan is, however, given below, detailed physical targets and financial requirements are given in Annexure I, II and IV.

	1	2	3	4	5	6
Year	74-75	75-76	76-77	77-78	78-79	Total
Recurring	16.25	48.26	81.25	113.75	146.00	406.00
Non-recurring						
Dispensary	lakhs 2	lakhs 2	lakhs 2	lakhs 2	lakhs 2	lakhs
Laboratories	0.30	0.30	0.30	0.30	0.30	50
Poly-clinics	1.50	1.50	1.50	1.50	..	
Construction Office	0.50	0.50	0.50	0.50	0.50	
of CGHS Hosps.	Nil	10.00	10.00	10.00	Nil	
	4.30	14.30	14.30	14.30	2.80	

The basis for the recurring costs.

Recurring cost for the expansion programme of the C.G.H.S. has been based on the per family expenditure for C.G.H.S. Bombay which comes to Rs. 125/- per family per year. Due to the rising cost of the establishment, drugs and equipments, the coverage per family

expenditure for all the plans has been taken Rs. 130/- per family per year.

The break-up of the costs structure of the C.G.H.S., Bombay for the year 1970-71 is detailed below:—

(i) Dispensary services including cost of medicines .	Rs. 83 per family per year.	
(ii) Administrative services	Rs. 13	Do.
(iii) Hospitalisation	Rs. 20	Do.
(iv) Specialists Services	Rs. 4	Do.
(v) Other charges	Rs. 5	Do.
Total .	Rs. 125	Do.

Man-Power requirements: For 200 (two hundred) dispensaries, 8 poly-clinics and 3 hospitals comprising of 200 beds, the man-power requirements are as under:—

Dispensary staff

1. G.D.M.O. Gr. I	220
2. G.D.M.O. Gr. II	880
3. Emergency duty-doctors—GDMO Gr. II .	110
4. Para-Medical staff	5060 @ 23 per disy.
5. Specialists	330 @ 60 Specialists per 1 lakh of families

HOSPITALS

	One 100 bedded	Two 50 bedded	NB: The has after the reserve.	above been taking provision into account	man-power worked out for leave
Specialists	8	..			
Medical Officers	11	10			
Para-medical and other staff .	92	85			

Health Insurance Twenty Years Perspective Plan

Health care today aims at promotion of positive health, prevention of disease, medical care in the event of sickness/disability at home clinical and hospitalisation and rehabilitation to facilitate early return to productive work. Sickness and disability capable both loss of earning power and extra expenses. Even in the limited sphere of treatment of diseases or injury, it is beyond the capacity of an individual to meet the increasing cost of medical care. The

State or the Society has, therefore, to provide the minimum necessary protection to the population.

2. It is necessary to accept the principle that all persons should have access to comprehensive health services of high quality. It should be realised that financial barriers prevents the patients from using available health services. Individuals in our country or elsewhere do not obtain health, services when the need arises because they do not have money to pay for them.

3. In developing countries, with many problems like food, shelter, education, it is well-high beyond the resources, of the State to find the requisite funds for a comprehensive medical care programme. The other alternative is for the people to combine their efforts through public or private enterprises and to evolve the Scheme to meet the needs of the Society for promotion and preservation of health. This is an object of health insurance. In any plan of social security in developing countries, health insurance is to form an integral part. With equally important national programme competing for limited available resources, State does not have adequate funds to provide health coverage to the population. Under the Health insurance the resources both of the State and the community are pooled. As such health insurance appears to be the only visible course in India to provide organised health care services for the community.

4. At present there are two major health insurances schemes in the country one is Employees State Insurance Scheme and the other in Central Government Health Scheme. Both these Schemes are for a selective go up of people.

5. Employees State Insurance Scheme gives coverage to Industrial workers through out the country. At present, it is giving coverage to 41,97,050 insured family units accounting for 1,63,05,500 beneficiaries. This Scheme includes medical, maternity and cash benefits.

6. Central Government Health Scheme is in operation at present in Delhi, Bombay, Allahabad and Meerut and covers only Central Government Employees and their families posted in these cities. The total number of Government Servants covered in these cities is 2,44,449 accounting for 12,22,245 beneficiaries. This Scheme provides comprehensive medical care to its beneficiaries.

7. The total coverage and the rate of growth of these two Schemes does not at present, hold a promise of any large scale coverage of the population within a reasonable period of time.

Factors which are at present deterrent to Health Insurance:

1. Lack of necessary climate for the efflorescence of insurance Schemes, in the face of tacitly health problems for free medical aid for all.

2. Low per capita income.

3. Limitation of resources available for providing medical care facilities.

4. Shortage of Hospital beds and medical ancillary man power.

Planning for Health Insurances:

Medical care and health insurance through out the world has taken either of the two forms *viz.* Voluntary Health Insurance Plan or National Health System under compulsory Schemes.

In India the stage is still not ripe for any of the two forms at large scale.

Even in Voluntary Health Insurance Scheme subsidization will have to be provided for the simple reasons that the low income population will not be in a position to pay the premium.

Compulsory Health Insurance is only possible when required resources *viz.* required man-power, hospital beds, availability of drugs and finance and majority of population is employed are available.

With the expanding public sector activities substantial sectors of population are now under organised services. These public sectors may be encouraged to establish an organised medical care services by way of health insurance, wherein an employer and employee will have a sense of participation for the well-being of the community. Even now some public sectors organisations are financing the medical care for the employees though there is no participation by the employees.

Population not coming within the purview of an organised Scheme also incurring certain percentage of the expenditure on medical care.

Health survey in a community project by Dr. Seal has brought out, however, that the expenditure on medical care by families even

at the lowest income levels is of order as to be capable of sustaining reasonably social medical care facilities provided the spending is organised collectively.

Government is one of the biggest employer, whereas Central Government is bringing its employees under the Medical Insurance Scheme through the channel of C.G.H.S., the State Governments meet the medical expenditure of their employees under certain medical attendants rules without any participation of the employees. Some public sectors organisations finance the medical needs of their employees by annual medical allowances. The employees is free to take medical treatment from any Doctor of his choice or institution.

A survey carried out by Central Statistical Organisation in 1958-59 revealed that all India coverage of medical expenditure of a middle class family is Rs. 80/- per annum.

Employees State Insurance Scheme in the direction of Health Scheme are the two pioneer Schemes in the direction of Health Insurance. The working of these two Schemes have provided necessary experience for considering the possibilities of health insurance to large section of the population.

It would be necessary to categories entire community into indigent, medical indigent and insurable groups and other who could afford to purchase services at any cost. If the existing Governmental Institutions are reserved for the indigent and the medical indigent a large section of the population would come under the insurance group.

If insurance is applicable against the loss of death which is inevitable, it is reasonable to stress that insurance is most applicable against the loss of avoidable diseases. Hence Health Insurance Organisation has to be developed.

Finance of Medical Care

The financial aspect of the project of the Health Insurance project will depend whether the project has to be run as an Government Organisation under service system like Central Government Health Scheme or through a Corporation on a Panel Doctor System.

Before the Scheme is implemented even on a pilot basis, it is suggested that a Commission on National Health Insurance may be appointed with the object of:—

- (a) to survey the present situation of financing medical care and

- (b) make recommendations for organisation of health insurance in a phased manner to provide comprehensive medical care to fit in its social security system ultimately.

If the financial base of CGHS is to be adopted, it is doubtful if any Government would be able to meet its liability. Cost per family during 1969-70 in C.G.H.S. was Rs. 140/- Every year the expenditure is amounting as it will be clear from the statement attached.

On one clinic, if established on a C.G.H.S. pattern, the expenditure will be to the tune of Rs. 3,50,000 per annum for 2,500 families or 10 to 12 thousand beneficiaries at the cost of per family on 1969-70 level. If the Government takes over the complete responsibility, it has to ensure that proper buildings to house the centres, man-power, hospital beds are available and above all regular supply of drugs has to be ensured. Since, the general population is to be covered the Health Centre has to be so located that it is easily accessible and is within a reasonable distance for the population to be covered. With population density in it can easily be assumed that 10,000 to 12,000 beneficiaries will be residing within the radius of 1 to 1½ mile.

Once the basis of Central Government Health Scheme is adopted, people will demand for the payment of the contribution at the graded scales as being done in the case of Central Government Employees. The average rate of contribution from Central Government Employees is Rs. 20/- per family per annum. Only Semi Government Organisations/Autonomous bodies are paying cost to cost contribution of the Scheme as these Organisation have joined the Scheme on a voluntary basis and this find C.G.H.S. more economical to reimbursement system.

If the contribution is levied on the graded scale, the Government subsidy will be 86 per cent. Even if Rs. 80/- per annum is levied as a contribution the amount which is being spent by a middle class family on medical care, in that case the subsidy of the Government will be 43 per cent.

The break-up of cost per family during 1969-70 in C.G.H.S. is as follows:—

	Rs.
1. <i>Dispensary Services</i>	
Medical Officers	23·16
Dispensary Staff	18·51

Other charges	3.82
2. Specialist Services	6.16
3. Head Quarters	3.41
4. M.S. Depot	1.88
5. Hospitalisation	27.85
6. Rent on Govt. Building	1.93
7. Printing and Stationery	0.92
	<hr/>
	140.00

If people are to receive a high quality of personal health services, a suitable mechanism should develop at least that those with low income also get it. The Government may finance the Health Scheme wholly for some and proportionately for others.

Proposed methods of financing pre-payment plan of health insurance Scheme may ensure as far as possible:—

1. Free choice of Physician must be assured to the beneficiaries of pre-payment.
2. The Physician must be free to practise under the system of remuneration which is satisfactory to the profession.
3. Community services should be available as near to the patient as possible.
4. Medical services must be at the highest possible quality within the reach of all.

To organise Health Insurance Scheme in the country for the non-Industrial workers and others it requires the study of medical economics and expenditure on medical care in the country as a whole and also the economic possibilities of the Government.

The nationalised Banks form an organised group. They pay medical allowance to their employees. Under Bank award by par-tite settlement, the Bank employees are entitled to re-emburse-ment of expences in a calender year on medical attention and treat-ment at Rs. 135/- per year. Amount of expenses is allowed to accumulate so as not to exceed at any time three times the maxi-mum amount. This allowance is paid to clerical and subordinate staff.

In 1970, one Bank incurred on average expenditure of Rs. 104/- per employee. In another Bank the average worked out Rs. 101/- during 1970.

It will, therefore, be seen that where the medical allowance is given, persons do not utilise it wholly. It is evident that they use the medical services when they actually required. Nationalised Bank may be approached to organise their medical services through one organisation so that other members of the community with low income can also avail these facilities on pre-payment.

In the Panel Doctor System, there will be no expenditure on buildings, dispensary staff, medical store depots, etc. etc.

This amount of Rs. 135/- can be expanded as follows:—

1. Capitation fee to the Doctor per family per year (In CGHS the pay of MO in I dispy. comes to Rs. 23.18 per family)	Rs. 30/-
2. Drugs	Rs. 50/- per yr.
3. Specialist Services	Rs. 5 per family
4. Hospitalisation (also includes Investigation)]	Rs. 30/-
5. Establishment charges for the Corporation or Health Insurance Organisation	Rs. 10/-
	<hr/> Rs. 125/-

The balance of Rs. 10/- and recovery of the contribution from the Bank employees should be credited to the General Health Insurance Fund. The Government should subsidise Rs. 30/- per annum per family as this amount would have been saved by the Government if it run the Insurance Scheme under Panel Doctor System. The Sector of population who can afford to meet the full cost of the Insurance Scheme should be encouraged to join the Health Insurance Scheme. In this collective manner either the Government or Health Insurance Corporation may be in a position to finance the health scheme proportionated for same.

