E.C. No. 1006

ESTIMATES COMMITTEE (1982-83)

(SEVENTH LOK SABHA)

THIRTY-NINTH REPORT

MINISTRY OF HEALTH AND FAMILY WELFARE

Action Taken by Government on the recommendations contained in the Twenty-Second Report of Estimates Committee (Seventh Lok Sabha) on the Ministry of Health & Family Welfare—Central Government Health Scheme

Presented to Lok Sabha on

LOK SABHA SECRETARIAT
NEW DELHI

March, 1983/Phalguna, 1904 (Saka)

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TO
THE THIRTY-NINTH REPORT OF ESTIMATES COMMITTEE (7TH LOK SABHA) ON MINISTRY OF HEALTH & FAMILY WELFARE - CENTRAL GOVERNMENT HEALTH SCHEME.

Page	Para	Line	For	Read
2	-	1	add No. 1.8. for	Para
3	1.9	3	enuire	enquire
3	1.10	3	inqury	inquiry
45		13 from bottom	vary	very
51		4 from bottom	add 'it' after the word 'that'	

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INTRODUCTION

I, the Chairman of the Estimates Committee having been authorised by the Committee to submit the Report on their behalf, present this Thirtyninth Report on action taken by Government on the recommendations contained in the Twentysecond Report of Estimates Committee (7th Lok Sabha) on the Ministry of Health and Family Welfare—Central Government Health Scheme.

2. The Twenty Second Report was presented to Lok Sabha on 26 March, 1982. Government furnished their replies indicating action taken on the recommendations contained in that Report by 30 September, 1982 and 3rd February, 1983. The replies were examined by Study Group on Action Taken Reports of Estimates Committee at their sitting held on 25 February, 1983. The draft Report was adopted by the Committee on 1 March, 1983.

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

I. Report.

II. Recommendations/Observations which have been accepted by Government.

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

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

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

4. An analysis of action taken by Government on the recommendations contained in the Twenty Second Report of Estimates Committee is given in Appendix II. It would be observed therefrom that out of 132 recommendations made in the Report, 102 recommendations i.e. 77.2% have been accepted by the Government, and the Committee do not desire to pursue 9 recommendations i.e. 7 per cent in view of Government's replies. Replies of Government in respect of 2 recommendations i.e. 1.5 per cent have not been accepted by the Committee. Final replies in respect of 19 recommendations i.e. 14.3 per cent are still awaited.

NEW DELHI;
March 11, 1983
Phalguna 20, 1904 (*S*)

BANSI LAL,
Chairman,
Estimates Committee.

CHAPTER I

REPORT

1.1 This Report of the Estimates Committee deals with action taken by Government on the recommendations contained in their 22nd Report (7th Lok Sabha) on the Ministry of Health and Family Welfare—Central Government Health Scheme, presented to the Lok Sabha on the 26th March, 1982.

1.2 Action Taken Notes have been received from Government in respect of all the 132 recommendations contained in the Report.

1.3 Action Taken Notes on the recommendations of the Committee have been categorised as follows :—

(i) Recommendations/Observations that have been accepted by Government :—

Sl. Nos. 1 to 3, 5 to 9, 9A, 10, 12 to 20, 22 to 30, 35, 36, 38 to 41, 43 to 45, 47 to 50, 52, 55 to 62, 64 to 68, 71 to 75, 78, 80, 81, 83, 85 to 88, 90, 91, 93 to 95, 97 to 99, 101 to 104, 108, 110, 111 to 124, 126 to 131.

(102 Recommendations—Chapter II).

(ii) Recommendations/Observations which the Committee do not desire to pursue in view of Government's replies :—

Sl. Nos. 21, 51, 63, 76, 77, 92, 105, 106 & 109.

(9 Recommendations—Chapter III).

(iii) Recommendations/Observations in respect of which Government's replies have not been accepted by the Committee :—

Sl. Nos. 11 and 125.

(2 Recommendations—Chapter IV.).

(iv) Recommendations/Observations in respect of which final replies of Government are still awaited :—

Sl. Nos. 4, 31, 32, 33, 34, 37, 42, 46, 53, 54, 69, 70, 79, 82, 84, 89, 96, 100, 107.

(19 Recommendations—Chapter V).

1.4 The Committee will now deal with the action taken by Government on some of their recommendations.

C.G.H.S. Facilities in the Peripheries of the Capital

Recommendation Sl. No. 11 (Para 2.47)

1.5 The Estimates Committee in para 2.47 of their report noted that CGHS authorities did not have any census of the total strength of Central

Government employees living in Gurgaon, and observed that it would be worthwhile to take a census of Central Government employees living in Gurgaon and other peripheral cities around the capital to enable the Ministry to take stock of CGHS facilities in these cities.

1.6 In their reply (September, 1982), the Ministry of Health and Family Welfare have stated that as they did not have any means to carry out the census of the Central Government employees living in Gurgaon and in other peripheral cities around the Capital, the Director General of Employment and Training, Government of India was approached for obtaining the requisite information. He had stated that the information was not available with his office. Now other means of collecting information were being explored.

1.7 It is regrettable that the Ministry of Health and Family Welfare have nothing concrete to mention in regard to taking a census of Central Government employees living in Gurgaon and other peripheral cities around the Capital, and that they are still at the stage of exploring the means of collecting information. The Committee would like the Ministry to have the census taken without any further delay and to plan out the CGHS facilities in the area around the Capital in accordance with the actual requirements.

Central Medical Store

Recommendation Sl. No. 45 (Paras 3.124, 3.125 & 3.126)

The Committee in their report stated that :—

"Shortage of drugs in the CGHS dispensaries have been endemic and persistent. Though Central medical store is supposed to maintain adequate stocks of medicines included in CGHS formularies, it has not been able to meet the requirements of the dispensaries. Reports that indents placed by dispensaries on central depot are either slashed subsequently or not complied with at all are not unfounded. The Study Group of the Committee observed this phenomenon during their study visits. Later after a case study of the indents placed by four dispensaries in Delhi (S. N. Market, R. K. Puram III, Moti Bagh and Rajpur Road) in January, February and March, 1981 and supplies made by the central store, it was confirmed that the central store has not been able to make adequate supplies of the needed medicines to the dispensaries on the ground of low or no stocks or higher demand. In January 1981 out of 293 medicines requisitioned by these four dispensaries, the central store applied sharp cuts in the case of 30 medicines and made no supply at all of 32 other medicines. The position worsened in February and March, 1981 when out of 192 and 294 medicines indented by these dispensaries, supplies of 37 and 150 medicines, respectively, were substantially, cut and in the case of 21 medicines in February and 87 in March, 1981, no supplies, whatsoever, were made. All this cannot

be explained away by some shortages, here and there, of drugs in the country.

From what the Committee has heard, seen and studied, one conclusion is irresistable the central store has failed in the matter of timely and adequate supply of medicines to dispensaries and for many of the ills of the dispensaries it is the central store which is chiefly responsible.

The Committee would like the Ministry to enquire into the working of the Central Medical Store and take immediate measures to streamline its working so as to make it a well-stocked reservoir of medicines to be able always to meet the dispensaries need regularly and without delay. For this purpose, among other things, inventory control procedures will have to be modernised and personnel with adequate training and experience in materials management will have to be deployed to handle its affairs efficiently and systematically.

1.9 In their reply (September, 1982) the Ministry have stated that "the recommendation is accepted. It has been decided to set up a study team to enuire into the working of the Central Medical Store of CGHS and the representative of the Department of Personnel and A.R., Staff Inspection Unit of the Ministry of Finance and other Organisations will be associated with it."

1.10 The Committee note that a Study Team to inquire into the working of the Central Medical Store of CGHS has been set up. The Committee trust that the inqury would be completed and necessary follow-up action taken expeditiously. The Committee would also like to be apprised of the action taken within six months.

Recognition of Hospitals in Bombay

Recommendation Sl. No. 81 (Para 5.51)

1.11 The Committee had recommended that the need for recognising a few more hospitals of State Government of Bombay Municipal Corporation or even private hospitals or reserving beds in such hospitals should be seriously considered in relation to the population of Central Government employees in Bombay and their dispersal over a vast area with a view to providing adequate hospital facilities for them.

1.12. In their reply (September, 1982) the Ministry have stated as follows :—

"The recommendation has been examined at length and it is felt that keeping in view the total number of cardholders i.e. 70000 in Bombay as compared to 2.80 lakhs in Delhi, the existing number of Government/private hospitals recognised under CGHS are adequate. The position would be kept under constant review and appropriate steps would be taken to augment the facilities as and when required."

1.13 While justifying the adequacy of the existing number of Government/private hospitals recognised under CGHS in Bombay, the Ministry have made a comparison between the CGHS card-holders' population of Delhi and Bombay. The Committee consider this comparison as irrelevant as the population of Bombay is much more widely dispersed resulting in hardships to card-holders availing of the facilities in Government/private hospitals located at far away places. The Committee, therefore, reiterate their earlier recommendation for seriously considering recognition of a few more hospitals of State Government or Bombay Municipal Corporation or even private hospitals or reserving beds in such hospitals for the CGHS beneficiaries.

Standard of Hospitals in Calcutta

Recommendation Sl. No. 83 (Para 5.54)

1.14 The Committee had in para 5.54 of their report, made the following observations :—

> "The standard of hospitals in Calcutta and other cities is stated to be not upto the mark though the Ministry denies that there is any such thing. Health Secretary agreed in evidence to depute the Director General of Health Services to observe the services provided in Calcutta hospitals and report on the standard fo services there and the improvements that could be made. The Committee would like the report together with the action taken by the Government to be communicated to them within six months."

1.15 In their reply (September, 1982) the Ministry have stated that the Director (CGHS) had paid a personal visit to the Hospitals of Calcutta in order to observe and appraise the services provided to CGHS beneficiaries, and that the matter has been taken up with the West Bengal Government to take steps to improve the standard of services provided in the hospital.

1.16 The report of the Director (CGHS) was as follows :—

> "Met the Director of Health Services, Government of West Bengal. As arranged by him, visited Medical College, Calcutta, R.G. Kar Medical College and National Medical College Hospitals. Had discussions with Principal and Superintendent of Calcutta Medical College and Hospital and Superintendent of R.G. Kar Medical College and also with a number of Specialists in different departments. In addition, went round OPD and IPD of different hospitals personally to obtain some idea about the various aspects of hospitals administration and services.
>
> In order to make a quick assessment of efficiency of the services rendered by the hospitals, tried to collect available statistical data on various established parameters. For the purpose, the Medical Records Department of Calcutta Medical College was visited. But

unfortunately, no uptodate data was available. However, data on some of the parameters pertaining to 1977 to 1978, were available in office of the Director of Health Services, Government of West Bengal. Since the available information was about 5 years old, it could not be fruitfully utilized to make any observation.

Based on the discussions with Director of Health Services, Superintendents of the Hospitals and different specialists in these hospitals and also on the basis of personal impression by going round the different wards and OPDs, the following observations are made :—

1. Development of hospital services has been haphazard without due regard to the ever-increasing workload and the growing needs of the population.