A revolving fund should be developed and loaned to provide for capital expenditure to those private Nursing Homes or Institutions who would like to come under the Health Insurance and construct Hospital beds for the Insurers.

The drugs should be supplied by appointing Chemists on contract basis.

If the Government Organises Health Insurance through a Corporation and enlist the co-operation of the medical profession and the private institutions, Govt. Institutions would be relieved of some pressure to provide medical aid to the indigent and medical indigent population through the available resources.

Above exercise has been done with a view to see whether the Govt. subsidisation could be to the minimum and the Health Insurance Scheme could be a self-financing project ultimately.

It will not be possible to bring the entire population in the Health Insurance Scheme in one phase but the process has to be spread over a number of years. To begin with one city should be selected. Firstly the group of organised sectors should be brought within the purview with the participation of employer and employee. The employer and employee contributing 5 per cent upto a certain level of income. In case of low paid employee the major share should be from the employer. Other citizens who wish to join the Scheme on a voluntary basis may be admitted to the Scheme if they settle to pay full cost. The experience gained on a pilot project should be applied to other areas where the Health Insurance Scheme has to be introduced.

It will not be out of place to mention that the CGHS which has been extended to the general public in 14 selected areas in Delhi on voluntary basis, since July, 1964 only 600 (Six hundred) individuals have joined the Scheme and this also they do when they cannot meet the medical costs of prolonged treatment. The continuity of the membership of the Scheme is not a continuance one, they may avail the facilities in any benefit period or they suspend their membership if they do not need medical aid in a particular benefit period.

HEALTH INSURANCE IN RURAL AREAS

The greatest need for better medical care to for the rural population. As far as the proposal of extending the Health Insurance Scheme to the Rural areas is concerned, it has not revealed that the people in the rural areas also spend on their medical care and this spending can also be organised. Though, the figures of actual expenditure incurred on medical care by rural population is not available the percentage of the population amongst the agriculture workers within income of about Rs. 100/- per month is roughly 50 per cent.

As our Medical Practitioners are reluctant to go to the rural areas, it may not be possible to have a Panel Doctor System but as an alternative service system has to be consulted.

Since, in rural areas the medical services will not be as elaborate and comprehensive as in urban areas, the expenditure may not be as high as in the urban areas.

There may not be a sizeable group in each village to justify of establishing a Health Unit under Health Insurance Scheme but group of villages may have to be combined for this purpose. It is suggested that a block of villages in one community development block may be selected as a pilot study. For a unit of 1,000 rural families, one health unit should be considered. As already mentioned, the services in the rural blocks may not be comprehensive, it is felt that Rs. 50/- per annum per family should be reasonable. The composition and break-up of expenditure is as follows:—

	Rs. p.m.	Rs.
A. Salaries]		
Physician (2)	650	15,600·00
Midwife (1)	100	1,200·00
Compounder (2)	150	3,600·00
General helper (1)	100	1,200·00
Part time Sweeper (1)	50	600·00
		<u>22,200·00</u>
B. General		
Rent	600·00	
Replacement of equipment and Miscellaneous	500·00	
Cost of Vacation of relief for Doctor & others	1,500·00	
Contingencies	200·00	
	<u>2,800·00</u>	
C. Medicines		
	25,000·00	
GRAND TOTAL	<u>50,000·00</u>	

To begin with the contribution should be Rs. 18/- per family per year. In the initial stages receipts expected by way of contribution may not be taken into account as they may have to be used against the initial expenditure on buildings, purchases and maintenance of vehicles and other un-anticipated expenditure including higher expenditure on medicines.

In the initial stages, the Government subsidy in the rural areas has to be at the full cost. As the project develops and people finding the benefits of the pre-payment of the Health Scheme may extend full co-operation and in the course of time, a Government subsidy is likely to be reduced.

PREVENTIVE CARE

Obviously, ideally a major contribution of a pre-payment plan would be the inclusion of all preventive services. There should be periodic physical examinations and special laboratory tests. Health education and environmental sanitation with regard to the safe water, use of latrines, nutrition, also would be part of the preventive care. Finally, well-baby clinics and also family planning clinics would be desirable. But initially preventive care may have to be limited.

APPENDIX I

Comparative Statement of expenditure under the CGHS and the C.S. (M.A.) Rules

Name of the City	Total number of Employees	No. of beneficiaries in r/o whom information has become available	Amount of Reimbursement Expenditure in r/o Column 3	Essential Expenditure under CGHS in r/o total number of employees (i.e. Column 3)
1	2	3	4	5
Allahabad	13,000	7,500	32,75,000	9,75,000
Kanpur	30,000	13,122	40,42,589	17,05,860
Madras	26,000	23,000	55,76,828	29,90,000
Meerut	11,000	10,425	21,74,860	13,55,250
Hyderabad	13,000	8,944	22,55,543	11,62,720
Calcutta	75,000	34,237	43,63,593	44,50,810

APPENDIX II

Detailed Financial break up of the V Plan of C.G.H.S. Scheme

Physical Targets	1974-75	1975-76	1976-77	1977-78	1978-79	Total
No. of Dispensaries	.	.	.	.	.	1,25,000
Financial Implications Recurring	25,000	50,000	75,000	1,00,000	1,25,000	1,25,000
	10	20	30	40	50	
Dispensary service @ Rs. 85/-	.	.	.	.	.	95,62,500
Admn. Service @ Rs. 15/-	.	.	.	.	.	16,87,500
Hospitalisation @ Rs. 20/-	.	.	.	.	.	22,50,000
Specialist Service @ Rs. 5/-	.	.	.	.	.	5,62,500
Other Charges @ Rs. 5/-	.	.	.	.	.	5,62,500
	16,25,000	48,75,000	81,25,000	113,75,000	146,25,000	4,06,25,000
Non-recurring :						
Dispensary 20,000 per dispy.	.	.	.	.	.	2,00,000
Laboratories 10,000 per lab.	.	.	.	.	.	30,000
Poly-clinic 1.50 lakh per Poly-clinic	.	.	.	.	.	..
Office	.	.	.	.	.	50,000
Construction of Hospital @ Rs. 30,000 per Bldg.	.	.	.	.	.	..
	4,30,000	14,30,000	14,30,000	14,30,000	2,80,000	50,00,000
RAND TOTAL (Rec. & Non-Rec.	20,55,000	63,05,000	95,55,000	1,28,05,000	1,49,05,000	4,56,25,000

APPENDIX III

PHYSICAL TARGETS/FINANCIAL IMPLICATIONS OF HEALTH INSURANCE

Programme for Next Twenty years

Targets		V Plan	VI Plan	VII Plan	VIII Plan	Total
<i>Physical :</i>						
No. of families proposed to be covered under						
(i) Urban Health Insurance Scheme		20,000 families	30,000 families	50,000 families	50,000 families	1,50,000 or 7,50,000 Population
(ii) Rural Health Insurance		5,000	10,000	15,000	20,000	50,000 or 2,50,000
		25,000 families	40,000 families	65,000 families	70,000 families	10,00,000 population
						(Figures in lakh Rs.)
<i>Physical Implications :</i>						
(i) Urban @ Rs. 140 per family per annum.		42.85	85.40	210.00	219.00	548.25
(ii) Rural @ Rs. 50 per family per annum .		3.50	15.00	22.50	30.00	71.00
		46.35	100.40	232.50	249.00	619.25

(Detailed break up of the V Plan (Physical and Financial))

<i>Physical Targets</i>		1974-75	1975-76	1976-77	1977-78	1978-79	Total
Urban	. . . . .	.	..	..	10,000 families	20,000 families	20,000 families
Rural	. . . . .	.	..	..	2,000 families	3,000 families	5,000 families
<i>Financial Implications :</i>							
Urban	. . . . .	0.15	0.35	0.35	14.00	28.00	42.85 lakh
Rural	. . . . .	..	..	..	1.00	2.50	3.50 lakh
TOTAL		0.35	0.35	0.35	15.00	30.50	46.35

ANNEXURE IV

Total Financial requirements in respect of plan proposals of CGHS & Health Insurance for next 20 years

(Expenditure in lakh Rs.)

C.G.H.S.

New coverage of families during successive Plans:		V Plan	VI Plan	VII Plan	VIII Plan	Total
1,25,000 families	.	456.00	812.50	812.50	812.50	2,893.50
1,25,000 families	.	..	456.00	812.50	812.50	2,081.00
1,25,000 families	.	..	..	421.00	812.50	1,233.50
1,25,000 families	.	..	..	..	421.00	421.00
5,00,000		456.00	1,268.50	2,046.00	2,258.50	6,629.00 or 6,629.00
<i>Health Insurance</i>						
<i>Urban</i>						
20,000 families	.	42.85	140.00	140.00	140.00	462.85
30,000 families	.		85.40	210.00	210.00	505.40
50,000 families	.			210.00	350.00	560.00
50,000 families	.			..	210.00	210.00
1,50,000 families	.	42.85	225.40	560.00	910.00	1,738.25 or 1,738.00

APPENDIX V

Targets/Achievements and anticipated achievements in r/o expansion programme of CGHS under Fourth Five Year Plan

IV FIVE YEAR PLAN

(Expenditure in lakh Rs.)

Name of the Scheme	Original outlay	Revised outlay	Physical Targets (families to be covered)		Achievements upto Jan. 1972		Anticipated expd. upto March, 1972	Estimated coverage of families upto end of IV Plan	Committed expenditure in r/o IV Plan during next 20 years @ Rs. 130 per family.
			Original	Revised	Physical	Financial			
I. C.G.H.S. Bombay	221	160	50000	40000	13,500	22.24	26.57	30,000	Nearly 3300 lakhs for 1,27,000 families.
II. C.G.H.S. Allahabad	63	63	7500	15000	11,000	33.55	37.00	12,000	
III. Extension of CGHS to Calcutta and other Cities	295	200	75000	100,000	..	..	..	..

I	2	3	4	5	6	7	8	9	10
1. Meerut									
2. Calcutta					7,000	5.63	10.80	10,000	
3. Kanpur						0.15	1.00	25,000	
4. Madras								15,000	
5. Nagpur								25,000	
IV. Head Qrs. Staff	2.00	2						10,000	
	581.00	425	132500	155000	31500	61.57	75.37	1,27,000 families	3300 lakhs (committed expd. for 20 years)

APPENDIX II

(Vide reply to recommendation No. 19)

(COPY)

No. 4-167/74-CGHS

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY PLANNING

(Department of Health)

Nirman Bhavan,

New Delhi, the 7-11-1974.

To,

The Director General of Health Services,

(Dr. I. D. Bajaj)

New Delhi.

SUBJECT.—*Constitution of a Committee for Evaluation of Performance of CGHS Dispensaries.*

Sir,

I am directed to say that, on the recommendation of the Estimates Committee of the Lok Sabha, the Government of India have decided to constitute a Performance Evaluation Committee with the following members:—

1. Director, CGHS.
2. Deputy Secretary concerned in the Deptt. of Health.
3. Under Secretary concerned in the Deptt. of Health.
4. A representative (Dr R. S. Gupta, Associate Prof. of Public Administration) of the National Institute of Health Administration and Education, New Delhi.
5. Deputy Director, CGHS.

2. The terms of reference of the Committee will be to evaluate the performance of CGHS dispensaries with a view to identifying the weaknesses and providing better service to the beneficiaries.

3. The Committee shall complete the work and submit its report within a period of three months from the date of issue of this letter.

4. The expenditure on T.A./D.A. in this connection will be met from the source from which the pay of the members is drawn.

Yours faithfully,

Sd/-

(V. RAMACHANDRAN)

Under Secretary to the Govt. of India.

D.T.E. GENERAL OF HEALTH SERVICES

The first meeting of the Performance Evaluation Committee was held in the room of Director (CGHS) today (14-2-1975).