2. A large amount of work has to be handled daily at the outpatient, inpatient and laboratory X-ray and other departments.

3. Hospital staff has to function against a tremendous amount of odds. The working condition does not follow any norm.

4. The number of indoor patients in any time far exceeds the number of sanctioned beds. As a result, such patients are accommodated either on the floor or by providing extra cots. This necessarily brings in congestion and insanitation inside the wards and affects proper patient care.

5. Condition of the cots and the linens in the wards require improvement. Cleanliness of the linens also need attention.

6. Number of operation theatres was found to be inadequate in the hospitals. As a result, in one hospital, it was observed that the same operation theatre, is being shared by more than one speciality which definitely is not desirable.

7. Maintenance of equipment was also found to be a problem.

8. Factors which are likely to create problem of hospital infection and cross-infection were all present in the wards as well as in operation Theatre.

9. There is considerable scope for improvement of the general sanitation in the hospitals.

10. Over-crowding in the OPD need no emphasis. In most of the OPDs there was over-crowding and the number of medical officers and other staff available were insufficient as compared to the crowd that were waiting for services.

11. Data on bed nurse ratio and doctor patient ratio were not available. But, from the visit to the wards and OPDs it was felt that such ratio would be definitely below the prescribed standards.

12. It was a general complaint by the Specialists that maintenance of X-ray units in the hospitals was problem and all the units in any hospital were not functioning simultaneously at any given time.

13. Regarding diets given to the patients, it was observed that prepared food was not adequately covered during transportation to the wards as well as during supply to the patients. Sanitation in the kitchen could not be observed.

14. Director of Health Services, Government of West Bengal, stated that the present congestion in the hospital is due to the population becoming hospital minded. But from the observations made, it was felt that although large number of patients were attending the hospital for services, there was general apathy of the hospital staff towards patients and the doctor patient and nurse patient relationships have yet to be established. It was felt that the primary reason for this could be due to the reason that the number of staff available were quite low as compared to the load to be handled.

15. Medical Records system which is so essential for the assessment of the functioning of the hospital and its future planning, was found to be the most neglected component in the hospitals.

1.17 The Report of the Director (CGHS) in regard to the standard of hospitals in Calcutta bears an eloquent testimony to the impressions received by the Committee in this regard. The Committee would like the Ministry to take concerted measures to effect improvements in the facilities available to the CGHS beneficiaries in Calcutta under the existing system or, if necessary, even by suitably modifying the system.

Ambulance Services

Recommendation Sl. No. 86 (Para 5.57)

1.18 The Committee in para 5.57 of their Report observed that "there is dissatisfaction with ambulance services in Delhi and outside. These services are, however, not under the control of CGHS authorities. The Ministry has informed the Committee that ambulance service in Delhi will be considerably augmented by the end of the Sixth Five Year Plan. Delhi Administration is reportedly working on a scheme to have centrally based ambulance vans with wireless system of inter-communication. Ambulance services may not be the direct responsibility of CGHS authorities but, surely, the Ministry of Health and Family welfare cannot show complete unconcern about this service. In Delhi, the Ministry is directly concerned with this. The need for having an efficient ambulance service in a city cannot be disputed. For this purpose, adequate number of ambulance vans should be available, their location should be known to the people that they should be

available on telephone. The Committee expect that the Ministry will use its good offices to arrange for an efficient ambulance service in Delhi and other cities where CGHS is in operation for the benefit of CGHS beneficiaries."

1.19. In their reply (September, 1982), the Ministry has stated that "the question of adequacy or otherwise of Ambulance services in Delhi and cities where CGHS is functioning has been specifically taken up with the State Health authorities, who have also been requested to indicate the steps to augment the ambulance services."

1.20 The Committee note that the Ministry have taken up the matter with the State Health authorities, and they hope that the Government would take all possible steps to augment the ambulance services in Delhi and in the cities where CGHS is functioning, so as to avoid any inconvenience to the beneficiaries on this score.

Staff Strength

Recommendation Sl. No. 93 (Paras 6.9 & 6.10)

1.21 The Committee had in para 6.9 of their Report, observed that the figures of total strength of doctors and para-medical staff furnished by the Ministry were quite confusing. The Ministry had supplied three different sets of figures which did not tally with one another.

1.22 The Committee in para 6.10 further observed that taking the best figures over 100 posts of doctors and nearly 225 posts of para-medical staff were lying vacant. At certain places vacancies in the case of doctors had been there for over five years and in the case of para-medical staff for over 10 years. The reasons given by the Ministry for these shortages, such as long time taken in making recruitment of doctors through UPSC and non-availability of para-medical staff, did not carry conviction with the Committee. It only showed that the Ministry had no proper system of perspective planning and initiating action for recruitment of Medical Officers well in advance. Such a large number of vacancies were bound to affect adversely the working of CGHS dispensaries on the one hand and aggravate unemployment position in the country on the other. The Committee held the Ministry responsible for the failure in providing full contingents of doctors and para-medical staff in the CGHS dispensaries and desired the Ministry to remove weaknesses in personnel planning and management to avoid such serious short-comings, and fill up all the vacancies without delay.

1.23 In their reply (September, 1982) the Ministry have stated :—

"It is correct that a number of posts of Medical Officers in all the grades of the Central Health service are lying vacant. A number of posts in Supertime Grade I, Specialist Grade I and Supertime Grade

II of the Central Health Service have been lying vacant for quite some time. We had in fact initiated timely action to fill up the vacancies (existing as well as anticipated) in Supertime Grade I as early as March, 1980. The proposals for convening meeting of the Departmental Promotion Committee were sent to the Union Public Service Commission. However, in view of the impending restructuring of the CHS, it was decided to fill up the posts only after the revised draft CHS Rules are finalised and notified. We had also sent a proposal to the UPSC requesting them to agree to convene a meeting of the DPC to consider promotions to the Specialist Grade I and Supertime Grade II posts. The UPSC did not agree to convene a meeting of the DPC and desired that the proposal may be sent to them after the revised CHS Rules are notified.

As regards filling up of the posts of Specialist Grade II, requisitions are sent to the UPSC as and when a post becomes vacant. Similarly requisitions are also placed on the UPSC for making recruitment to the posts of Medical Officers in GDO Grade II of the CHS. As it takes some time before the candidates selected by the UPSC join the posts, the posts remain vacant for some time.

Meetings of DPCs are also held at regular intervals for considering placement of Junior Class I officers in the Senior Class I scale of pay.

From the position explained above, it may be seen that efforts are/have been made to fill up all the vacancies as early as possible. Action will be taken to fill up all vacancies in the Supertime Grade I, Specialist Grade I and Supertime Grade II of the CHS as soon as the revised CHS Rules are notified* for which a reference has already been made to the UPSC.

As regards the Committee's suggestion about perspective planning, it may be stated that under the existing procedure action for recruitment of medical officers is initiated well in advance. Requisitions are sent to the UPSC in advance for a larger number of vacancies than those actually existing at the point of time keeping in view likely vacancies on account of retirement, resignation and non-joining of candidates already recommended by the UPSC.

As regards vacancies in the posts of para-medical staff, the observations of the Committee have been noted and efforts will be made to fill up the vacancies as early as possible."

*Notified in Gazette of India Extraordinary No. 341, dt. 13 November, 1982.

1.24 The Committee learn that the CHS rules have been notified on the 13th November, 1982. They trust that the Ministry would now take expeditious action to fill up all the vacancies in the Supertime Grade I, Specialist Grade I, Super-Time Grade II and other posts of the Central Health Service.

Stagnation and Promotion Prospects

Recommendation Sl. No. 94 (Para 6.43 and 6.44)

1.25 The Committee in paragraphs 6.43 and 6.44 of their report observed that :

> "Stagnation and lack of adequate promotion prospects have created widespread frustration in CGHS doctors and para-medical staff of which the Committee cannot but take a note. The Ministry has admitted that chances of promotion from Senior Grade I to Supertime Grade-II are not commensurate with the large number of posts and a large number of them are stagnating at the maximum of their pay-scale. Medical Officers incharge of dispensaries and a number of other doctors in each dispensary are in the same scale and this surely cannot be conducive to proper administrative control and discipline. In Delhi alone 169 Medical Officers with 5—10 years service in CGHS who fulfil all conditions of promotion have not got promotion; 30 eligible officers are stuck in their posts even after having put in 10—15 years of service and 31 officers with more than 15 years services have been without any opening. Figures about doctors outside Delhi are not available.
>
> Position of para-medical staff is no better and the Ministry is aware of it. The very structure of service in their case is disappointing. Out of 47 categories of para-medical posts having a sanctioned strength of 2601 personnel, 38 categories of posts comprising 1907 personnel have no promotion prospects whatsoever. It is difficult to envisage an organisation which provides no avenue of upward mobility for its technically qualified staff and still expects them to run its services efficiently. This is a sad reflection on the personnel management of the Ministry. The Committee would like the Ministry to give this matter an urgent thought and speedy action."

1.26 In their reply (February, 1983) the Ministry has stated that :—

> "The cadre review of the Central Health Service from which doctors are provided for CGHS has been carried out. As a result additional posts in higher scale have been created and sufficient number of chances for promotion of doctors have been provided."

1.27 About para-medical staff, the Ministry in their reply (September, 1982) has stated that "a cadre review Committee has been constituted which will go into the problems of providing promotional avenues to the various categories of para-medical staff under CGHS."

1.28 The Committee have been informed that the cadre review of the Central Health Service from which doctors are provided for CGHS has been carried out, and additional posts in higher scale have been created and sufficient promotional avenues have been provided for the doctors. In the case of Para-medical Staff, a cadre review Committee has been constituted.

1.29 While the Committee welcome these developments, they would like to emphasise again that stagnation and lack of adequate promotional prospects had created widespread frustration in CGHS doctors and para-medical staff. Ministry had also admitted that chances of promotion from Senior Grade I to Super-time Grade II were not adequate and a large number of Medical Officers in Senior Grade I were stagnating at the maximum of their pay-scale. Another aspect, which the Committee had highlighted in their earlier recommendation was that the Medical Officers-in-charge of dispensaries and other doctors in dispensaries were in the same scale and this was not conducive to proper administrative control and discipline.

1.30 Having regard to the onerous and arduous duties performed by doctors, the Committee desire that the results of the cadre review of the CHS should be such as would obviate the stagnation and frustration among them. The Committee further desire that the posts of Incharges in all the CGHS dispensaries should be upgraded if not already done. The Committee also wish to stress that a doctor or a member of the para-medical staff should at least get three promotions in his entire career.

Ad-hoc Appointment of Doctors

Recommendation Sl. No. 104 (Para 6.65 & 6.66)

1.31 The Committee in paragraphs 6.65 & 6.66 of their report observed that :

> "The recruitment of doctors for CGHS is required to be made through UPSC. *Ad-hoc* appointments are, however, made to fill up leave or short term vacancies of regular incumbents. Their appointments cannot be regularised without the approval of the UPSC. Such doctors are informed at the time of their initial appointment that *ad-hoc* appointment does not bestow any right or claim on them for absorption in CGHS on regular basis. The Committee take note of the various measures including relaxation in recruitment procedures and rules taken by the Ministry to regularise *ad-hoc* appointments with the approval of UPSC. After all this there are still at present 131 *ad-hoc* doctors in CGHS who have not so far been regularised. 12 of them have put in more than 10 years service and 79 between 5—10 years service.
>
> The Ministry is at present restructuring the medical cadre in the CGHS with a view, *inter alia*, to giving opportunities to *ad-hoc*

doctors who have put in more than 5 years service to get regularised. The Committee feel that the *ad-hoc* doctors who have already put in satisfactory service for more than 5 years deserve to be considered more sympathetically for the purpose of regularisation and in this process, it should be ensured that they do not suffer any loss in the matter of emoluments on account of delay in regularisation. They hope that the Ministry would continue with the process initiated by it in this regard till all the *ad-hoc* doctors who have put in satisfactory service are regularised."

1.32 In their reply (September, 1982) the Ministry has stated that :

"In earlier years we had to appoint Junior Medical Officers on *ad-hoc* basis from time to time to meet the increasing demand on account of increase in the number of dispensaries and other facilities, till the candidates regularly recruited through the UPSC in accordance with the CHS Rules were available. In 1977, we had 679 *ad-hoc* Junior Medical Officers working in the various participating units of the CGHS. This number has now come down to 234 on account of some officers having qualified through the UPSC and some having resigned from service. After 1977 practically no *ad-hoc* appointments of Junior Medical Officers have been made as a matter of policy.

According to the existing CHS Rules, recruitment to all vacancies in the Junior Class I of the CHS is required to be made through the UPSC. The Commission conducts a Combined Medical Examination for filling up vacancies under the Ministry of Railways, Defence, Health and Family Welfare and Municipal Corporation of Delhi. The Junior Medical Officers already working on *ad-hoc* basis have been given many relaxations like relaxation in age, decreasing the number of papers in the examination etc. but not many of them have succeded in these examinations. The present rules do not contain any provision whereby the services of Junior Medical Officers working on *ad-hoc* basis could be regularised except through the Commission. However in the new CHS Rules, which are currently in the last stages of finalisation, a provision has been made that recruitment to the Junior Class I of the CHS may also be made by means of interview only besides the method of recruitment through the examination. As soon as the revised rules are notified, a requisition will be placed with the Commission and it is hoped that quite a large number of the *ad-hoc* appointmentees would get regularised through the Commission."

1.33 Now that the revised C.H.S. Rules have been notified, the Committee would like the Ministry to expeditiously process the cases of *ad-hoc* appointees continuing in service for long periods for regularisation.

Definition of Family

Recommendation Sl. No. 125 (Para 7.34)

1.34 The Committee had in para 7.34 of their report observed that the term "family" under the CGHS included husband/wife of the CGHS card-holder, wholly dependent children or step children and parents (or parents-in-law in certain circumstances) who were mainly dependent on and were residing with the Government servant and that the Ministry was not agreeable to extend the scheme to persons not covered under the present definition of "family" except in areas under the jurisdiction of certain dispensaries in Delhi where already the members of general public were permitted to avail themselves of the CGHS facility on payment of a given amount. The Committee felt that the case of "wholly dependent sisters who are unmarried or widowed or separated and of daughters who are widowed or separated and who are living with the Government servants" stood on a special footing in Indian social system and deserved to be considered with sympathy for extension of CGHS facilities, if not on subsidised rates, at least on normal rates.

1.35 In reply the Ministry have stated as follows :

> "the ineligible relatives of Central Government employees have already been authorised to avail of the benefits of CGHS in 14 dispensaries of South Delhi. But the experience of the working of this system has not been found encouraging, Secondly, in case this facility is extended to any of the dispensaries of Delhi and outside, it is likely to increase expenditure considerably. It will also enhance the *per capita* expenses and as a result, the charges to be recovered on the normal rates from the ineligble relatives will be much higher. It is, therefore, not possible to implement the decision of Committee."

1.36 The Committee are not convinced with the argument given by the Ministry for not agreeing to the recommendations of the Committee. They still feel that in the context of the Indian social system it is equitable that wholly dependent sisters and daughters of a Government servant who are unmarried, widowed or separated and who are living with the Government servant should be made eligible for availing of the CGHS facilities.

Prevention of Blindness/Provision of Glasses

Recommendation Sl. No. 129 to 131 (Para Nos. 7.46 to 7.48)

1.37 The Committee had in para 7.46 of their Report, observed that there was a good deal of preventable blindness in the country due to nutritional deficiency, disease or cataract and suggested that CGHS should organise an intensive programme of examining the eyes of CGHS beneficiaries, particularly the children and the old men and women, and undertake without delay preventive, promotive and curative measures of eye health care.

1.38 In para 7.47 the Committee desired that the Ministry should review the present capacity for dealing with cataract cases in the hospitals and polyclinics set up or recognised under the CGHS and augment the capacity wherever necessary. They also desired the Ministry to take stock of the backlog of cataract cases among CGHS beneficiaries and draw up a time bound programme to clear time, within one year.

1.39 In para 7.48, the Committee recommended that the Ministry should ensure that CGHS beneficiaries requiring glasses under the eye health care programme got good quality glasses at reasonable prices.

1.40 In regard to all these observations/recommendations, the Ministry have given an omnibus reply (September, 1982) that "the recommendations of Estimates Committee have been noted and Adviser (Opthalmology) of Dte. G.H.S. is being consulted in this regard".

1·41 The Committee observe that the Ministry have not reacted to their observations/recommendations regarding prevention of blindness and provision of glasses contained in Paragraphs 7·46 to 7·48 with the enthusiasm that they deserved. The Committee would like the Ministry to take prompt constructive action in pursuance of the recommendations made in these Paragraphs and intimate the action taken to the Committee.

Implementation of Recommendations

1·42 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 case 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.

1·43 The Committee also desire that final replies in respect of the recommendations contained in Chapter V of this report may be furnished to the Committee expeditiously.

CHAPTER II

RECOMMENDATIONS/OBSERVATIONS THAT HAVE BEEN ACCEPTED BY GOVERNMENT

Recommendation Sl. No. 1 (Paras 1.18 to 1.22)

Central Government Health Scheme (CGHS) was started in 1954. Prior to the introduction of CGHS, the Central Government servants and their families were entitled to free medical aid under the Central Services (Medical Attendance) Rules. Under those rules they had first to incur expenditure and then claim reimbursement. The old system caused hardship, especially to low-paid Government Servants. The main objective of CGHS is to provide comprehensive facilities for medical care, treatment under different systems of medicine and family planning services and domestic visits as deemed necessary for the health care of the beneficiaries. It has also done away with the cumbersome system of medical reimbursement.

From a large number of memoranda received by the Committee it appears that the beneficiaries of CGHS are not satisfied with the working of the scheme. A general impression seems to prevail that there is inefficiency, corruption, mismanagement and negligence in the working of the Scheme and that the scheme has failed to fulfil its objectives.

On the question of fulfilment of the objectives of the Scheme, the mind of the Ministry of Health also does not appear to be quite clear. It has made conflicting statements at various places. At one place the Ministry has stated that it is not correct to say that the Scheme has failed to fulfil its objectives. In the same context the Ministry has made another statement that "with the rising population of the CGHS beneficiaries and inadequate outlay of funds, the objective may not have been achieved to the desired extent". Similar ambivalence is evident in the statements of the Health Secretary made before the Committee in evidence. Defending the working of the Scheme, Health Secretary first stated that "we feel that by and large the objectives enunciated have to a large extent been fulfilled." Subsequently when the shortcomings of the Scheme were highlighted by the Committee, Health Secretary admitted the shortcomings and stated "we do not mean to say that the objectives have been achieved to a large extent." When asked whether the Ministry could deny that lack of efficient management and effective control had also contributed to the objectives not being achieved to the desired extent, the Health Secretary stated that "I think there is considerable scope for improvement".

The Committee find that the Ministry has made no assessment or evaluation of the Scheme with reference to its objectives. There is no independent feedback system through which it can know the experiences of the beneficiaries. In this context Health Secretary admitted that "there are possibly no clear indicators by which one could base any clear-cut claim" (that the objectives of the Scheme had been fulfilled by and large).

After an in-depth study of the working of the CGHS in the light of the memoranda received from CGHS beneficiaries and the material placed before them by the Ministry and also after paying on-the-spot study visits to various CGHS dispensaries in and outside Delhi, the Committee have come to the conclusion that the working of CGHS leaves much to be desired; it has failed to provide facilities for medical care and treatment to the satisfaction of the beneficiaries and so has not by and large achieved its objectives.

Reply of Government

The observations made by the Estimates Committee have been noted. The recommendation regarding periodical evaluation of CGHS in the context of its objectives is accepted. National Institute of Health and Family Welfare has been entrusted with the task of carrying out the evaluation.

[Ministry of Health & Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl No. 2 (Para 1.23)

The pleas advanced by the Ministry in support of the Scheme's popularity like the demands for extending it to non-Government employees and to a number of other cities where it is not inforce at present, are too specious to carry conviction. The Ministry of Health would do well to shed the complacence under which it appears to be labouring at present about the working of the scheme, and accept the bitter fact that CGHS has not come upto the expectation of its beneficiaries. Unless the Ministry sees the Scheme through the eyes for its beneficiaries, it will not be able to get the true picture and will lose one more opportunity to set things right.

Reply of Government

Please see reply under para : 1.22. (Recommendation Sl. No. 1.)

[Ministry of Health & Family Welfare O.M. No. H. 11013/6/82-CGHS (P) dated the 30th September, 1982.]

Recommendation Sl. No. 3 (Para 1.24)

The Committee also recommend that working of the Scheme as a whole should be evaluated at periodical intervals through an independent institution in the context of the objectives of the Scheme. Unless the Ministry organises such an evaluation, it cannot know the shortcomings of the scheme and will not be able to take corrective action in time.

Reply of Government

Please see reply under para : 1.22. (Recommendation, Sl. No. 1.)

[Ministry of Health & Family Welfare O.M. No. H. 11013/6/82-CGHS (P) dated the 30th September, 1982.]

Recommendation Sl. No. 5 (Paras 2.33 to 2.37)

The workload of 2000-2500 families is the desired scale prescribed by the Ministry for a dispensary. But in a large number of dispensaries the workload is much in excess of the prescribed scale. 56 out of 72 dispensaries in Delhi and 60 out of the 108 dispensaries elsewhere had more than the prescribed workload in 1980-81. In 46 dispensaries in Delhi, Bangalore, Madras, Bombay, Hyderabad, Allahabad and Calcutta workload was more than 4000 families per dispensary, the maximum number being 13391 families in Kingsway Camp dispensary (Delhi) while the workload is so high in many dispensaries there are a number of dispensaries where it is much less than the prescribed scale.