The following were present:

1. Dr. I. D. Bajaj, Director (CGHS).—*Chairman.*
- 2 Shri P. V. H. Sankaran, Deputy Secretary, Department of Health & F.P.—*Member.*
3. Dr. R. S. Gupta, Associate Professor, NIHAEE.—*Member.*
4. Dr. L.D. Joshi, Deputy Director (CGHS).—*Member.*
5. Shri V. Ramachandran, Under Secretary, Department of Health.—*Member.*
6. Shri K. Venugopal, Deputy Director, Administration (CGHS).—*Member.*
7. Dr. C. R. Bhattacharya, Medical Officer.—*Member.*
8. Shri R. Devarajan, Statistical Officer.—*Member.*

The conclusions reached in this meeting are summarised below:—

- (1) The proforma prepared by the Statistical Officer should be divided into 2 parts—one to be filled in by 10 beneficiaries chosen at random from each dispensary and the other by the Committee.
- (2) The proforma should be further revised as discussed to make it simple while covering all the aspects of study.
- (3) Dr. C. R. Bhattacharya and Shri R. Devarajan will form a team and visit each dispensary and get the proforma filled. The members of the Committee will thereafter visit

a few representative dispensaries. This was necessary as all the officers were very busy and could not get time to visit all dispensaries and complete the work in 3 months.

- (4) The members of the Advisory Committee (who have still to be nominated by the Health Ministry) will also be sent the proforma to be filled in by them. Similarly Welfare officers attached to the dispensary will also be asked to fill in the proforma.
- (5) The C.G.H.S. employees or their Associations should not be given the proforma but their views may be elicited informally by the Committee when they make visits to certain dispensaries.
- (6) The next meeting of the Committee will be held at 11.00 A.M. on Monday, the 17th February, 1975.

MINUTES OF THE MEETING OF CGHS PROGRAMME EVALUATION COMMITTEE HELD ON 17-2-1975

Present:

1. Dr. I. D. Bajaj, Director (CGHS).—*Chairman.*
2. Shri P. V. H. Sankaran, Dy. Secretary, Department of Health.
3. Dr. R. S. Gupta, representative from NIHA.
4. Dr. I. D. Joshi, Deputy Director (CGHS), Delhi.
5. Dr. J. C. Sachdeva, D.A.D., CGHS.
6. Shri V. Ramachandran, Under Secretary, Deptt. of Health.
7. Shri R. Devarajan. Medical Statistician.

The proforma prepared by Dr. R. S. Gupta for circulation to the beneficiaries was approved. In addition to this proforma and the proforma to be sent to the dispensaries, another proforma will be prepared for sending to the Associations for getting their suggestions. The information from these three sources will be collected by the team within two months and the information will be analysed by the Evaluation Committee. The Committee will also visit a few dispensaries.

Sd/- I. D. BAJAJ,
Director (CGHS).

Copy of information to D.S.(H), Department of Health.

PROFORMA TO BE FILLED BY THE BENEFICIARIES

Name of the Dispensary.....Date.....

N.B. : Kindly mark (x) on the answer which is correct in your opinion.

1. How is the behaviour of the following officers in your dispensary?

	Very good	Good	Satisfactory	Not Satisfactory
(i) Doctor				
(ii) Registration Clerk				
(iii) Pharmacist				
(iv) Store-keeper				
(v) Dresser				
(vi) Injection Room Sister				
(vii) Laboratory Technician				

2. Are you getting domiciliary services:

- (i) in time
- (ii) not in time
- (iii) not at all.

3. Are you satisfied with laboratory services:

- (i) Yes
- (ii) No

4. Are Specialist services

	Very Good	Good	Satisfactory	Not Satisfactory
(a) In Dispensaries				
(b) Hospitals				

5. Are you getting all the medicines prescribed by a doctor or a Specialist ?

- (i) in time
- (ii) not in time.

6. Are the doctors and other members of the staff coming to the dispensary.

- (i) in time.
- (ii) not in time.

7. Can you give suggestions for improving the working of the dispensary in the space provided below in case you are not satisfied with any of its services.

PROFORMA TO BE FILLED BY THE WELFARE OFFICER ATTACHED TO THE DISPENSARY

Name of the Welfare Officer.....Name of the Dispensary

Please give your view of the following:

1. Doctor-patient relations.
2. Are you satisfied with the following:
 - (a) Domiciliary Services.
 - (b) Laboratory Services.
 - (c) Specialist Services.
3. Waiting time in the Dispensary.
4. No. of complaints received from the beneficiaries during a month.
5. Cleanliness of the Dispensary.
6. General assessment about the functioning of the Dispensary.
7. Any suggestion for improving the working of the Dispensary.

APPENDIX III

(Vide reply to recommendation No. 24)

Minutes of the meeting of the C.G.H.S. Advisory Committee held at 3-00 P.M. on the 19th October, 1973 in Committee Room 4th Floor, 'A' Wing, Nirman Bhavan, New Delhi, under the Chairmanship of Dr. J. B. Shrivastav, Director General of Health Services.

The following were present:—

1. Dr. J. B. Shrivastav—*Chairman.*
2. Dr. I. D. Bajaj—*Director CGHS Convener.*
3. Shri V. S. Talwar—*Director of Administration & Vigilance.*
4. Dr. J. M. Puri—*Dy. Director (P).*
5. Shri K. Venugopal—*Dy. Director (Admn.).*
6. Shri S. K. Karthak—*Dy. Director (Admn.).*
7. Dr. J. N. Sachdeva—*Dy. Assistant Director.*
8. Shri B. P. Bhatnagar—*Accounts Officer.*
9. Dr. (Mrs.) Kunti Chandra—*F.P.O.*
10. Shri O. P. Khokha—*Member*
11. Shri B. K. Kanjilal—*Member.*
12. Shri J. L. Tandon—*Member.*
13. Shri Devi Dutt Joshi—*Member.*
14. Shri B. N. Muttoo—*Member.*
15. Shri C. P. Bassi—*Member.*
16. Shri P. N. Rajappa—*Member.*
17. Shri N. K. Prasad—*Member.*
18. Shri K. Raghunathan—*Member.*
19. Shri Yashpal Kapoor—*Member.*
20. Shri K. C. Jain—*Member.*
21. Shri S. P. R. Bhatia—*Member.*
22. Shri D.C. Vohra—*Member.*

- 29. Shri R. N. Saxena—*Member.*
- 24. Shri G. L. Dhar.—*Member.*
- 25. Shri G. S. Randhawa—*Member.*

The Chairman went round and met the various members of the newly constituted committee.

Opening the proceedings of the first meeting of the newly constituted Advisory Committee, Chairman pointed out that earlier the meeting of the Committee could not be held as there was delay in receiving the names of the representatives of the various associations by the Health Ministry. It will be our endeavour to meet within three to four months each year. The Chairman welcomed the members and sought their co-operation and constructive suggestion to improve the working of C.G.H.S. organisation. He also welcomed general views on the functioning of C.G.H.S. Committee. Before taking up the actual agenda the Chairman welcomed suggestions of a general nature.

Shri Yashpal Kapoor, suggested that prophylatic immunisation by triple vaccine should be done at all the dispensaries. The beneficiaries should be told about preventive aspects of the diseases. The doctors should not be asked to do paper work. On prescription slip of the patient the registration clerk should write the number of children so that the doctor while examining him or her can give family planning advice. The medicines in the dispensaries should be of good quality and they should be properly stored. The brand of drugs should not be changed and patient should continue to get the same type of medicine. Syringes should be properly sterilised and if possible there should be central sterilisation of the syringes. The doctors while paying domiciliary visits should carry the proper bag with all the necessary medicine with them. Very young doctors should not be posted. About this the Chairman explained that the incharge is always a G.D.O.I. doctor who is pretty senior. Some dispensaries have two or more G.D.O.I. doctors along with G.D.O. II doctors.

Shri N. K. Prasad, said that doctors should pay proper attention to the patient and they should examine the patient thoroughly. He said that C.G.H.S. medicines should be of good quality in order to win the confidence of the beneficiaries. The doctors waste about half an hour for tea time and this leads to a lot of wastage of time of the patients. He said facilities of medical check up at present is available at one place in Central Secretariat dispensary. These should be available at more dispensaries.

Shri R. N. Saxena pointed out about the delay in getting specialist medicines. He suggested that other relatives of the beneficiaries not included in the family should be allowed to be covered by all the dispensaries instead of only 14 dispensaries which are covering general public.

Shri D. C. Vohra suggested that publicity should be made about the nature treatment and facilities being given by C.G.H.S. He said that doctors waste time while taking tea and lady doctors do knitting in the dispensaries. He suggested that it should be defined as to what is an emergency so that proper treatment could be given at the dispensaries.

Shri S. P. R. Bhatia suggested that there should be good patient-doctor relationship. To some doctors more patients went to consult while they are hesitant to consult others. The X-ray and other tests take lot of time at the hospitals. We should have more polyclinics with those facilities. He pointed out that syringes should be properly sterilized.

Shri K. C. Jain said that dispensaries should be properly maintained. They should be clean. Broken furniture should be repaired immediately. Bath Rooms should be clean, walls should not be disfigured. We should ask for higher maintenance grant from the Government for dispensaries.

Shri C. P. Bassi wanted a new dispensary to be opened in the South Block. He suggested that there should be a mobile examination van which should have arrangements to do medical check up of other members of the family. Besides wife, children and parents, other dependents should also be covered by Central Government Health Scheme. He said that Pharmacist enter the medicine in the register but all the medicines are not supplied. When they come again to get the medicines again these are entered. In that way there is double entry of some medicines in the register. The medicines should be given in proper envelopes. He pointed out that doctors are reluctant to pay emergency visits and they ask the relatives to bring conveyance for them. There should be sufficient medicines available in the emergency dispensaries.

Shri O. P. Khokha wanted every dispensary to be a functioning dispensary instead of the present 28 dispensaries. For, stitching small wounds patients are sent to the hospitals. Stitching of smaller wounds should be done in the dispensaries. He said that dispensary doctors may not be able to do family planning work due to heavy

rush. As a matter of fact Government servants need not be told about family planning as they know it too well. Accommodation in some of the dispensaries is too meagre particularly in West Patel Nagar dispensary. He said that implementation reports and minutes of the meeting should be sent to the members.

Shri J. L. Tandon said that if a case wants to go to another hospital the doctors in the first hospital as soon as they come to know that the case wants to go to another hospital they write LAMA (left against medical advice) on the case sheet and become very unsympathetic and no transport is provided. He said such cases should be officially referred to the other hospital where the treatment is better. Mr. Tandon wanted the medicines should be properly available in all the dispensaries and there should be no distinction between the dispensaries from point of view of availability of medicines.

Shri B. K. Kanji Lal stressed upon the importance of proper examination by the doctors. The cases should not be seen like disposal of files. They should not be referred to the hospital without proper examination. In the hospitals facilities are too inadequate. There should be a CGHS hospital. There should be a CGHS ambulance for transporting patients to the hospitals. Welfare Officers assistance should be available to the patients. He said that doctors should visit the houses of Central Government servants at least once in six months for medical check up of the family members.

Shri Devi Dutt Joshi complained about distinction in treatment of Class-IV employees. He said that medicines supplied to them contain mostly water. At this Chairman remarked that there are only four or five mixtures given by the dispensaries. The dispensing is done mostly in tablets and capsules. Shri Joshi said that doctors are hesitant to go to their houses. Special medicines are not made available to them. He said on the first floor of Lodi Road-1 dispensary a maternity centre should be opened. He also wanted every dispensary to be an emergency dispensary.

Shri B. N. Muttoo said that the agenda items should have been discussed first. He said too much time is taken in the dispensaries. They are entitled for better service when they are paying for it. He said that for minor dressing patient should not go to the doctor after he has once been seen by him. He also complained that there are too many lady doctors in the dispensaries. They do not examine the patient properly.