The Committee also find that there is no uniformity in the scale of doctors sanctioned for the various dispensaries. The doctor-patient ratio in almost all the cities varies sharply from dispensary to dispensary. While in certain dispensaries a doctor examines only 5* patients a day, in a number of other dispensaries he has to attend to 100-159 patients a day. The maximum number that a doctor can examine is 90 according to STU norms and the ideal according to the Ministry as well as others is 75 per day per doctor.

The Ministry has stated that in the Sixth Five Year Plan an amount of Rs. 1200/- lakhs has been provided for opening of more dispensaries and augmentation of existing staff with a view to bringing down workload in dispensaries and extending its coverage to additional beneficiaries as far as possible.

With such a widespread overcrowding in dispensaries and overloading of doctors, the reasons for the CGHS beneficiaries' dissatisfaction with the working of the scheme are not far to seek. What is regrettable is that while the quality of service could be improved to a considerable extent within

*At the time of factual verification, the Ministry has corrected the figure '5' to '11'

existing resources by a more imaginative and rational distribution of workload and deployment of doctors, little is known to have been done by the Ministry to rectify the situation.

The Committee would like the Ministry to review the workload region-wise in each city (not merely dispensary-wise) and see if the workload can be re-distributed among neighbouring dispensaries evenly without causing inconvenience to card holders. The outcome of the review may be communicated to the Committee.

Reply of Government

So far as C.G.H.S. Delhi is concerned, instructions have been issued to rationalise the workload of the doctors of CGHS Dispensaries and at the same time, 4 new dispensaries will be opened during the current year in order to lessen the workload of the dispensaries, which have excessive number of beneficiaries and also to give coverage to the new ones.

As regards other cities, Heads of the Organisation have been asked to carry out the review and retionalise the workload as far as possible.

[Ministry of Health & Family Welfare O.M. No. H. 11013/6/82-CGHS (P) dated the 30th September, 1982.]

Recommendation Sl. No. 6 (Para 2.38)

In view of resource constraint it may not be possible to bring down the workload norm per dispensary from 2000-2500 families as at present, to 1500 as suggested by a non-official organisation. But there is no reason why the norm determined by the Ministry in its own wisdom should not be observed in actual practice. If service of reasonably satisfactory quality has to be provided, it is necessary that the workload in the dispensaries should not be allowed to go too much beyond the prescribed norm. This is more so in the case of dispensaries in areas where there is concentration of lower paid staff because of higher morbidity rate among them. The Committee recommend that, in the first phase, the workload in dispensaries with more than 4000 families should be brought down to the desirable level by opening more dispensaries and re-adjusting the workload. The Committee would like the Ministry to draw up a concrete programme, city-wise, to achieve this end and inform the committee.

Reply of Government

The recommendation has been accepted, but it will not be possible to bring down the workload of all the dispensaries with more than 4,000 families immediately in view of the limitations like non-availability of suitable accommodation and constraint of financial resources. This job will be accomplished in a phased manner according to the plan provision to be made in the successive years. Four new allopathic dispensaries are proposed to be opened during the current financial year. Adequate provisions

will be made in the plan budget for the next year for opening new dispensaries with a view to implement the recommendations of the Estimates Committee according to a phase programme.

[Ministry of Health & Family Welfare O.M. No. H. 11013/6/82-CGHS (P) dated the 30th September, 1982.]

Recommendation Sl. No. 7 (Para 2.39)

The Committee are told that in determining the strength of doctors for dispensaries has been following a norm of doctor-beneficiary ratio and not doctor-patient ratio in pursuance of the recommendations of Staff Inspection Unit of the Ministry of Finance. The Committee do not consider this to be a scientific method of fixing staff norm. The present norm has created an absurd situation in which doctors in some dispensaries with doctor-patient ratio of 1 : 5 sit almost idle throughout the day, while in other dispensaries with doctor-patient ratio of 1 : 100-159, they have too much work to be able to see patients carefully. This norm militates particularly against the lower-paid employees among whom the morbidity rate is higher and in whose localities dispensary doctors are fewer. Strength of doctors in each dispensary should be related to the average number of patients visiting the dispensary and it should be reviewed periodically in the light of variation in attendance over a period.

Reply of Government

As recommended by the Estimates Committee, the Staff Inspection Unit of the Ministry of Finance has been requested to undertake a study on the staffing pattern of CGHS dispensaries on the basis of attendance of patients as against the present norm of fixing the staff strength on the basis of beneficieries. Further action will be taken on receipt of the reply of the Staff Inspection Unit.

[Ministry of Health & Family Welfare O.M. No. H. 11013/6/82-CGHS (P) dated the 30th September, 1982.]

Recommendation Sl. No. 8 (Para 2.40)

The Committee find that in Delhi, the present strength of doctors is adequate to provide one doctor for 75 patients a day which, according to the Ministry, is an ideal workload for a doctor to be able to provide reasonably good service. But in actual practice the work-load per doctor goes upto 100-146 patients per day in many dispensaries. This is utterly irrational. The Committee would urge the Ministry to rationalise the workload of doctors in dispensaries not only in Delhi but also elsewhere keeping in view the average attendance in each dispensary so as to ensure that, as far as possible, no doctor remains under-utilised or over-burdened. The Committee would expect this rationalisation to be done without delay.

Reply of Government

Necessary instructions have been issued to all the Heads of the Organisations and C.G.H.S. Offices in Delhi and outside to rationalise the workload of the C.G.H.S. dispensaries and their doctors, in the light of the recommendations of the Estimates Committee.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS (P) dated the 30th September, 1982.]

Recommendation Sl. No. 9 (Para 2.41)

Even if the Ministry of Health is not in a position immediately to formally revise the norms as suggested above without prior consultation with SIU, it should in the Committee's opinion, not at all be difficult for the Ministry to rationalise the posting of doctors in the dispensaries within the overall strength of doctors in a city. The rationalisation within the overall strength should not be postponed on the plea of prior consultation with SIU which may be necessary to revise norms but not for postings dispensary-wise. The operational flexibility within overall framework is already there with CGHS management as admitted by Health Secretary. Under-utilisation of professionally qualified manpower of such a high order as 5 patients per doctor per day or even a few more at certain places in CGHS which is already short of staff of this category is a culpable waste of medical personnel and funds. It should stop.

Reply of Government

The recommendation is accepted in principle. Every possible effort will be made to check the under-utilisation of manpower in the CGHS dispensaries. But at places like Ahmedabad, Pune, Lucknow and Jaipur, the under-utilisation is due to the fact that the Government servants employed under the Posts & Telegraphs, have not yet been covered by the CGHS on the basis of total number of Central Government employees including those of P & T at the stations. The matter has been taken up with the Secretary, Communications to get the enrolment of P & T staff under CGHS.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS (P) dated the 30th September, 1982.]

Recommendation Sl. No. 9A (Para 2.41)

Fifteen cities are at present covered under the Central Government Health Scheme. The Ministry, it appears, has no proposal to extend Central Government Health Scheme to more cities during the Sixth Five Year Plan. Its aim is stated to be to consolidate the existing service before extending it further. Taking note of the Ministry's approach in this regard, the Committee would like to point out that Port Blair stands on a special

footing for the reason that it being a Union Territory, there is a large concentration of Central Government Employees there with the medical facilities not quite adequate to cope with the demand. They feel that the case of Port Blair deserves to be considered sympathetically and Central Government Health Scheme extended there at the earliest.

Reply of Government

In order to carry out survey of the facilities for medical care available to the Central Government servants, Director (CGHS) paid a personal visit to Port Blair. This survey revealed that there are about 750 Central Government Servants, who are, besides, adequately covered by the medical facilities available in the Hospitals and Dispensaries of the Union Territory Administration. The comments of Union Territory Administration have also been received. The need for extending C.G.H.S. to Port Blair is being examined in the light of the Survey Report and Comments of the Union Territory Administration.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated 30th September, 1982]

Recommendation Sl. No. 10 (Para 2.46)

The Ministry has admitted that dispensaries in Ghaziabad and Gurgaon are not located at central places with the result that CGHS beneficiaries have to travel long distances to reach there. The Committee take note that the Ministry is already considering a proposal to set up another dispensary in Ghaziabad to cater for the CGHS beneficiaries who are living far away from the present dispensaries there. As regards the dispensary in Gurgaon, the Ministry is already making search for alternative accommodation in the area where there is large concentration of Central Government employees. The Committee hope that the Ministry's efforts in both these cities will bear fruit soon.

Reply of Government

Action have been taken to acquire a suitable building at a central place in Ghaziabad so that the existing dispensaries can be shifted to the new location. So far as the C.G.H.S. dispensaries at Gurgaon is concerned, it has already been shifted to a new building.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 12 (Para 2.48)

The Committee note that the Ministry has already decided to run the Gurgaon dispensary on functioning basis as soon as adequate doctors become available, the dispensary will start functioning round the clock. With this, the Committee hope, the present difficulties of CGHS beneficiaries in Gurgaon in getting medical aid outside the dispensary hours will be solved to their satisfaction.

Reply of Government

The observation of the Committee is noted for compliance.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 13 (Para 2.49)

The CGHS beneficiaries in Gurgaon have complained of lack of ordinary amenities like drinking water, fans, shelter, etc. in the Gurgaon dispensary. But, according to the Ministry, all these amenities have already been provided there. May be, these amenities are not in proper working order. The Committee would like the Ministry to look into the matter and do the needful.

Reply of Government

The various amenities required for the convenience of the beneficiaries have been provided at the CGHS dispensary at Gurgaon and the position will be reviewed from time to time.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 14 (Para 2.50)

The Committee also hope that a telephone would soon be installed in the Gurgaon dispensary for the benefit of CGHS beneficiaries.

Reply of Government

The formalities for installation of telephone at the C.G.H.S. dispensary, Gurgaon, have been completed and a telephone will be installed shortly.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 15 (Para 2.51)

The arrangements for dealing with gynaecological problems of CGHS beneficiaries at Gurgaon are reported to be inadequate. The attempts made by CGHS authorities to persuade Government of Haryana to allow recognition of Government Hospital, Gurgaon, for providing services to CGHS beneficiaries have not so far borne fruit. The Committee suggests that the Ministry should take up the question with the Government of Haryana at higher level so as to provide all kinds of medical facilities for CGHS beneficiaries in Gurgaon city itself.

Reply of Government

The Government hospital at Gurgaon has been recognised under C.G.H.S. in order to provide facilities for specialists' consultation and hospitalisation for Central Government employees.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 16 (Para 2.52)

In this context the Committee would like to impress upon the Ministry that unless proper medical facilities are made available to the Central Government employees living in peripheral cities of Delhi, the employees would have no other alternative but to go to the already congested hospitals in the capital. This course would not only be inconvenient and expensive to the employees but also cast additional burden on the already over-burdened hospitals of the capital. This would also run counter to the Government's own policy not to encourage movement of people from suburban and peripheral areas to cities, from this angle also, provision of adequate medical facilities in Gurgaon, Ghaziabad and other peripheral towns is absolutely essential.