Shri P. N. Rajappa wanted four meetings to be held in a year. There should be feed back to the members to tell them about the action taken on various points discussed in the meeting. He said pamphlets should be given to the patients by C.G.H.S for health education.

Shri K. Raghunathan complained that doctors are not prompt in attending to home visits and they are reluctant to come. He said Welfare Officers are not of much use. They used to be appointed on voluntary basis. No telephones have been given to them. Welfare Officer's name and address should be available on the board of the dispensaries and he should hold meetings with the beneficiaries. There should be proper doctor-patient relationship. The vacancies of the doctors should be immediately filled. There should be proper behaviour with class IV employees.

Shri G. S. Randhawa said that for referring a case to the hospital the patient need not go to the dispensaries. Such cases should directly go to the hospital and registration should be done there. He wanted more homoeopathic dispensaries at Kidwai Nagar and Sarojini Nagar, etc. He also wanted that All India Institute of Medical Sciences should be allowed to take them directly without any reference from Central Government Health Scheme.

Shri G. L. Dhar said that Central Government Health Scheme Committee has not been properly constituted. The members are confined to Secretariat staff only. Workers of Central Public Works Department, Posts and Telegraph and Civil Aviation etc. have been ignored. He said that there should be no recognition of the services association represented on the Committee as happened in 1969 following strike of Central Government servants in 1968. He said there was a proposal to construct CGHS hospital but why this has not materialised. Still all the areas of Delhi were not covered by Central Government Health Scheme. Peripheral towns like Faridabad should also be covered. There should be no discrimination in treatment. He wanted to know the expenditure *per capita* on different categories of Government servants. He said there should be no discrimination in treatment. He wanted to know the expenditure *per capita* on different categories of Government servants. He said there should be no Welfare Office as they have been proved to be of no use. Second Saturdays also should be full working days like other Saturdays.

After the members had expressed their general views the agenda items were taken up for discussion. The first item was about working hours of Central Government Health Scheme dispensaries.

The Chairman explained that the present working hours were from 7-00 to 10-30 A.M. in the morning and 5-00 to 7-30 P.M. in the evening during summer. During winter the morning hours are changed from 8-00 A.M. to 11-30 A.M. the evening hours remaining the same. On Wednesday there is a continuous six hours working with no session in the evening. On 2nd Saturdays the dispensaries work only in the morning shift.

Chairman said that doctors have suggested that on three days in a week there may be a continuous shift from 8-00 A.M. to 2-00 P.M. and three days in a week the system of morning and evening session may be adopted. This will help the non-office going members of the families to utilise dispensaries hours during the single shift. The doctors and other staff have to come on morning and evening shift. In this way they will get some relief.

Chairman invited opinion of the members about these working hours.

Shri B. N. Muttoo said that Defence workers have to go on duty early morning. If they are not able to get medicines from the dispensaries in morning hours they can do so in the evening. Therefore he was not in favour of change in working hours of the dispensary.

Shri Devi Dutt Joshi said that children go to school in two shifts. If they go to school on morning shift they can get the medicine in the evening and *vice versa*. He further suggested that 2nd Saturday should be a full working day and there should be no closure of dispensaries in the evening shift as on that day due to holiday they can spend more time in consulting the doctors in dispensary.

Shri J. L. Tandon said that due to alternate change in working hours of the dispensary they are likely to forget the working hours and they may be deprived of medicines in this way. He was not in favour of any change in the working hours.

Shri B. K. Kanjilal said that when we find some difficulty due to rush in some of the dispensaries, our children by going alone can't get medicines properly. He also suggested that there should be no closure of dispensaries on second Saturdays in the evening.

Shri O. P. Khokha suggested that dispensaries should also be opened on Sundays for 2 to 3 hours in the morning. He was not in favour of any change in working hours of the dispensary.

SHRI C. P. Bassi said that after 9-00 A.M. when they go to offices the families can go to dispensaries from 9-00 A.M. to 10-30 A.M. in summer and 11-30 A.M. on winter. There was no need to change the working hours.

Shri K. C. Jain said that present timings were suitable and there should be no change.

Shri S. P. R. Bhatia wanted that after closing of dispensary in the morning there should be doctor on duty in all the dispensaries till the evening shift. Instead of Sunday, holiday should be given on some other day in a week.

Shri R. N. Saxena did not want any change in working hours. He said evening shift be closed on some other Saturday instead of Second Saturday because on Second Saturday being a holiday they can spend more time in the dispensary.

Shri N. K. Prasad was not in favour of changing the present working hours. He further suggested that as there is more rush in the evening, timings should be increase upto 8-00 P.M.

Shri Yashpal Kapur suggested increase in working hours of the dispensary from 6-00 A.M. in summer and 7-00 A.M. in winter and Wednesday working hours should be from 7-00 A.M. to 2-00 P.M. In the evening the shift may be started at 4-30. He said that doctors should be given houses in the same colony in which the dispensary is working. Chairman explained about the difficulty in getting accommodation for the staff. Shri Kapur assured that they will also take up the matter for more houses for the Central Government Health Scheme staff.

Shri G. L. Dhar said that beneficiary point of view must be kept in mind. According to him evening shift is a must. He suggested that the complement of doctors should be increased, there should be no harassment to the Government servants.

Shri G. S. Randhawa was also not in favour of any change in the working hours.

The Chairman then suggested that members may like to hear the point of view of the doctors. He suggested that a sub-committee

may be formed and a meeting fixed with the representatives of the doctors. Consequently a sub-committee was formed with the following members:

1. Shri Yashpal Kapur.
2. Shri C. P. Bassi.
3. Shri N. K. Prasad.
4. Shri G. L. Dhar.
5. Shri O. P. Khokha.
6. Shri Devi Datt Joshi.
7. Shri K. Ranghunathan.

The meeting ended with a vote of thanks to the Chair.

APPENDIX IV

(Vide reply to recommendation No. 24)

Minutes of the meeting of the CGHS Advisory Committee held at 3-00 P.M. on the 28th March, 1974 in Committee Room, 4th Floor, 'A' Wing, Nirman Bhavan, New Delhi under the Chairmanship of Dr. J. B. Shrivastav, Director General of Health Services.

The following were present:—

1. Dr. J. B. Shrivastav, DGHS—Chairman
2. Dr. I. D. Bajaj, Director (CGHS) Convener
3. Shri V. S. Talwar, DA & Vigilance
4. Shri S. V. Iyer, Chief Welfare Officer, Deptt. of Personnel
5. Shri Harish Chandra, Dy. Secretary (Welfare)
Department of Personnel
6. Shri R. Devarajan, Medical Statistician
7. Shri G. P. Bhatnagar, Accounts Officer (CGHS)
8. Dr. (Mrs.) R. K. Luthra, F.P. Officer
9. Shri K. Venugopal, Deputy Director Admn. (CGHS)
10. Shri K. S. Parthasarathy, Admn. Officer (CGHS)
11. Shri G. P. Jaggi, Administrative Officer (CGHS)
12. Shri J. S. Jolly, Directorate of Estates.
13. Shri C. P. Bassi Member
14. Shri R. N. Bakshi "
15. Shri G. L. Dhar "
16. Shri Devi Datt Joshi "
17. Shri Kirpa Ram "
18. Shri O. P. Khokha "
19. Shri B. N. Mutto "
20. Shri N. K. Prasad "
21. Shri G. S. Randhawa "
22. Dr. J. S. Saksena Raj "

After welcoming the members, the Chairman said that in view of a pressing engagement, he was not in a position to be present throughout the meeting and, therefore, he would request Dr. I. D. Bajaj, Director (CGHS) to conduct the meeting. The Chairman requested the members to express their views freely and frankly on the items before them for discussion.

2. After some discussion, the Chairman agreed that the next meeting of the Advisory Committee may be held in the first week of June, 1974.

3. Shri G. L. Dhar pointed out that the deployment of CGHS doctors in large numbers in hospitals in Delhi where the Junior Doctors were on strike had resulted in the curtailment of the medical facilities available to the Central Government Employees in CGHS dispensaries, further such a large scale deployment of CGHS doctors also appeared to be an attempt to break the strike launched by the Junior Doctors. The Chairman explained that as against 1,100 junior doctors who were on strike in different hospitals in Delhi, only 52 CGHS doctors had been posted there to attend to emergency duties. The deployment of such a small number of CGHS doctors cannot have the effect of breaking the strike. The Chairman assured the members that immediately after the junior doctors strike was called off, all the CGHS doctors would be withdrawn from these hospitals.

Shri G. L. Dhar also raised the point as to whether more and more CGHS doctors would be diverted to the hospitals if the strike was not called off in a few days time. The Chairman explained that new doctors were being recruited for being posted in the strike-bound hospitals.

4. The Chairman then left the meeting and the Director (CGHS) took the Chair.

5. Before the items on the agenda were taken up, some members pointed out that they had not been supplied with the report indicating the action taken on the various points raised by them in the previous meeting held on 19-10-73. The Director explained that in the first meeting majority of members had expressed their views on various topics. As some of the topics were common he will like to explain their administrative aspects of action taken. In future, a report on the action taken on the points raised in a meeting would be

made available to the members along with the agenda for the next meeting. (Action Estt. V).

6. The Director explained in detail the position regarding the various points/suggestions made by the members at the previous meeting of the Committee held on 19-10-73.

7. Referring to the suggestion made earlier that medicines dispensed in the dispensaries should be of good quality and that proper arrangements should be made for the storage, the Director explained that as per the Formulary prescribed by a Committee of Specialists, only good quality medicines were purchased and supplied to the dispensaries and were also stored properly. Shri Kirpa Ram suggested that a list of medicines including the Formulary may be supplied to the staff side members. This was agreed to. (Action DAD Stores).

8. Regarding the complaint made earlier that Medical Officers and the dispensary staff spent about half an hour for tea break leading to wastage of time of the patients, the Director pointed out that according to the instructions already issued, the doctors and the dispensary staff were to take tea if necessary, only in their seats. The members pointed out that these instructions should be reiterated and again brought to the notice of all the doctors and staff and that a copy of the same should be supplied to the members also. This was agreed to. (Action Estt. V. Section).

9. Shri Kirpa Ram suggested that staff side members of the Advisory Committee should be allowed to visit the dispensaries and report on their functioning or on the deficiencies noted by them, to the CGHS Office for necessary action. S/Shri Devi Dutt Joshi, G. L. Dhar and Kirpa Ram also suggested that Welfare Officers should be dissociated from the work relating to CGHS dispensaries as they were not playing their role satisfactorily. Shri Dhar pointed out that some of the Welfare Officers, being already overworked in their offices, were not able to play their role effectively outside the office hours and hence the institution of Welfare Officers itself serves no purposes. Shri R. N. Bakshi suggested that a drill should be prescribed by which every Welfare Officer should be asked to send a periodical report indicating the complaints received by them and the action taken by them thereon; such a procedure would be helpful in evaluating the performance of the Welfare Officers. Director (Admn. Vig.) said that some of the Welfare Officers might

be doing good work and it would not be fair to make a general statement that the institution of Welfare Officers had failed. Shri S. V. Iyer, Chief Welfare Officer pointed out that Welfare Officers role was much wider and their work in relation to the CGHS dispensaries was only one of the many items of work assigned to them. Therefore, the institution as such cannot be abolished. However, instructions could be issued to all the Welfare Officers stressing their role and also asking them to send a periodical return on the nature of complaints (including those relating to CGHS dispensaries) received by them during the period under report and the action taken by them thereon. (Deptt. of Personnel, Action).

The Director said that the members of the Advisory Committee could be associated with the concerned Welfare Officers to look into the complaints pertaining to CGHS Dispensaries. A list of members of the Advisory Committee will be supplied to the Welfare Officers. Similarly the Welfare Officers would be supplied with a list of members of the Advisory Committee.

10. Shri Dhar wanted to know whether there was a system of surprise inspection of the dispensaries. The Director explained that almost daily in the mornings on the working days, he inspects dispensaries by surprise and sends an Inspection Report to the concerned section of the office for taking appropriate action. Such visits are paid at night also in functioning dispensaries. The members appreciated that such inspection by the Director would have a salutary effect on the functioning of the dispensaries. They also suggested that the Director should be free from administrative duties during the working hours so that he could visit more dispensaries. Shri Khokha suggested that some dispensaries like those in Sewa Nagar and Lodhi Road should be inspected by the Director frequently. The members also suggested that the official machinery for inspection of CGHS dispensaries should be strengthened. A team of officers could be set up for this purpose. If there was no staff car for this purpose, one should be purchased, since surprise inspection was an essential step to ensure proper functioning of dispensaries. [Action Estt. II Section/DAD (Stores)].

11. Referring to the suggestion made earlier that the facilities for medical check up available only in the Central Sectt. First Aid Post opposite to North Block should be made available in more dispensaries, the Director explained the difficulty in doing so, due to paucity of funds. Shri Dhar pointed out that CGHS was an essential health service and no economy cuts should apply to such essential services. The economy cuts could be imposed on other

non-essential services. He desired that the Advisory Committee's views on this aspect should be brought to the notice of the Government. (Action Estt. II Section).

Shri N. K. Prasad suggested that in such of those dispensaries where laboratory facilities were already available arrangements for medical check up could be made. Augmentation of equipment for this purpose only to a limited extent and the problem of provision of funds for such marginal widening of the scope of such dispensaries should not present any difficulty. The Director agreed to have the suggestion examined. (Action Estt. II Section).

12. Regarding the complaint made earlier that there was a lot of delay in the supply of medicines prescribed by the Specialists (special/non-listed items), the Director explained that since such medicines had to be purchased from the market, some delay occurred. S/Shri Bakshi and Khokha pointed out that they noticed a minimum delay of 3 days in the supply of such medicines. Sometimes there was a delay of 4-5 days by which time the utility of such medicines for the patient was lost. Shri Khokha also pointed out that where the medicines were prescribed by the Specialist, say, for 3 weeks, the indent for purchase of medicines was made on a week to week basis and not for 3 weeks at a stretch. As a result, between the supply of medicines for one week and another week, a delay of 3-4 days was taking place during which time the patients had to go without the prescribed medicine. The Director explained that indent for special medicines is done on weekly basis so as to avoid wastage of medicines. Regarding the delay in the issue of non-listed medicines, the Director pointed out that the Medical Officers incharge have been authorised to issue Authority Slips to the beneficiaries to obtain, without payment, such of those medicines, (which could not be supplied even after indenting) from the Super Bazar (Connaught Place) who were authorised to send the bill to CGHS for reimbursement. If the Super Bazar was not in a position to supply the medicines, the beneficiaries could get it from the open market and the Super Bazar would reimburse the amount to the beneficiary. The Director also pointed out that if it was found that the Super Bazar was not in a position to meet the demands of the CGHS beneficiaries in a large number of cases satisfactorily, this arrangement would be re-examined. The members desired that a copy of the instructions on the subject should be supplied to them. The Director agreed to supply a copy of the instructions issued to Super Bazar. [Action DAD (Stores)].

Members also desired that all the other branches of the Super Bazar should also be authorised to supply medicines to the beneficiaries likewise. The Director pointed out that the Super Bazar had already agreed to do so, in 2 branches and that this matter would be pursued. [Action DAD (Stores)].

13. Referring to the earlier suggestion that such of those relatives who were not included in the definition of family should be allowed to be covered by all the dispensaries instead of the only 14 dispensaries which covered general public, the Director explained that our first priority was to cover all the Central Government employees which the Central Government Health Scheme was not able to do due to paucity of funds and, therefore, it was not possible to agree to the suggestion. S/Shri Bassi and Mutto pointed out that in the case of relatives who came to stay with the Government servants for a short period, say, during the summer vacation, they found it difficult to give them proper medical aid, when needed. Just as temporary ration cards were issued to such persons, temporary CGHS permits could be issued to the Central Government servants enabling them to get treatment from the CGHS for their guest-relatives. For this purpose, extra contribution can be prescribed. The Director agreed to have the suggestion examined. (Action Estt. II Section).

14. The Director also pointed out that instructions had already been issued to all the CGHS Dispensaries that emergency cases coming to the dispensaries should be attended to by them irrespective of whether they were CGHS beneficiaries or not. Shri Mutto complained that only sometime back, a doctor at the Kidwai Nagar dispensary did not attend to his cousin who was running a temperature of 105. According to the doctor, it may not be an emergency case, but for the beneficiary it may be an emergency case needing instant attention. He felt that doctors should not resist domiciliary visits in such cases. The members of Advisory Committee desired to have a copy of the instructions on the subject. (Action Estt. V Section).

15. Regarding the complaint made in the last meeting that some patients preferred to consult some doctors, while they were hesitant to go to others, the Director explained that patients were free to consult only some doctors. They also complained that in view of the allocation (in some dispensaries) of the categories of patients (i.e. children, ladies) between doctors, a doctor would not attend to any other category of patients, even when there was no rush for him/her. The Director said that there should be no such rigidity. (Action Estt. V Section).

Shri Kirpa Ram pointed out that in the name of register checking the Medical Officers-Incharge made the patient wait for a long time. The Director explained that the Medical Officers Incharge had been instructed to attend to administrative work during the first 45 minutes after commencement of the morning and evening sessions. Some members complained that at the Gole Market dispensary, register-checking took a long time. The Director agreed to have this cheked up. (Action Estt. V Section).

16. Referring to the suggestion made at the earlier meeting that the standard of cleanliness in dispensaries should be improved, the Director referred to the instructions that had already been issued to the dispensaries on the subject, Shri Khokha pointed out that in West Patel Nagar dispensary, white washing had not been done for quite a long time. The Director explained that white washing was the responsibility of the house owner of the building in which this dispensary was housed. In case of delay we are taking steps to ensure that in such cases white washing should be done by the Government and expenditure thereon could be recovered from the rent payable to the land owner. (Action Estt. II Section).

17. Regarding the earlier suggestion that a new dispensary should be opened behind South Block, the Director explained that the facilities at the First Aid Post opposite to North Block could be availed of by those working in South Block in offices located behind South Block. Shri Bassi pointed out that there was full justification for opening a First Aid Post behind South Block to cater to the needs of those working in distant places like Kashmir House and Race Course. Persons working in such distant places found it difficult to go to North Block. There should be no difficulty in finding a suitable accommodation in one of the building occupied by the Attached Offices/Subordinate Offices behind South Block. Shri Bassi pointed out that there was a store which had been vacated recently could be used for housing the First Aid Post. The new building which was coming behind the South Block for housing the AFHQ could accommodate this First Aid Post also. The A.F.H.Q. (Civilians) had already recommended the location of a First Aid Post sometime back and it should be looked into. (Action Estt. II Section).

18. As regards the suggestion made earlier that for stitching of small wounds, patients should not be asked to go to the hospitals and that it should be done in the dispensaries. The Director pointed out that necessary instructions had already been issued in this con-

nection. At the request of Shri Khokha, Director agreed to supply a copy of this circular to the staff side members of the Advisory Committee. (Action Estt. V Section).

19. Referring to the suggestion made earlier that for CGHS beneficiaries there should be a separate hospital, the Director explained the difficulties in setting it up due to non-availability of funds. He also pointed out that in the Estimates Committee of Parliament, a view was expressed that opening of CGHS hospitals exclusively for the CGHS beneficiaries would amount to discrimination. Shri Dhar pointed out under the Employees State Insurance Scheme, hospitals were opened exclusively for the benefit of the workers/labourers. Similarly separate hospitals existed for army personnel, railway employees and Police personnel. There was no reason why CGHS should not have a separate hospital for its beneficiaries. Others also could avail of its services. If one such hospital was opened, the rush in Safdarjang and Willingdon Hospitals would considerably be reduced. Other members also strongly urged the Government to take up this matter. (Action Estt. II Section).

20. As regards the complaint made earlier that Class IV employees were discriminated against in the matter of treatment and behaviour and domiciliary visits, the Director said that no such discrimination was being made. If any specific complaints in this regard were brought to his notice he would have them looked into. Shri Dhar pointed out that in the matter of supply of medicines, there was discrimination. He felt that expenditure on medicines issued from certain dispensaries such as North Avenue, South Avenue, Wellesley Road and Pandara Road must be much higher than in some other dispensaries like Sewa Nagar. Per capita expenditure class wise and dispensary wise which he sought at the last meeting should be supplied to the members of the Committee. The Director agreed to supply the statistics within a week. (Action Medical Statistician).

21. Referring to the complaint made at the last meeting that too much time had to be spent in the dispensaries for getting treatment, the Director said that on an average, patients were found to be waiting for 30 minutes at the dispensaries. This included waiting time at the "Medicines" counter. The Director also said that they were trying to reduce the waiting time by combining counter of special medicines and general medicines. (Action Estt. V Section).

22. Regarding the complaint made at the last meeting that the doctors were reluctant to pay home visits, the Director wanted the members to bring to his notice any specific instance which could be

looked into. In this connection, some members referred to the reluctance of certain doctors in view of the low rate of conveyance allowance being paid to them. They said that in all fairness, the doctors who had to go for home visits should be fully compensated for their expenses on the to and fro trip in this connection. The Director explained the question of increase of conveyance allowance of the doctors is under the consideration of the Government. (Action Estt. I Section).

23. Referring to the suggestion made earlier that in the case of those who were taken to the hospitals for treatment, prior registration at the concerned CGHS dispensary should not be insisted upon, the Director explained that in really emergent cases, such prior registration with the CGHS Dispensary was not insisted upon. In other cases, since medicines prescribed by the hospitals had to be issued by the CGHS dispensary, the normal procedure required prior registration with the CGHS dispensary. Shri Randhwa pointed out that in the case of dental ailments, it was not understood why prior registration with the CGHS dispensary was necessary. The Director explained that Dental cases can be referred from the dispensary to the Dental clinics. In emergency the patient could directly go to these clinics. (Action Estt. V Section).

24. As regards the suggestion for broad-basing the composition of the Advisory Committee by the inclusion of representatives of employees from Central Public Works Department, Posts and Telegraphs and Civil Aviation, the Director informed the Committee that action had already been initiated and the Ministry of Health has been informed of the position in this regard. Shri Dhar wanted this matter to be settled before the next meeting of the Advisory Committee. (Action Estt. V Section).

Item 1 of the Agenda

25. The Committee was informed by the Director that as decided at its last meeting, the question regarding the change in the working hours of the dispensaries was considered on 31-10-73 by the Sub-committee (set up by the Advisory Committee). The representatives of CGHS Medical Officers Association explained their point of view to the members of the Sub-Committee. As recommended by the Sub-Committee, the following alternative proposals were referred to all the Associations represented on the Advisory Committee for approval:—

- (1) Single shift functioning on 3 alternative days in a week.
- (2) Double shift continuous functioning from 8-00 a.m. to 8-00 p.m.

- (3) Continuous functioning from 8-00 a.m. to 8-00 p.m. (with more staff during 8-00 a.m. to 10-30 a.m. and from 5-00 p.m. to 8-00 p.m.).