Reply of Government

The observations of the Committee have been noted. Steps have been taken to provide adequate medical facilities in the peripheral cities like Gurgaon, Faridabad and Ghaziabad. Laboratories have been established in all these cities. Government hospitals in Gurgaon and Faridabad and a private hospital at Ghaziabad have been recognised under C.G.H.S.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 17 (Paras 2.80 to 2.82)

Delhi has been divided into three zones for administrative convenience. Each zone, which is headed by Assistant Director General supported by Deputy Assistant Director, is required to make inspection on two days a week. Similar procedure has been laid down for other cities also. Director CGHS and sometimes also the Director General of Health Services, make surprise inspections of dispensaries in Delhi as well as in other cities when they happen to visit those cities.

The Committee find that in 1980-81 Director, CGHS did not visit any dispensary in 9 out of 15 cities where CGHS is in operation. The Committee were informed in evidence that the Director General, Health Services visited dispensaries off-and-on, once a month or twice in two months, but he did not keep any record of his visits as he was not required to keep any such record. The Committee appreciate that surprise visits are paid to dispensaries by Director General, Health Services and Director, CGHS at their convenience. Such visits can prove more productive if the officers concerned record their observations in the inspection books of the dispensaries or in their own records to enable the CGHS directorate to watch the follow-up action on their observations.

In Delhi senior officers of CGHS Directorate (other than the Director) paid 139 surprise inspections in 1980-81. Health Secretary was frank

enough in evidence to admit that the number of surprise inspections paid by officers in Delhi was less than the norm and that the Ministry was not satisfied that sufficient number of inspections had been made. The Committee expect that the Ministry would tighten their control to ensure that each zonal officer in Delhi as well as outside Delhi pays the prescribed number of inspection visits every week as is laid down in this behalf and sends a report of every inspection to higher officers.

Reply of Government

Recommendation is accepted. Zonal Officers in Delhi and Heads of Organisations outside Delhi are now carrying out inspections of C.G.H.S. dispensaries and reports are submitted to the higher authorities.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 18 (Para 2.83)

The Committee would like that the inspecting officers record their observations in the inspection books of the dispensaries which they visit and ensure that follow-up action is taken by the medical officers incharge of such dispensaries concerned and progress reported to the inspection officers. The inspecting officers should also maintain a proper record of their visits at their level.

Reply of Government

All the Medical Officers Incharge have been instructed to place a copy of the Inspection Report in a Register and produce the same to the inspecting authorities during their next visit. Similarly, the inspecting officers maintain the record of the visits at their level.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 19 (Para 2.84)

The Committee regret to note that even though formal orders were issued in March 1981 to all the supervisory officers of the CGHS that a system of detailed scheduled inspection of every dispensary at least twice a year should be introduced, the system has not been put into practice so far due to non-availability of transport. The Committee do not accept non-availability of transport as a valid reason for not doing detailed inspections of every dispensary at least twice a year. The Committee would like that this system of scheduled inspection should be implemented without any further delay and the non-availability of transport should not be allowed to stand in the way of the officers performing this important duty regularly. If Government transport is not available they should be allowed to hire private transport (Taxi) but inspection should not be allowed to suffer.

Reply of Government

All the Zonal Offices of Delhi and outside cities have been instructed to carry out inspections according to the prescribed schedule.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 20 (Paras 2.85 & 2.86)

The Committee observed during on the spot study visits that though the Ministry had laid down a regular system of complaint register and follow-up action on the complaints recorded therein, complaint registers were not readily available in many dispensaries. They were kept in locked almirahs. Either there were no complaints recorded in the registers or where the complaints had been recorded, these had not been investigated fully nor necessary action taken in all the cases. Similar reports have been received from CGHS beneficiaries. The Committee have found that in Bangalore out of 15 complaints received in 1978-79, and 20 received in 1979-80, only 4 were investigated in each year. In Patna only 23 out of 68 each such complaints were investigated in 1978-79. In 1979-80, none of the 27 complaints in Patna and the 20 complaints in Allahabad was investigated. Picture in 1980-81 was not very different.

Health Secretary conceded straight-away in evidence that complaint registers have not been maintained by all the medical officers incharge of CGHS dispensaries. This shows the failure of the system both at ground level and at supervisory level and cannot but be deprecated. The Committee note that the Director, CGHS has issued fresh Instructions in November, 1981 directing the Medical Officers Incharge to maintain complaint registers and display notices to this effect at prominent places and has directed the inspecting officers to watch complaints of these instructions. Under the new instructions action taken on a complaint will be recorded in the complaint register itself so that it can be persued by the complaint, if he so likes. To ensure that these fresh instructions do not meet the same fate as in the past, the Ministry will have to keep a constant watch on their observance at all levels.

Reply of Government

The recommendation is accepted. Ministry of Health and Family Welfare has asked CGHS to send a half-yearly return to enable it to keep a watch on observance of orders regarding maintenance of complaints register and action taken thereon.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 22 (Paras 2.88 & 2.89)

Area Welfare Officers have been appointed by the Ministry of Home Affairs *inter alia,* to function as coordinating officers between the CGHS dispensaries and their beneficiaries and to attend to all emergency hospital work like expeditious hospitalisation of serious cases etc. It has been brought to the Committee's notice that the approaches by Area Welfare Officers to secure admission of serious cases in recognised hospitals or in similar other matters are not needed by hospital authorities not the medical officers incharge of certain CGHS dispensaries have shown due consideration to the suggestions made by Area Welfare Officers.

The Committee take note of the instructions issued in November, 1981 by the Ministry to the medical officers incharge of the dispensaries to the effect that the names and addresses of Area Welfare Officers should be prominently displayed in each dispensary and that they should extend full cooperation to the Area Welfare Officers in the discharge of their duties towards beneficiaries.

Reply of Government

Director (CGHS) has been instructed to keep a watch on the implementation of these recommendations.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 23 (Para 2.90)

The Committee also take note that the Medical Superintendents of Dr. R. M. L. Hospital and Safdarjung Hospital (Delhi) have been advised that in case they receive any request from Area Welfare Officers about the admission of patients, they should give due and full consideration to it. The observance of this advice will have to be watched.

Reply of Government

Director (CGHS) has been instructed to keep a watch on the implementation of these recommendations.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 24 (Para 2.91)

The Committee regret to note that though meetings of Medical Officers incharge of dispensaries with Area Welfare Officers etc. have been held, no minutes have been kept nor follow-up action watched. The Ministry has now issued instructions that hereafter the minutes of the meetings held in the dispensaries with the Area Welfare Officer or the residents' associations should be duly recorded and the decisions arrived at the meetings followed up and reviewed in the following meetings. This is what should have been

done all along. The Committee expect the Ministry to monitor implementation of these instructions.

Reply of Government

Director (CGHS) has issued instruction to send copies of minutes of the meetings held in the dispensaries with Area Welfare Officers or the Residents Association and record of follow-up action on the decisions to the Ministry.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 25 (Paras 2.100 & 2.101)

The Committee find that out of total number of 211 dispensaries under CGHS, 111 dispensaries are located in Government buildings and 100 dispensaries are located in private buildings. Accommodation in 67 private buildings is not adequate for the dispensaries. Efforts are being made by the Ministry to locate alternative accommodation. The general policy of the Government is stated to be to locate dispensaries in Government buildings only subject to availability of accommodation.

There are a large number of dispensaries which are located in residential quarters in Government colonies. In the Committee's opinion residential quarters designed for small families are not at all suitable for locating a dispensary for over 2500 families. In fact, it should not have been difficult for the Ministry to have appropriate buildings with suitable specifications constructed in new Government colonies for dispensaries only if they had taken up the matter with the Ministry of Works and Housing well in advance. It is unfortunate that such a course of action did not occur to the Ministry of Health. The Committee would expect that now onwards the Ministry of Health would establish a regular liaison with the Ministry of Works and Housing and at least in Government residential colonies which may come up hereafter, it would have appropriate buildings for housing Government dispensaries constructed alongwith residential quarters for serving the beneficiaries of those areas.

Reply of Government

The proposal for allotment of land and construction of buildings for CGHS in Government colonies has been considered in a meeting taken by Secretary, Ministry of Works and Housing and as decided therein, the list of the colonies/areas where land is to be provided for construction of dispensary buildings have been furnished to that Ministry. A communication has also been addressed to that Ministry in implementation of the recommendation of the Estimates Committee to construct suitable buildings for CGHS dispensaries along with residential quarters.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 26 (Para 2.102)

The Committee note that in Delhi the Ministry has taken up the question of allotment of accommodation, plots and flats with the Delhi Development Authority for housing CGHS dispensaries in the newly developing colonies. They find that some progress has been made in getting land allotted in certain colonies for the purpose. The Committee hope that the Ministry would continue to pursue the matter with the DDA with a view to get suitable land allotted and suitable buildings constructed for housing CGHS dispensaries in the new areas.

Reply of Government

The matter regarding allotment of suitable land and construction of buildings for CGHS dispensaries is being consistently pursued with the Delhi Development Authority.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 27 (Para 2.115)

In 1980-81, the CGHS served 5,59,469 families incurring an expenditure of Rs. 14.59 crores which came to Rs. 272 per family of which Rs. 129 was the cost per family on medicines (materials and supplies). During that year Rs. 27/- was the average contribution per family, Government thus incurred a net expenditure of Rs. 245 per employee in a year on the medical care and treatment of its employees. Comparing the per family cost with the expenditure incurred on medical treatment of the employees of certain undertakings and the Ministry of Railways, it is seen that in the same year (1980-81) the average cost of medical treatment was Rs. 725/- in Air India, Rs. 830/- in BHEL, Rs. 678/- in SAIL and Rs. 310/- in Ministry of Railways. The Committee do not see any reasons why, even in the matter of medical case, Central Government employees should be so poorly served There is need to augment medical facilities under CGHS and, for this purpose, additional funds should not be grudged.

Reply of Government

The budget allocation for CGHS are being considerably increased year after year as will be seen from the following figures :

1981-82	17,45,16 (Rs. in thousands)
1982-83	19,85,25 (Rs in thousands)

Further, the expenditure per family in CGHS is not low as compared to the expenditure incurred by the Ministry of Railways and ESIC. But it may not perhaps be appropriate to compare such expenditure with that incurred by the commercial organisations like, Air India, BHEL and SAIL etc.

However, the Ministry of Health and Family Welfare are conscious of the need for improving the medical facilities under CGHS and all possible efforts are being made in this direction subject to budgetary constraints.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 28 (Para 2.116)

The Committee find that per family cost in CGHS dispensaries varies from dispensary to dispensary and city to city. In 1979-80 it ranged from Rs. 164/- in Allahabad to Rs. 641/- in Ahamedabad. Explaining the reasons for such sharp variation, Secretary (Health) stated in evidence that except in four cities of Pune (Rs. 396/-), Jaipur (Rs. 430/-), Ahmedabad (Rs. 641/-) and Lucknow (Rs. 594/-), where the infrastructure was under-utilised the cost per family in other cities was comparatively low. The Committee are not happy at the admitted under-utilisation of CGHS in certain cities when beneficiaries in other cities are reportedly starving for more facilities. The Committee would like the Ministry to go into the matter and rectify the imbalance without delay.