There was found to be no unanimity among the Associations on any of these proposals. The Director explained that the second and third alternatives would involved an additional expenditure of Rs. 9.23 lakhs and Rs. 7.04 lakhs respectively, while the first one would not involve any further expenditure. The members of the Committee were asked to give their views on a limited proposal to have single continuous shift only on 2 days in a week which may not entail any further expenditure. They pointed out that if all the CGHS dispensaries were made functioning dispensaries they had no objection to the proposal. The Director pointed out that with the existing resources, it was not possible to convert the remaining 33 dispensaries (out of 61 dispensaries) into functioning dispensaries.. The members expressed the view that without any arrangements for attending to emergency cases, introduction of single shifts on 2 days in a week will cause much inconvenience to the beneficiaries. After some discussion, the staff side members agreed to the introduction of single continuous shifts on 2 days i.e. Tuesdays and Fridays provided (1) the existing non-functioning dispensaries remained open again between 5-00 and 7-00 p.m. on these days with one doctor, one Pharmacist and one class IV official, and (2) On 2nd Saturday instead of one morning shift there should be 2 shifts like other Saturdays.

The Director said that he would place this proposal before the CGHS Doctors Association and let the members of the Advisory Committee know about their reaction in due course. (Action Estt. V Section).

Item 2 of the Agenda

26. The Director explained that the morning session during the winter months in the various CGHS dispensaries was from 8-00 a.m. to 11-30 a.m. and during the summer it was from 7-00 a.m. to 10-30 a.m. In both winter and summer, the evening session was from 5-00 p.m. to 7-30 p.m. on Wednesdays the dispensaries functioned from 8-00 a.m. to 2-00 p.m. during winter and from 7-00 a.m. to 1-00 p.m. during summer. There was no evening session on the second Saturdays of the month. The CGHS Medical Officers Association desired that during summer months also the morning session should begin at 8-00 a.m. and end at 11-30 a.m., since in their view, the late evening session coupled with the early morning session at the dispensaries left the Medical Officers barely 9-10

hours of rest/relaxation with their families. Shri R. N. Bakshi pointed out that in summer, it was hot even at 7-00 a.m. and it would be hotter at 11-30 a.m. Therefore, he stressed that from the point of view of both the patients and the doctors, the dispensaries should open at 7-00 a.m. and function till 10-30 a.m. during summer as was the practice hitherto. Shri Dhar pointed out that in Railways the employees had to report for duty as early as 5-00 a.m. and it should not be difficult for the doctors to reach the dispensaries at 7-00 a.m. Shri N. K. Prasad and Shri Muttoo said that for some of the doctors who were living far away from the dispensary, and especially for lady doctors, it might be difficult to reach the dispensary at 7-00 a.m., particularly when the DTC service in Delhi was not quite satisfactory. Shri Prasad suggested that the dispensaries might function between 7-30 a.m. to 11-00 a.m. in the morning during summer. Shri Bassi and others pointed that at 11-00 a.m. it would be very hot and there would be no particular gain in adopting these hours. After some discussion, the member suggested that the morning session may be from 7-30 a.m. to 10-30 a.m., and the evening session from 5-00 p.m. to 8-00 p.m. (instead of between 5-00 and 7-30 p.m.). The Director pointed out that if the evening session was extended upto 8-00 p.m., some of the doctors and staff members would be put to a lot of inconvenience because they would be reaching home very late in the night. They had to come to the dispensary early in the morning. Some of them had been complaining that even the existing closing time, namely 7-30 p.m., in the evening did not suit them. However, the members insisted that if at all any change was to be made in the summer timings the morning session should be from 7-30 a.m. to 10-30 a.m. and the evening session from 5-00 p.m. to 8-00 p.m. The Director informed the members that he would put forward their views to the CGHS Medical Officers Association. Till the matter was settled, the present working hours would continue. (Action Estt. V Section).

27. Item 3 of the Agenda was postponed for consideration at the next meeting of the Committee.

28. The meeting ended with a vote of thanks to the Chair.

APPENDIX V

(Vide reply to recommendation No. 24)

Minutes of the 46th meeting of the C.G.H.S. Advisory Committee held at 3-00 p.m. on the 17th July, 1974, in Committee Room, 4th Floor, 'A' Wing, Nirman Bhavan, New Delhi

The following were present:—

1. Dr. J. B. Srivastav, D.G.H.S.—*Chairman.*
2. Dr. I. D. Bajaj, Director, C.G.H.S.—*Convener.*
3. Shri B. N. Mullick, Welfare Officer, Department of Personnel (Representing the Chief Welfare Officer)—*Member.*
4. Shri Yashpal Kapoor, M.P. }
5. Shri R. N. Bakshi }
6. Shri G. L. Dhar }
7. Shri Devi Dutt Joshi }
8. Shri B. K. Kanji Lal }
9. Shri Kirpa Ram }
10. Shri D. P. Khokha }
11. Shri R. N. Saksena }

Members

Also present:

1. Dr. L. D. Joshi, Deputy Director, C.G.H.S., Delhi.
2. Shri K. Venugopal, Deputy Director (Admn.) C.G.H.S., Dte. G.H.S.
3. Dr. J. M. Puri, Deputy Asstt. Director (P), Dte. C.G.H.S.
4. Dr. J. N. Sachdeva, Deputy Asstt. Director (S), C.G.H.S., Delhi.
5. Dr. H. C. Aggarwal, Deputy Asstt. Director (Stores), C.G.H.S., Delhi.
6. Dr. (Mrs.) C. K. Luthra, Family Planning Officer, C.G.H.S., Delhi.
7. Shri R. Devarajan, Medical Statistician, Dte. G.H.S.

8. Shri K. S. Pathasarathy, Administrative Officer, C.G.H.S., Delhi.
9. Shri G. P. Jaggi, Administrative Officer, C.G.H.S., Delhi.
10. Shri G. P. Bhatnagar, Accounts Officer, C.G.H.S., Delhi.

Welcoming the members, the Chairman said the meetings were now being held regularly and Government attached importance to the periodical meetings of the Advisory Committee, as they provided a very useful forum for the Government to receive suggestions for the proper and efficient functioning of the scheme and for sorting out the various problems facing it.

2. The Committee then took up for consideration the statement circulated to the members indicating the action taken on the various points discussed at the earlier meeting held on the 28th March, 1974. during the discussion, the following further points emerged:

- (1) *Supply of copies of the Formulary to the Members of the Committee:*—The Chairman explained that the formulary contained technical names of medicines and was meant for the guidance of the doctors only. However, he assured the members that only good quality medicines as per the formulary were purchased from firms approved by the High Power Committee set up by the DGS&D. The formulary was drawn up by a Committee of Specialists and was being modified from time to time. Shri Khokha pointed out that if they knew the contents of the formulary, they could make suggestions for inclusion or exclusion of medicines. The Chairman said such suggestions were welcome .

Action DAD (Stores)

- (2) To a query made by Shri Yashpal Kapoor, the Chairman said that medicines were being purchased by the C.G.H.S. through tender system. Shri Yashpal Kapoor suggested that to check the sale of spurious, adulterated and sub-standard drugs, the Government should arrange for frequent inspections of Pharmaceutical firms. The Chairman pointed out that the Drugs Controller's Organisation has been instructed to intensify the inspection of firms.
- (3) Shri Yashpal Kapoor further suggested that for seasonal complaints like gastroenteritis, common cold, cough etc., the C.G.H.S. beneficiaries could straightaway be supplied by the Pharmacists with certain standard medicines in common use without their being asked to go through all the formalities, especially involving consultation with the

doctors. The Chairman pointed out the dangers of self-medication except in cases involving ordinary and simple complaints in emergencies. An examination by a qualified medical man is necessary, as what appears to be a simple symptom may be beginning of a serious disease.

- (4) Shri Khokha drew attention to the difficulties experienced by the beneficiaries in getting medicines at the supply counter due to non-cooperation among the Storekeepers and Pharmacists. The Chairman observed that it was primarily an administrative matter and if any specific complaint was brought to the notice of the Director (C.G.H.S.) it would be promptly looked into.
- (5) *Observance of tea-break by the doctors and the staff in the C.G.H.S. Dispensaries:*—Members pointed out that there was no objection to the doctors and staff taking tea individually on their seats during the working hours. What was being objected to was their taking tea in a group for an unduly long time and that too during the rush period. After some discussion, it was agreed that the doctors and staff may be allowed to take tea even in a group for not more than ten minutes after 8-30 a.m. (in summer) and 9-30 a.m. (in winter) subject to the discretion of the doctors and the rush of patients. Timing of tea-break should not be at the cost of convenience of the waiting patients. Emergency cases reported at the time of tea-break should not be left up-attended because of the tea-break.

Action: Estt. V, Section

- (6) *Role and functions of Welfare Officers:*—Shri Dhar said that as pointed out at the earlier meetings, the Welfare Officers were not playing a useful role and therefore, they should not any more be associated at least with the work connected with the C.G.H.S. Shri Yashpal Kapoor drew attention to the list of Welfare Officers circulated among the members and pointed out that some of the officers nominated as Welfare Officers were Accounts Officers, Private Secretaries to Ministers and Senior Officers etc., and the nature of their duties was such that they could devote very little time to attend to their duties as Welfare Officers. The Chairman said that the institution of Welfare Officers was very important and certain basic considerations like motivation and aptitude for such work, previous experience and training in such sociological fields would have to be kept in view while nominating

the Welfare Officers. He suggested that a meeting may be arranged with the Chief Welfare Officers so that he could discuss with him all these aspects. Sarvashri R. N. Seksena and R. N. Bakshi insisted that as suggested at the earlier meeting, all the Welfare Officers should be asked to send a periodical return to the Department of Personnel as well as to the Director (CGHS) about what they have done during the period under review as Welfare Officers in relation to their role of being connected with the C.G.H.S.

- (7) The Chairman pointed out that for proper and effective functioning of the CGHS Dispensaries, periodical inspections by senior officers like Director (CGHS) would be necessary. In fact, almost daily, the Director goes on surprise inspections and all the dispensaries in Delhi are being inspected by him by turn. His reports are submitted to the Director General and to the Department of Health and follow-up action is taken on them.

The Chairman also appreciated the suggestion made by the Members for allowing them to inspect the dispensaries. After some discussion it was agreed that to begin with, for a period of three months from now, all the members of the Advisory Committee would be free to go to their own CGHS dispensaries and to report to the Director General or to the Director (CGHS) about any shortcomings or deficiencies noticed in the functioning of the dispensary or about the difficulties faced by the beneficiaries. These reports would be kept confidential and prompt action would be taken on them. The Chairman said that after three months, he would consider issuing of authority slips to all the members of the Advisory Committee to enable them to inspect any dispensary at any time on any day. All the Medical Officers-Incharge would also be instructed to extend necessary help and cooperation to the visiting Advisory Committee Members during such inspections. (*Action: Estt. V. Section*).

- (8) Shri Kripa Ram drew attention to the wastage of medicines due to spilling in the tray as a result of careless handling by the Pharmacists. He also pointed out that some of the Pharmacists are rude. Director suggested that such things might be brought to the notice of the Medical Officer-Incharge. The Chairman desired that suitable instructions should be issued in this connection. (*Action: Estt. V Section*).

- (9) On an objection raised by Shri Dhar against injections being administered by Class IV staff in some dispensaries, the Chairman pointed out that injections should be administered only by the doctor or by the nurse and not by any other member of the staff and that instructions should be issued to all the dispensaries for strict compliance.
- (10) *Opening of more CGHS Medical check-up centres in Delhi:*—The Chairman desired that steps should be taken to open two more CGHS medical check-up centres, in each of the First Aid Posts at Nirman Bhavan and Vithalbhai Patel House. While discussing this item, Shri Dhar drew attention to the earlier discussions on the question of providing funds to the CGHS for its expansion and adequate coverage, and reiterated that it should be impressed on the higher authorities, that in essential services like health care, there should be no economy cuts. Shri Dhar and other members requested the Chairman to given them an opportunity to meet the Health Minister to place their views before him.
- (11) To a query made by Shri Khokha, the Director said that the Super Bazar has been approached to extend at more branches of the Super Bazar the facility for the CGHS beneficiaries, namely, supply of medicines prescribed by the CGHS dispensaries, if the same are not available with the dispensaries.
- (12) *Opening of a separate hospital for CGHS beneficiaries:*—Shri Dhar again referred to the views expressed at the earlier meetings and requested the Government to pursue vigorously with the higher authorities to get a separate hospital sanctioned for CGHS beneficiaries in Delhi. He referred to the advantages in having such a hospital both from the point of view of the Central Government employees and also from the point of view of the need for augmentation of the overall bed strength in Delhi as a whole. The Government hospitals in Delhi were already over-crowded. Shri Yashpal Kapoor, Shri Dhar and other members pointed out that they did not agree with the Estimates Committee that any discrimination was involved in having a separate hospital for Central Government employees. If the Railways and Defence establishments could have their own separate hospitals for their em-

ployees, there was no reason why the other Central Government Employees in Delhi should not have a separate hospital for them. Again Shri Dhar and other members reiterated that Government should give top priority in allocating funds to this hospital. The Chairman expressed his agreement with these views. Shri Dhar and other members wanted to seek a meeting with the Minister of Health to discuss this question with him.

- (13) *Issue of CGHS cards to non-entitled relatives of Government Servants*:—This item was discussed in the earlier meeting and the suggestion of the Committee at that meeting had been referred to the Department of Health for consideration. The Chairman agreed that there was a case for issuing CGHS Cards on payment of the prescribed contribution under the General Public Scheme to the non-entitled persons, closely related to, and staying with the Central Government employees so that they could avail of the CGHS facilities from the same CGHS Dispensary where the concerned Government Servant was receiving these facilities. This should be examined.
- (14) *Cost of medicines per attendance in different dispensaries*:—Shri Kripa Ram drew attention to the statement circulated to the members indicating the cost of medicines per attendance dispensary-wise in Delhi and pointed out that while the cost of attendance in certain dispensaries which looked after weaker sections like Class IV employees was low, the cost of medicines per attendance in certain other dispensaries like those at North Avenue and Wellesely Road was much higher; this would require a thorough probe. Shri Dhar said that they would like to table a separate item on this subject for consideration at the next meeting of the Committee. The Chairman desired that dispensaries like those at Kasturba Nagar should have adequate stocks of all necessary drugs.
- (15) *Broadbasing of the representative character of the Advisory Committee*:—On a point raised by Shri Dhar it was agreed that the Department of Civil Aviation and the Income Tax Department would be requested if not already done, to nominate representatives for membership of the CGHS Advisory Committee. The other Departments who were already requested to send their employees' representatives would be reminded to expedite their nominations.

3. Item on the agenda were then taken up for discussions.

Item 1—Posting of more male doctors at dispensaries in proportion to Lady Doctors.

4. The Chairman agreed that, for several obvious reasons, the number of lady doctors in the CGHS dispensaries should be reduced. He said that their number would be gradually brought down to the required optimum figure of 145.

Item 2—(i) Delay in the supply of certain medicines to the beneficiaries.

5. The Chairman explained the procedure for stocking and issue of medicines and pointed out that efforts were continuously being made to ensure supply of medicines to the beneficiaries in time. Of late, due to import restrictions and higher costs of petroleum-based drugs some drugs are in short supply throughout the country. However, good and equally effective substitutes are issued to the beneficiaries. Shri Khokha referred to the delay arising out of the issue of certain medicines on a week-to-week basis when a specialist prescribes them for three weeks or more. The Chairman explained that while there cannot be rightly as to the period for which such medicines should be issued, it should be possible for the doctor to issue a particular medicine even for more than a week, if it has necessarily to be administered to the beneficiary for a minimum period after which the patient should be re-examined in his own interest.

6. Reacting to a suggestion made by Shri Dhar, the Chairman said that it would not be desirable to allow the beneficiaries to return the unused medicines to the dispensaries because of risks from the administrative as well as medical point of view.

7. On a suggestion made by Shri Yashpal Kapoor, the Chairman agreed to consider the question of issuing instructions for the destruction of all the empty bottles and containers lying at the dispensaries. If such bottles and containers with their labels intact are disposed of by selling them to the contractors dealing with *Kabari*, there is a risk of such bottles and containers finding their way in the open market to spurious drug manufacturers. The labels on the bottles which are issued to the beneficiaries should also be scored out in such a way that those bottles may not be put to any misuse.

Item 2(ii)—Supply of medicines prescribed by the Specialists.

8. The Chairman explained that after the Specialist had prescribed the medicines, it would be necessary for the doctor in the concerned CGHS Dispensary to know what the Specialist had prescribed and to decide which of the medicines should be issued and for what periods. Therefore, it was necessary for the patient to go to the doctor in the concerned dispensary before the medicines were issued.

Item No. 2(iii)—Queue at the Registration counter.

9. It was explained by the Chairman that in respect of old cases, the patients will have to go to the registration counter only once for getting the necessary entries made in the register. However, if the prescription is changed by the doctor or if any special medicines are issued by him through special slips, it would be necessary for the patients to go to the registration counter again to have the necessary entries, regarding new medicines) made in the register.

10. The meeting ended with a vote of thanks to the Chair.

APPENDIX VI

[Vide reply to recommendation No. 63]

COPY

MINISTRY OF HEALTH AND FAMILY PLANNING

(DEPARTMENT OF HEALTH)

CENTRAL GOVERNMENT HEALTH SCHEME

NEW DELHI

Tender in sealed envelopes superscribed 'Rate Enquiry for Ayurvedic Medicines' and accompanied with the sealed samples of each medicine quoted are invited upto 14-3-1975 (4.00 P.M.) for supply of Ayurvedic medicines worth Rs. 7 lacs to the C.G.H.S. New Delhi for one year from 1-4-1975 to 31-3-1976 from the following categories of pharmacies:—

1. Pharmacies run by State Govt.
2. Pharmacies attached to teaching institutions and philanthropic societies.
3. Other pharmacies in private or co-operative sector having 5 years standing and with a record of having supplied medicines to the Central, State or Municipal dispensaries for at least 2 years.

Tender documents may be collected from the Officer Incharge (Store) CGHS Ayurvedic Store Depot., 4/19, Asaf Ali Road, New Delhi free of cost from 15-2-1975 between 10.00 A.M. to 3.00 P.M.

LIST OF APPROVED SUPPLIERS OF AYURVEDIC MEDICINES FOR 1975-76

Category No. I (Pharmacies run by State Government)

1. M/s. Gujarat Ayurvedic Vikas Mandal Pharmacy, Junagarh
(sponsored by Govt. of Gujarat)

Category No. II (Pharmacies attached to teaching institutions philanthropic societies)

2. M/s. D.A.V. Ayurvedic Pharmacy, Jullundur.
3. M/s. Shri Krishna Adarsh Ayurvedic Pharmacy, Kurukshetra.
4. M/s. Ayurvedic Rasayanshala Poona.

Category No. III (Other pharmacies in private or co-operative sectors having 5 years standing with record of having supplied medicines to the Central/State or Municipal dispensaries for at least two years.)

5. M/s. Co-operative Drug Factory, Ranikhet	(Co-operative)
6. M/s. Nivashakti Ayurvedelaya, Bhusawal, Maharashtra	(Private)
7. M/s. Prabhat Ayurvedic Pharmacy, Amritsar	Do.
8. M/s. Dhanwantry Ayurvedic Pharmacy, Amritsar	Do.
9. M/s. Aphali Pharmaceutical, Ahmed Nagar	Do.
10. M/s. Arya Vaidya Pharmacy, Coimbatore	Do.
11. M/s. Raj Vaidya Shital Parshad and Sons, Delhi	Do.
12. M/s. Potalad Mahal Arogya Mandal Pharmacy, Gujarat	Do.
13. M/s. Atreya Ayurvedic Pharmacy, Baraut (Meerut)	Do.
14. M/s. Din Dayal Aushdhalaya, Gwalior	Do.
15. M/s. Shri Narayan Chikista Sadan, Bikaner	Do.
16. M/s. Dhanwantry Laboratories, Bhagalpur	Do.
17. M/s. Desh Rakshak Aushadhalaya, Hardwar	Do.
18. M/s. Subhash Ayurvedic Store, Nawada	Do.
19. M/s. Zendu Pharmaceutical, Bombay.	Do.
20. M/s. Madhwa Pharmaceutical, Cochin, Ernakulam	Do.
21. M/s. Sadhana Aushdhalaya, Calcutta	Do.
22. M/s. Himalaya Drug Co., Bombay	Do.
23. M/s. Alarsin Pharmaceutical, Bombay.	Do.

APPENDIX VII

(Vide reply to recommendation No. 82)

No. F.4-11/72-CGHS(P)

BHARAT SARKAR

SWASTHYA AUR PARIVAR NIYOJAN MANTRALAYA
(SWASTHYA VIBHAG)

New Delhi, the 10th July, 1974.

To

The Director General of Health Services, New Delhi.

SUBJECT:—*Grant of conveyance allowance to Medical Officers/
Specialists under the Central Government Health Scheme.*

Sir,

In supersession of this Department letter of even number dated the 22nd May, 1974, on the subject mentioned above, I am directed to say that the President is pleased to decide that conveyance allowance to Medical Officers including Ayurvedic/Homoeopathic & Unani Physicians/Specialists employed under the Central Government Health Scheme for paying domiciliary visits and performing other official duties will be regulated as indicated below:—

(1) The maximum amount of conveyance allowance per month admissible to the medical officer will be as under:—

	Existing Rates	Revised Rates	
		w.e.f. 1-11-73	w.e.f. 1-3-74
	Rs.	Rs.	Rs.
(i) For those who maintain their own motor cars	120/- p.m.	200/- p.m.	225/- p.m.
(ii) For those who maintain scooter/motor cycle	40/- p.m.	66.66 p.m.	75/- p.m.
(iii) For those who do not maintain either car or motor-cycle/scooter	20/- p.m.	44.66 p.m.	52.50 p.m.

(2) For entitlement to the maximum amount of conveyance allowance mentioned above in sub-para (1), every Medical Officer/Specialist is required to pay on an average (to be-computed for a three month period) a minimum of 20 domiciliary visits in a month. Where however, the domiciliary visits fall short of this minimum limit of 20 but not below 6, there shall be a proportionate reduction in the conveyance allowance, subject to minimum grant of the conveyance allowance of Rs. 40/- Rs. 15/- and Rs. 10/- per month in the case of Medical Officers/Specialists referred to at (1) (i), (ii) and (iii) respectively. In case of domiciliary visits falling below six in number, no conveyance allowance will be admissible. The limit fixed for the minimum number of 20 domiciliary visits, required to be made by the Medical Officers/Specialists will not, however, detract from their responsibility towards the beneficiaries of the Central Government Health Scheme to render domiciliary service in accordance with the rules providing for such service.

(3) Every Medical Officer/Specialist who draws this allowance will have to maintain a Visit Book giving details of the visits made, the date, time and place of such visits and the name of the patient, etc. The Controlling Officer will certify on the basis of the Visit Book maintained by the Medical Officer/Specialist as to the admissibility of the conveyance allowance in a particular month.

(4) No conveyance allowance will be admissible during joining time, leave and any period of temporary transfer.

(5) In case the conveyance is not maintained or is not available for use, owing to its being out of order or is not used for official journeys/domiciliary visits for any other reasons for a period of more than 15 days at a time, no conveyance allowance will be admissible during any such period.