Reply of Government

The under-utilisation in four cities of Ahmedabad, Jaipur, Pune and Lucknow is due to the reason that the employees of P&T Department have not yet joined CGHS at these stations. The matter has been taken up with the Secretary, Ministry of Communications so that P&T employees may also be enrolled for CGHS benefits. In order to utilise the spare capacities the Industrial Civil employees of the Ministry of Defence who were previously not eligible for the benefit of CGHS have now been brought under this Scheme.

It is, therefore, expected that the imbalance in the utilisation of CGHS at various stations will be rectified gradually.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 29 (Paras 2.117 & 2.118)

Information regarding per beneficiary expenditure on medicines and per beneficiary total expenditure under the CGHS has been furnished to the Committee in respect of each dispensary in the nine cities of Patna, Ahmedabad, Nagpur, Pune, Lucknow, Meerut, Allahabad, Jaipur and Calcutta, but similar information, dispensary-wise, in respect of other cities is not available. The Ministry has stated that such information is not required to be kept. The dispensaries which have furnished this information have been doing so on their own. The Ministry added that dispensary-wise information on cost of medicines and total cost used to be maintained till 1975 but because the utility of this information was not commensurate with the

effort involved and also because it could lead to an inference that beneficiaries living in certain areas were getting better treatment than those living elsewhere, the system was discontinued in 1975.

The impression that beneficiaries living in certain areas get preferential treatment and those living in other areas are discriminated against in the matter of treatment and issue of medicines is, in fact, there among beneficiaries and it does not appear to be totally baseless if the information supplied by the Ministry is to be believed. In the Committee's view, dispensary-wise information on per beneficiary cost should be collected and published in the Annual Report of CGHS. It will not only help the Ministry to dispel wrong impressions among beneficiaries (if they are wrong) but also enable the Ministry to enquire into cases of wide imbalance and apply correctives.

Reply of Government

The recommendation is accepted. It has been decided that dispensary-wise information on per beneficiary cost will be collected and published in the Annual Report of CGHS.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 30 (Paras 3.48 & 3.49)

The Committee agree with CGHS beneficiaries that the present procedures at the dispensaries are too much time consuming. It should not be necessary for a patient to stand in as many as six queues in a dispensary one after the other for consulting a doctor and getting the prescribed medicines, as is the case at present.

The Committee find that a recommendation to integrated counters for dispensing general and special medicines was made by two different study teams of National Institute of Health Administration and Education and Department of Personnel as far back as 1975 and 1977. The Ministry informed the Committee in August, 1981 that this recommendation had already been implemented except in certain dispensaries where space did not permit. But that the Committee learnt during on-the-spot study visits to various dispensaries in Delhi was different. The counters for special and general medicines were still separate and not combined. It was revealed in evidence that though the order for amalgamation of the two counters had been issued long ago (1976), the order could not be implemented except in six out of 75 dispensaries in Delhi for lack of accommodation. Issue of orders to amalgamate the two counters in 1976 without first ensuring feasibility and in action on the part of the Ministry during the five years since the issue of the orders to create conditions conducive for their

amalgamation betary an attitude of utter casualness with which the Ministry has dealt with this matter. What is more unfortunate is the misleading reply sent by the Ministry in August, 1981 which gave an impression as if the recommendation regarding amalgamation of the two counters has already been implemented in most of the dispensaries. The Committee hope that counters for general and special medicines will atleast now be amalgamated in all the dispensaries without delay.

Reply of Government

General and special medicine counters have been amalgamated in 67 dispensaries of Delhi. It is being done in two more dispensaries. But it is not possible to implement these instructions in the remaining six dispensaries due to non-availability of space.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 35 (Para 3.54)

At present there is no system of prior appointment for patients at the dispensary level. The Committee feel that a system of appointment in chronic cases and cases requiring detailed examination can be introduced at the dispensary level also. It should be possible for the patients to fix appointments either on telephones or personally. The appointment system may be tried an experimental basis at a few dispensaries in Delhi and elsewhere and its usefulness assessed in the light of experience before extending it to other dispensaries.

Reply of Government

All Zonal Officer of Delhi and out-side cities have been instructed to start on trial basis a system of prior appointment for consultation with the Medical Officers in the dispensaries in respect of patients suffering from Chronic illness or those who require detailed examination in two dispensaries in each zone *vide* letter No. 4-6/82-DGHS(CGHS)/ECC dated 11-8-1982.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 36 (Para 3.55)

The suggestion to introduce a separate "green channel" type of screening and disposal of minor "cough/cold cases" as distinct from cases requiring careful examination merits consideration. The Committee agree with the Ministry that all seemingly simple cases of sore throat etc., may not be as simple as they may first appear to be. They would, therefore, like the Ministry to give this suggestion a cautious trial in a few dispensaries under careful observation before formulating a view in this regard.

Reply of Government

The recommendation that a cautious trial be given for a separate 'green channel' type of screening for disposal of minor cough/cold cases has been accepted in principle. The operational details are being worked out for implementation.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 38 (Para 3.57)

Though the Ministry has laid down a proper procedure for domiciliary visits by CGHS doctors in certain situations and has also provided for payment of conveyance allowance to doctors to enable them to keep and use their own conveyance for paying domiciliary visits, the experiences of CGHS beneficiaries are not happy with the working of this system. There was hardly any non-official witness appearing before the Committee who has accepted the claim of the Ministry and the doctors that the charge for transport is paid for by the doctors. It has been represented to the Committee that doctors avoid paying domiciliary visits on some pretext or the other and insist on the patients being brought to the dispensary. And in the event of a doctor paying domiciliary visit, the transport, it is stated, is normally paid for by the beneficiary. It is highly improper if doctors drawing conveyance allowance expect the conveyance charge to be borne by the patients.

Reply of Government

Keeping in view the observation of the Estimates Committee, strict instructions have been issued to the medical officers to attend the calls for domicile visits without any reluctance and also to bear the conveyance charges themselves in cases of domiciliary visits and that any infringement in this regard will render them liable to disciplinary action.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 39 (Para 3.58)

The Committee are not happy at the present system of record keeping about domiciliary visits. The register of domiciliary visits maintained in dispensary shows only the number of visits by doctors and not the number of requests received for domiciliary visits. At present it is not possible to know as to how many requests for domiciliary visits were not complied with or ignored and why. The Committee feel that all requests for domiciliary visits made by CGHS beneficiaries either on telephone or in person should be recorded in a regular register, together with time of request,

serial number of registered request should be given to the beneficiary for follow-up reference; and the time of domiciliary visit and reasons for not paying the requested visit where such a visit is not considered necessary should be duly recorded in the register. The Committee would like the Ministry to lay down a suitable procedure in this regard and ensure its implementation without delay.

Reply of Government

The recommendation that all the requests for domiciliary visits received from CGHS beneficiaries either on telephone or in person should be recorded in a regular register is accepted. Suitable instructions in this regard have been issued to all concerned.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 40 (Paras 3.59 & 3.60)

There is a general demand for introduction of a single 12-hour shift in the dispensaries in place of the present system of two shifts—one in the morning and other in the evening. The suggestion for 12-hour shift has also been welcomed by CGHS doctors and para-medical staff. Single 12-hour shift has already been introduced in six dispensaries in Delhi, all dispensaries in Calcutta and in certain dispensaries at other places also and the Ministry is awaiting evaluation report for taking a view in the matter. Introduction of single shift system in all the dispensaries in Delhi alone is estimated to involve an additional expenditure of Rs. 59 lakhs per annum on extra staff that will be required for the purpose.

The Committee are of the view that a single 12-hour shift in CGHS dispensaries would be ideal both for the patients and the medical and para-medical staff. They also feel that its introduction should be staggered to keep the expenditure under control. This should first be introduced in all those dispensaries where the work load is excessive according to the prescribed norms and thereafter gradually extended to other dispensaries in the light of experience. But they feel that the requirement of additional staff should be worked out carefully and kept to the minimum by arranging duty hours in such a way that manpower does not remain under-utilised as far as possible.

Reply of Government

It has been decided to introduce a 12-hour single shift system in 15 dispensaries where the work load is excessive according to the prescribed norms and thereafter it will be gradually extended to the other dispensaries in the light of the experience. A proposal for creation of additional posts required for the purpose is under process.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 41 (Para 3.118)

From the memoranda received and the evidence heard by the Committee, it appears that perhaps the weakest and the most criticised area of CGHS is the present system of dispensing medicines. Medicines are not readily available indented medicines take a few days, sometimes upto 7 days, to arrive, the Ministry's claim that these are made available within 24 hours in Delhi and 6-8 hours outside Delhi has been challenged by the beneficiaries; patient have to go without medicines for varying periods. Quality of medicines does not inspire confidence. Patients have to stand in long queues for collecting medicines and they have to pay repeated visits to the dispensary for the purpose. Pharmacists behaviour and efficiency are far from satisfactory. The Committee feel that if only the medicines distribution system is streamlined and modernised, much of the cause of the dissatisfaction of CGHS would vanish.

Reply of Government

The observations made by the Committee have been noted.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 43 (Paras 3.121 & 3.122)

Where and so long as the organisational set up of the dispensaries is not altered as suggested above, the present system of supplying medicines should be overhauled on the following lines :—

(a) Whatever medicines prescribed by doctors are not available in ready stock in a dispensary, these should be straightway and on the spot authorised to be purchased locally on indents from approved chemist;

(b) Where the patient offers to collect the indented medicine himself, he should be given the authority to collect it from the approved chemist directly. This will avoid delays in urgent cases;

(c) In other cases, the dispensary may place indent on the approved chemist and issue to the patient as at present;

(d) It should be made the responsibility of the approved chemist to supply the indented medicine either from its own stock or with arrangement with some other chemist, without cash payment;

(e) The number of approved chemists in each city should be increased so that patients do not have to go far to collect their medicines. If Super Bazar does not agree to open more branches, other chemists should be approved.

Similar recommendations were made by the Study Team of the Department of Personnel and Administrative Reforms (1977) but it is unfortunate that the Ministry held the age-old concepts of supervision, central and administrative procedures too sacrosanct to be discarded in favour of the new approach. The Committee would urge the Ministry not to lose any time to bring about changes in the system of issuing medicines with a view to meeting the CGHS/beneficiaries' needs and expectations.

Reply of Government

All the Medical Officers Incharge of the CGHS dispensaries in Delhi and outside, have been directed to maintain a minimum buffer stock of 7 days of all the formularly items. They have also been empowered to purchase listed medicines from approved Chemists/Super Bazar upto the level of 2 weeks requirements at a time. It has been made clear to them that they would held personally responsible for non-availability of medicines in the dispensaries. In addition, Medical Officers Incharge during the dispensary hours and Medical Officer on emergency duties have been authorised to issue emergency slips to the beneficiaries round the clock to collect medicines from the approved chemists.