(6) Medical Officers/Specialists who draw conveyance allowance at the minimum rates specified at (2) above, and those who do not maintain a Motor Car or a Motor Cycle/Scooter and draw conveyance allowance @ Rs. 44.66 p.m. (w.e.f. 1st November, 1973) Rs. 52.50 p.m. (w.e.f. 1st March, 1974) or Rs. 10.66 p.m. as the case may be, will be required to furnish a certificate along with the monthly pay bill, to the effect that the expenditure incurred by

them by way of transport/conveyance hire in connection with domiciliary visits/ official duty was not less than the amount claimed by them as conveyance allowance.

(7) Medical Officers/Specialists in receipt of conveyance allowance will not be entitled to draw any daily allowance or mileage allowance for journeys on official duty, whether within or beyond a radius of eight kilometers but falling within the area covered by Central Government Health Scheme.

(8) In the case of Medical Officers/Specialists posted to Hospital Departments in the Willingdon and Safdarjang Hospitals under the CGHS, conveyance allowance in terms of these orders will be admissible to those Medical Officers/Specialists who have been allotted a number of CGHS dispensaries and are also available for consultation at the residence of the beneficiaries attached to those dispensaries. Other Medical Officers/Specialists posted to the aforesaid hospitals under the CGH Scheme who are normally not expected to visit dispensaries but occasionally pay domiciliary visits in their zone will be granted conveyance allowance on the basis of Log Book maintained by them in terms of the Ministry of Finance General orders contained in their O.M. No. F.11 (5)-EIV (B)/60, dated the 24th May, 1961 as amended from time to time.

2. These orders will take effect from the 1st November, 1973.

3. The expenditure involved will be met from the same source from which the pay of the Medical Officers/Specialists are drawn.

4. This issues with the concurrence of the Ministry of Finance vide their Dy. 3375-H. Br./74, dated the 4th July, 1974.

Yours faithfully,

(V. RAMACHANDRAN),

Under Secretary to Govt. of India.

Copy forwarded to:—

1. Accountant General, Central Revenues, New Delhi, A.G. Maharashtra, Bombay/A.G., U.P. Allahabad/A.G., Tamil Nadu, Madras/A.G., Central, Calcutta.

2. Ministry of Finance, Department of Expenditure, EIV-B Branch, North Block, New Delhi (with 2 spare copies).
3. C.H.S. I/II Sections, Deptt. of Health.
4. Ministry of Finance (Health Branch) (with 2 spare copies).

(V. RAMACHANDRAN),

Under Secretary.

'COPY'

MOST IMMEDIATE

No. F. 4-11/72-CGHS(P)

BHARAT SARKAR

SWASTHYA AUR PARIVAR NIYOJAN MANTRALAYA.
(SWASTHYA VIBHAG)

New Delhi, the 27th July. 1974.

CORRIGENDUM

SUBJECT.—*Grant of conveyance allowance to Medical Officers/ Specialists under the Central Government Health Scheme.*

The rate of conveyance allowance with effect from the 1st November, 1973 for Medical Officers of the CGHS who do not maintain either motor car or motor cycle/scooter may kindly be read as Rs. 46.66 P instead of Rs. 44.66, in sub-para 1(iii) in this Ministry's letter No. F. 4-11/72-CGHS(P), dated the 10th July, 1974.

Sd/-

(V. RAMACHANDRAN)

Under Secretary.

To

1. The Dte. General of Health Services, (CGHS), New Delhi.

2. Accountant General, Central Revenues, New Delhi|Accountant General, Maharashtra, Bombay|A.G., U.P., Allahabad|A.G., Tamil Nadu, Madras|A.G., Central Calcutta.
3. Ministry of Finance, Department of Expenditure, EIV-B/II Section, New Delhi.
4. CHS I/II Sections, Deptt. of Health.
5. Ministry of Finance (Health Branch), New Delhi, with a copy of the note from the E.IV Branch.

APPENDIX VIII

(Vide reply to recommendation No. 20)

Copy of D.O. letter No. 16(1)|SIU|74, dated 17-3-75 from Shri C. B. Lal, Under Secretary, Staff Inspection Unit, Ministry of Finance (Department of Expenditure), New Delhi, to Dr. I. D. Bajaj, Director (CGHS) Dte. General of Health Services, New Delhi.

Kindly refer to your d.o. letter No. 5-3/74-CGHSI dated the 15th March, 1975 to the Director regarding SIU report on Specialists in Willingdon & Safdarjang Hospitals.

2. Our report on the entire staff of the Willingdon Hospital has been issued on the 12th March, 1975. Copies of the report are being processed and will be sent to you shortly. As regards Safdarjang Hospital, the data relating to Specialists have been collected and analysed. It is hoped to complete this part of the exercise also in another six weeks time.

With regards.

APPENDIX IX

(Vide reply to recommendation No. 20)

Summary of Discussions

S.I.U.'s Report on the Staff assessment of Willingdon Hospital (CGHS Wing)

The Report of the S.I.U. regarding staffing pattern of C.G.H.S. Specialists Wing of Willingdon Hospital was discussed with the Specialists of each Department in May, 1975. In the light of observations made and points of discussions the following broad decisions were taken:—

- (i) S.I.U. be asked either to take away both the consultants in Medicine and Surgery from CGHS Wing or both should be retained in CGHS Wing as heretofore.
- (ii) In accordance with the recommendations of the S.I.U. where there are two or more specialists in a Deptt., one post in each Department should be upgraded to the post in Supertime Grade II for efficient supervision and control of the Department concerned. A proposal may be sent to convert one of the posts of Specialists in each of the following Departments to the post of Supertime Grade II.
 - 1. Paediatrics.
 - 2. E. N. T.
 - 3. Psychiatry.
 - 4. Gynae. & Obst.
 - 5. Eye.
- (iii) It was proposed that there should be no J. M. O. in any Speciality since they prescribe Specialist medicines to the patients. They should at least be a Grade I Officer equal in rank to that of Medical Officer Incharges of a Dispensary.
- (iv) There is no sanctioned post of G. D. O. Grade I or Grade II in C. G. H. S. Wing of Willingdon and Safdarjang Hospitals. They have been deployed by internal adjustment from among the strength of dispensary Medical Officers

to meet the ever increasing rush of patients requiring specialist consultation. It is also observed that in some places the number of existing Specialists|Medical Officers is more than what has been shown in the Report.

Department of Medicine:

Out of 4 existing Specialists 3 have been assessed. It is necessary to retain the fourth Specialist. Our Specialists are also attending cases in Willingdon Nursing Home.

Department of Surgery:

One G. D. O. Grade II has been reduced. It is desired to retain the post in Grade I.

Department of Psychiatry:

No comments.

Dental Department:

- (i) The existing posts of Junior Staff Surgeon (Dental) and Dental Surgeon have not been shown in the Report. The post of Dental Surgeon which already exists has not been taken into account. The posts of Junior Staff Surgeon which is vacant at present should be continued.
- (ii) One post of Staff Surgeon (Dental) sanctioned for C.G.H.S. Police Hospital has neither been mentioned in S.I.U.'s Report on Police Hospitals nor in this Report. Due to non-availability of Dental chair and equipment, Staff Surgeon (Dental) sanctioned for Police Hospital was based in Willingdon Hospital. Dr. Sur who has been recently promoted as Staff Surgeon (Dental) is now attending Police Hospital. The post may be retained for Police Hospital and need not be down-graded to a lower post.
- (iii) A post of Assistant Surgeon Grade-I has been recommended in this Deptt. under C.G.H. Scheme. There is no post of such a designation in C.G.H.S. Organisation. This may be replaced by a Dental Surgeon.

Department of Orthopaedics:

No comments as at present we have no separate Deptt. of Orthopaedics.

Department of Paediatrics:

No comments.

Department of Gynae. & Obst.:

No comments.

Department of Eye:

At present no Eye Specialist visits Police Hospitals due to shortage of Specialists. It is considered necessary to have one Specialist who will attend Police Hospitals in addition to the assessed staff. The Polyclinic at this hospital will start functioning as soon as necessary equipment being procured is available.

The Specialists also visit 4 Polyclinics at Daryaganj, Pusa Road, Shahadra and Rajouri Garden for 2½ hours after attending O. P. D. in Willington Hospital where the daily average attendance ranges between 200 to 225.

A Specialist/Doctor requires a minimum of 5 minutes per patient to attend a patient. Thus 30 patients can be seen in 2½ hours in a Polyclinic. To see about 50 patients the average time per patient is 3 minutes. There is no justification to the patients. This can be remedied by increasing the strength of Doctors by 2 more Doctors.

For Refractionists, the S.I.U. did not assess the requirement for C. G. H. S. beneficiaries and public patients separately. The fact is that 2 posts of C.G.H.S Refractionists were transferred to the strength of Willingdon Hospital with effect from 1-1-1967 alongwith a large number of para-medical and Class IV posts. The Refractionists are seeing public patients and C.G.H.S. beneficiaries are not availing full benefit. Four Refractionists, two on public side and two for C.G.H.S. beneficiaries are required for the O.P.D. in Willingdon Hospital. A post of Optometrist (new post) in the grade of Rs. 550-750 has also been demanded.

Department of E.N.T.:

The S.I.U. have reduced the strength of CGHS Specialists/Doctors by 50 per cent. Even with the existing CGHS strength out of five Specialist Centres only four are visited normally twice a week when full complement of staff is present. One Centre is not functioning for want of more staff. The daily average attendance is about 200 in the O.P.D. which functions from 9.00 A.M. to 1.00

P.M. for four hours. A specialist|G.D.M.O. Grade-I normally sees 30—40 patients @ 7—10 minutes per patient. Minor operation cases are also attended alongwith O.P.D. cases like Entral Washouts, Nosal Polypectomy, Oral Polypectomy, F.B. Nose, Ear and Throat, Caloric Test etc. Such cases take about 15 minutes each. There are 12—15 such cases a day. Besides 3 Specialists/Doctors are busy whole day on operation days twice a week. On these days only one Doctor sees O.P.D. cases. The Registrar and House Surgeon have to do the ward work and collect various investigation reports from various Departments and also assist the Specialists|Doctors on operation tables and attend to minor operations. Therefore, the Registrar and House Surgeon can only attend 15—20 cases in the O.P.D. One of the Specialists who is Incharge of the Department has to attend day-to-day administrative duties for an hour daily. He cannot visit the Polyclinics and attends fewer cases in the OPD. They have also to attended refer-all cases in the Hospital and Nursing Home.

It is therefore, considered essential to retain the existing strength and increase the number of Specialists by one more to cover all the Polyclinics twice a day.

APPENDIX X

(Vide Introduction to Report)

Analysis of the action taken by Government on the recommendations contained in the 57th Report of the Estimates Committee (Fifth Lok Sabha)

I.	Total number of recommendations	83
II.	Recommendations which have been accepted by Government (vide 1, 5, 6, 7, 8, 10, 11, 14, 15, 17, 18, 19, 22, 23, 24, 25, 26, 27, 28, 29, 34, 35, 36, 39, 42, 43, 51, 53, 56, 57, 58, 60, 61, 62, 63, 66, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 81, 82, and 83)	
	Number	50
	Percentage to total	60.2
III.	Recommendations which the Committee do not desire to pursue in view of the Government's replies (vide Recommendations Nos. 2, 3, 4, 12, 16, 30, 31, 32, 37, 38, 46, 47, 48, 49, 50, 52, 64, 67, and 79)	
	Number	19
	Percentage to total	22.9
IV.	Recommendations in respect of which replies of Government have not been accepted by the Committee (vide Recommendations No. 9, 13, 33, 40, 41, 44, 45, 54, 55, 59, 65, and 80)	
	Number	12
	Percentage to total	14.5
V.	Recommendations in respect of which final replies of Government are still awaited (vide Recommendations No. 20 and 21)	
	Number	2
	Percentage to total	2.4