As regards the proposal to increase the number of approved chemists, possibility in this regard are being explored.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 44 (Para 3.123)

The proposal of buffer stocks of common medicines in dispensaries coupled with a system of replenishment of stocks as they get depleted is a very sound proposal. It can ward off situations which at present arise quite frequently when dispensaries, suddenly find common medicines out of stock to the discomfiture of patients. Health Secretary has informed the Committee that they have asked the dispensaries to keep buffer stocks of commonly required drugs. It is a step in the right direction. But unless the size and composition of buffer stock are clearly defined and a proper feed system is developed the desired results may not flow. The Committee, therefore, suggest to the Ministry to draw up a comprehensive scheme of buffer stocks and implement it under proper guidance.

Reply of Government

Orders were issued in November, 1981 that a buffer stock of medicines for seven days should be maintained in each of the C.G.H.S. dispensaries at all times. Whenever the ground balance falls short of the limit, they should make immediate arrangements to replenish the stock by bringing medicines from the Medical Stores Depot or Super Bazar. These instructions have been reiterated in August, 1982.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 45 (Paras 3·124, 3.125 & 3.126)

Shortage of drugs in the CGHS dispensaries have been endemic and persistent. Though central medical store is supposed to maintain adequate stocks of medicines included in CGHS formularies, it has not been able to meet the requirements of the dispensaries. Reports that indents placed by dispensaries on central depot are either slashed subsequently or not complied with at all are not unfounded. The Study Group of the Committee observed this phenomenon during their study visits. Later after a case study of the indents placed by four dispensaries in Delhi (S. N. Market, R. K. Puram III, Moti Bagh and Rajpur Road) in January, February and March, 1981 and supplies made by the central store, it was confirmed that the central store has not been able to make adequate supplies of the needed medicines to the dispensaries on the ground of low or no stocks or higher demand. In January 1981, out of 293 medicines requisitioned by these four dispensaries, the central store applied sharp cuts in the case of 30 medicines and made no supply at all of 32 other medicines. The position worsend in February and March, 1981 when out of 192 and 294 medicines indented by these dispensaries, supplies of 37 and 150 medicines, respectively, were substantially cut and in the case of 21 medicines in February and 87 in March, 1981, no supplies, whatsoever were made. All this cannot be explained away by some shortages, here and there, of drugs in the country.

From what the Committee has heard, seen and studied, one conclusion is irresistible the central store has failed in the matter of timely and adequate supply of medicines to dispensaries and for many of the ills of the dispensaries it is the central store which is chiefly responsible.

The Committee would like the Ministry to enquire into the working of the Central Medical Store and take immediate measures to streamline its working so as to make it a well-stocked reservoir of medicines to be able always to meet the dispensaries' need regularly and without delay. For this purpose, among other things, inventory control procedures will have to be modernised and personnel with adequate training and experience in materials management will have to be deployed to handle its affairs efficiently and systematically.

Reply of Government

The recommendation is accepted. It has been decided to set up a study team to enquire into the working of the Central Medical Store of CGHS and the representative of the Department of Personnel & A.R., Staff Inspection Unit of the Ministry of Finance and other Organisations will be associated with it.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 47 (Para 3.128)

The Committee also feel that the recommendation of Study Team of the Department of Personnel and Administrative Reforms that the medicines prescribed by specialist should be disposed for the total period recommended by the specialist. The Committee recommended that it should be implemented without any further delay. This procedure will not only save the patients of the botheration of visiting dispensary and standing in long queues every week but also reduce crowding and pressure in the dispensaries and should be introduced without any further delay.

Reply of Government

All the Medical Officers working in the C.G.H.S. dispensaries have been instructed to issue medicine for a period of one month at a time and if the case has stabilised for a period of 3 months or more on the prescription of the specialist.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 48 (Para 3.129)

Even when a specialist prescribes a medicines for a period of one month or so and when the medicine is not available in dispensaries stock and has to be indented from Super Bazar or other local chemist the dispensary indents medicines only for a week or so at a time. The result is that the patient has to get the medicine indented every week and come again to collect the week's supply. This is a waste of time. The Committee do not see any reason why a medicine if it has to be indented, cannot be idented and issued for the full period for which it has been prescribed by the specialist. This will avoid gaps in treatments. Hypothetical fear of non-utilisation of a part of the purchased medicine should not be held against the introduction of this procedure.

Reply of Government

All the Medical Officers Incharge of CGHS dispensaries have been instructed to indent medicine against specialist prescription for the total period from Super Bazar/approved chemist, as and when such medicines are not available in the dispensaries.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 49 (Para 3.130)

The Committee are happy to note that the practice introduced in February, 1981 under which counter signature of Director-General of Health

Services were required for procuring a medicines on local purchase for a period over one week, has been discontinued with effect from December 1981. There was no particular advantage nor any *rationale* in routing the specialists' prescriptions through D.G.H.S. It only resulted in delays and immense harassment to patients.

Reply of Government

The observation of the Estimates Committee has been noted.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 50 (Para 3.131)

The Committee take note of the circumstances in which medicines with brand names, prescribed by specialists are not issued by the dispensary doctors and in their place generic products are supplied in pursuance of Government decision on the Hathi Committee Report. The Committee, however, cannot but also take note of a general scepticism among CGHS beneficiaries that substitute medicines given in lieu of brand names are not of the required standard and comparable therapeutic value. This scepticism is further accentuated when they find different substitutes with different colours and shape given on different occasions in lieu of the same brand name. What is important is the quality of medicines and not merely the brand name. The Committee do not see any objection in supplying medicines by generic names in lieu of brand names provided the substitutes have been found to be of proven quality and same therapeutic value after scientific tests. It will be wrong in the Committee's opinion to prescribe any untested substitutes in lieu of brand name. The Committee would like the Ministry to review the generic name medicines in the CGHS formularie from this angle and intimate to the Committee whether all of these generic name medicines have been found to be of required standard and therapeutic value, and also ensure that no new name may be added to formulary before subjecting it to quality test.

Reply of Government

Manufacture and supply of medicines in the market by the various producers is covered by the provisions of the Drugs and Cosmetics Act and Rules made thereunder so far as their standard and quality are concerned. A drug manufacturer has to test the drug manufactured by him before these are permitted to be sold, with a view to ensuring that the drug is of the required standard and quality. In addition, the Drug Inspectors of the States periodically draw samples of drugs of different manufacturers, either from the market or from the manufacturer's premises

and send them or test to the Government Analyst to verify the standard and quality of the drugs. If any drug is found to be of sub-standard quality, action is taken against the manufacturer under the Drugs & Cosmetics Rules.

Under the provisions of Drugs & Cosmetics Act and Rules, a drug manufacturer is required to market his products after testing them for standard and quality. Further, the manufacturers have to satisfy the prescribed conditons before they become eligible for grant of a licence for production of drugs.

The drugs of standard quality are included in the CGHS formulary, which is reviewed every year by the Formulary Committee. Further, the question of testing the drugs would arise when the drugs are actually purchased and not at the time of their inclusion in the formulary.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 52 (Para 3.133)

The Committee take note that Medical Officers incharge of the dispensaries are required to see patients apart from attending to administrative duties. This is as it should be as other wise Medical Officers will be reduced to merely administrative officers. The Ministry should, however, ensure that this happens in actual practice.

Reply of Government

Medical Officers in charge of CGHS dispensaries have been directed to see patients and perform clinical duties along with their administrative work.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th Sepember, 1982]

Recommendation Sl. No. 55 (Para 3.147)

The Committee also suggest that the availability periodicity and efficiency of specialist services provided in Bombay and other cities outside Delhi should be appraised in the light of the experiences of CGHS beneficiaries there and remedial action taken to place these services on a reasonable level of efficiency.

Reply of Government

The recommendation is accepted. The DGHS will carry out periodical assessment of Specialist services in Bombay and other cities and adopt remedial measures wherever necessary.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 56 (Paras 4.65 to 4.66)

A detailed procedure has been laid down by the Ministry for procurement of medicines by CGHS. Items exceeding Rs. one lakh in value are procured by CGHS through DGS&D and those less than Rs. one lakh in value are obtained direct from firms registered with DGS&D through a system of tenders. Urgent needs are met by local purchase through approved local chemists.

The Committee regret to note that supplies through DGS&D are very often delayed. The delays which range from 3 months to 12 months dislocate the supply mechanism in dispensaries and cause a great inconvenience to CGHS patients. The Committee learn that delays can be avoided if the indents, instead of being placed on DGS&D in a new financial year, are placed well before the end of the previous financial year. The representative of the Ministry told the Committee that this is possible. If that is so, the Committee see no reason why annual indents should not be placed by CGHS well before the commencement of revent financial year.

Reply of Government

The recommendation is accepted. The matter has been taken up with Ministry of Supply and DGS&D about the methodology to be adopted for sending indents during the month of January for the following year even if the position about availability of funds is not known at that stage.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 57 (Para 4.67)

The Committee find that DGS&D takes considerable time after receipt of indents from CGHS to place orders on the suppliers for supply of medicines. This should be looked into and time lag between receipt of indents and placement of orders should be reduced as far as possible.

Reply of Government

The recommendation is accepted. The matter has been taken up with DGS&D by Director (CGHS). It has been decided to hold periodical meetings between the two Departments so that the position is kept constantly under review and the time lag between receipt of indents and placement of orders is reduced.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS-(P) dated the 30th September, 1982]

Recommendation Sl. No. 58 (Para 4.68)

Lack of funds for purchase of medicines at the time when these are required shows poor budget planning. The Committee urge that adequate

funds should be provided to CGHS at the right time to enable it to procure and maintain stocks of medicines at optimum level.

Reply of Government

The observation of the Estimates Committee has been noted. Efforts will be made to provide sufficient funds to CGHS subject to availabilty of funds in the budget of the Ministry of Health and Family Welfare.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th Sepember, 1982]

Recommendation Sl. No. 59 (Paras 4.69 & 4.70)

Though the Ministry has laid down an elaborate system of quality tests on medicines purchased by CGHS, this is not properly observed in actual practice. All supplies of medicines from unregistered or new firms are required to be subjected to chemical tests but it is a matter of deep regret that this is not being done. In Delhi only 54% of such medicines were checked for quality in 1980-81. The Committee cannot but deplore such gross negligence on the part of CGHS management in such a serious matter. The explanation given by the Ministry that supplies from unregistered firms are arranged by DGS&D and that the responsibility of quality control for drugs is that of the State Drugs Controller does not absolve the CGHS of its responsibility to make cross-checks.

It is stated that purchases from unregistered firms are made by DGS&D mainly to encourage small scale industries. The Committee do not consider it proper to purchase medicines from firms whose standing and standards have not been tested and accepted. Helping Small Scale Industries is a noble aim but not at the cost of CGHS beneficiaries' health. The Committee would like the Ministry to drive this point home to DGS&D and dissuade it from purchasing medicines from unproven suppliers.

Reply of Government

According to the present practice 100 per cent of the medicines received from unregistered firms are tested. It has, however, been decided that indents for medicines for CGHS would not be placed on unregistered firms and DGS&D has been informed accordingly.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 60 (Para 4.71)

As regards supplies from registered suppliers, the percentage of checking for quality is stated to be 6.7%. The basis on which 6.7% checking in respect of supplies by registered suppliers and 54% of checking in respect of supplies by unregistered suppliers are considered adequate, has not been

explained by the Ministry. In fact, the Ministry had stated in reply to a question that there were no fixed percentages prescribed for quality checks. This is a big flaw. The Committee would like that norms in percentage terms for quality tests for medicines received from different sources should be prescribed and enforced.

Reply of Government

It has been the practice to check 10 per cent of the medicines received from registered firms and 100 per cent of the medicines received from unregistered firms. In this way, the recommendation is already accepted.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 61 (Paras 4.72 to 4.73)

The Committee find that even 6—7% quality checks have not been performed in all cases of supplies from registered suppliers. Medicines amounting to Rs. 1.34 crores in 1978-79, Rs. 1.18 crores in 1979-80 and Rs. 1.60 crores in 1980-81 were purchased direct by Chief Medical Officers in the various cities, where CGHS is in operation, without any check whatever. That there was no approved testing house in Patna which accounted for Rs. 59 lakhs worth of such purchases is a lame excuse. No check was made in Bangalore either even though approved testing houses were there. The direct purchases made there amounted to Rs. 41 lakhs in 3 years. This is negligence of a high order which deserves to be condemned.

The Committee take note of Health Secretary's statement that when CGHS purchases medicines, it has a responsibility to do some cross-checks. If testing facilities are lacking at any place, the Ministry would soon provide them there. The Committee would like to be apprised of the action taken in pursuance of Health Secretary's assurance.

Reply of Government

The recommendation is accepted in principle. Heads of the organisations of CGHS in various cities have been instructed to ensure that testing of the medicines is done as follows :

(a) at least 10 per cent of batches of medicines received from firms registered with the DGS&D.

(b) 100 per cent of the batches of medicines received from firms which are not registered with DGS&D.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 62 (Para 4.74)

The Committee cannot but take note of the heavy purchases of medicines made directly by Chief Medical Officers of Patna, Bangalore and other cities during the last 3 years. Even though the purchases are stated by the Ministry to have been made according to the prescribed procedures and within their financial powers there is need to keep a watch on direct purchases of such high magnitude.

Reply of Government

The recommendation is accepted. Director (CGHS) has been directed to keep a watch on the magnitude of purchases made by the Chief Medical Officers of all the city organisations.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS-(P) dated the 30th September, 1982]

Recommendation Sl. No. 64 (Para 4.76)

In view of utter disregard for quality tests of medicines which the CGHS has displayed, the widespread reports that medicines available in CGHS are sub-standard and have little curative effect appear to have a ring of reality even though it may be difficult to quantify this phenomenon. The Ministry's statement that "at present the testing procedure followed by CGHS is by and large satisfactory" when actually it is not so in actual practice, betrays as attitude of callousness and casualness which is deplorable. If beneficiaries are losing faith in medicines supplied by CGHS dispensaries, the CGHS authorities are themselves to blame. The Ministry too cannot escape its share of blame in this regard. The importance of quality control over medicines procured by CGHS, whether through DGS&D or directly should have required no emphasis but seeing the sorry state of things in CGHS the Committee have no alternative but to emphasize that medicines purchased from unrecognised and unproven suppliers should in no case be used without prior quality tests. And even in respect of supplies from proven suppliers, experience has shown that quality cannot be taken for granted. Random checks of a prescribed percentage of such drugs must be carried out as a rule. Any disregard for quality control at any leave should be dealt with sternly and attract deterrent punishment.

Reply of Government

This recommendation is already being implemented in as much as 100% supplies received from unregistered firms and 10% of those received from registered firms are regularly tested.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS-(P) dated the 30th September, 1982]

Recommendation Sl. No. 65 (Para 4.77)

Out of 100 batches of drugs purchased by CGHS in Delhi from unregistered and new suppliers in 1980-81, only 54 were subjected to quality checks. And of these 54 batches, 8 (*i.e.* about 15%) failed in the tests. This is not a small number. This shows the risk taken by CGHS in using 46 other batches of medicines without any test that year. The Committee feel that where supplies procured from unregistered firms are found to be not upto the mark, no future purchases should be made from them till they get themselves registered with the competent authority after going through the prescribed procedure. This is the minimum that should be done, even if they are not black listed.

Reply of Government

This recommendation has already been accepted. Where supplies from any unregistered firm are found to be not up to the mark, no purchases are made from the firm till they get themselves registered. However, it has already been decided that indents for medicines for CGHS will not be placed on unregistered firms.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS-(P) dated the 30th September, 1982]

Recommendation Sl. No. 66 (Paras 4.78 to 4.79)

The names of firms whose suppliers are not up to the mark are sent to DGS&D for suitable action and black listing. There were 14 such allopathic firms in 1979-80 and 5 in 1980-81. It is unfortunate that a public sector undertaking is also there is the list of units whose supplies were not upto the mark. None of them, so far as Ministry is aware, has been black-listed. Purchases were made by CGHS in the following years also from some of such firms due to compulsion of circumstances. There was no alternative according to the Ministry.

It is a serious matter for the Ministry to consider as to whether such firms should be allowed to get away with impunity because of their dominant role in the field of production of specific drugs. The Committee do not think Government should helplessly watch such a thing happening from year to year. At least those firms whose supplies are found spurious or adulterated or harmful should not be shown any mercy.

Reply of Government

The recommendation is accepted. It has been emphasised upon the Ministry of Supply that suppliers of spurious any substandard medicines should be blacklisted.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS-(P) dated the 30th September, 1982]

Recommendation Sl. No. 67 (Para 4.80)

The Committee would suggest that the case of the public sector undertaking whose supplies were found to be not up to the mark should be brought to the notice of the administrative Ministry concerned for corrective action.

Reply of Government

The recommendation is accepted. Director (CGHS) has been directed to inform the administrative Ministries concerned with the public sector undertakings in case any supply received from them are not found up to the mark.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS-(P) dated the 30th September, 1982]

Recommendation Sl. No. 68 (Para 4.81)

According to the extent procedure stocks in the Central Medical Store Depot are supposed to be checked every year by the stock-holders and cross-checked by supervisory officers. Besides, random checks are also supposed to be done by the supervisory officers. It is not clear from the information furnished by the Ministry whether supervisory officers did conduct scheduled and random checks and cross-checks as prescribed; and if so, with what results. The Committee would like to have this information in a precise form in respect of 1981-82.

Reply of Government

The recommendation is accepted. The number of scheduled checks of the stock position of medicines and other stores carried out during 1981-82 is as under :—

1. by Section Incharges—Every month
2. by Stores Superintendent—94 items
3. Medical Officers—204 items
4. DAD (Stores)—12 items

During these checks no discrepency come to light.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS-(P) dated the 30th September, 1982]

Recommendation Sl. No. 71 (Para 4.84)

The Committee hope that the Ministry will not allow any remissness in future in regard to the timely and regular stock verification of stores, annual, monthly random, and keep itself informed of the progress in this regard.

Reply of Government

The recommendation is accepted. Instructions have been issued to the Directorate General of Health Services to conduct timely and regular stock verification annually, monthly and at random and to obtain periodical reports in this regard.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS-(P) dated the 30th September, 1982]

Recommendation Sl. No. 72 (Paras 4.85 to 4.87)

The picture in regard to stock verification of stores in the dispensaries is also not very clear. The dispensary stocks are required to be verified in a limited way twice a week by the Medical Officer Incharge and once every six months by the Internal Audit Unit of the Zone. From the information furnished by the Ministry it is seen that in many cities even the information in regard to stock verifications of dispensary stocks is not kept and in other cities the number of stock verifications has been fewer than scheduled or expected. This shows the laxity of supervision on the part of Chief Medical Officers in the respective cities and deserves to be deplored.

The position in respect of dispensaries in Delhi is also confusing. In the beginning the Ministry informed the Committee that out of 75 dispensaries stock verifications had not been done in 24 dispensaries in 1978-79, 15 dispensaries in 1979-80, and 10 dispensaries in 1980-81, but subsequently it was stated by the Ministry that the stock verification had not been done in 16 dispensaries in 1979-80 and 29 dispensaries in 1980-81, thus implying that in the remaining dispensaries it had been done. Whichever statement be correct, the fact stands out that here too the supervisory authorities have failed to enforce departmental instructions in regard to stock verification. That such a thing should be happening under the vary nose of CGHS headquarters, is indeed deplorable.

The Committee expect that atleast now the Ministry would lay down a clear schedule of surprise and scheduled stock verification outlining in unequivocal terms the authorities who will do these stock verifications and their frequency so that the officers concerned can be held accountable for their lapses, if any, in future.

Reply of Government

The recommendation is accepted. The Zonal heads have been directed to conduct scheduled and surprise stock verification of stores of each of the CGHS dispensaries at least four times a year.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS-(P) dated the 30th September, 1982]

Recommendation Sl. No. 73 (Para 4.95)

The Committee are very unhappy to note that during the years 1978-79, 1979-80 and 1980-81, the Ministry purchased a number of drugs from private sector even when the same drugs were produced in and were available from the public sector. The purchases from private sector in preference over public sector are stated to have been made for the reasons that during these years the price preference and purchase preference which were earlier given to public sector for making purchases on behalf of Government had been withdrawn. Price and purchase preferences in favour of public sector have been re-introduced by Government in October, 1980. The Ministry has stated that same impact of these orders will be discernible in 1981-82 and full impact will be there from the year 1982-83. The Committee expect that Government policy of purchases from public sector units in preference over private sector will be followed in letter and spirit consistent with the over-riding consideration of quality. Where, however, drugs available in public sector are not purchased from public sector for any reason, the comparative volume of such purchases with reasons therefor, should be clearly mentioned in the Annual Report of the Ministry.

Reply of Government

The recommendation is accepted. D.G.H.S. has been directed to give a report to the Ministry indicating the quantum of drugs which are available in the Public Sector, but are not purchased from these firms giving reasons, therefor, so that it may be included in the Annual Report of the Ministry of Health & Family Welfare.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS-(P) dated the 30th September, 1982]

Recommendation Sl. No. 74 (Para 4.104)

The Committee find (atleast from the figure of last 3 years) that budget allocation for purchase of medicines in a year falls short of actual requirements. The result is that the budget funds are exhausted in the first few months of a financial year and the Ministry has to wait for supplmentary demands till the end of the financial year for clearing the back-log of payments. The Ministry has admitted that there have been complaints of delayed payments. This is no consolation that in 1981 only one pharmaceutical company in Madras suspended supplies to CGHS on account of not having received payments of bills. Others too could not but be sore at inordinate delays in payment even though they did not, for the present, choose to go to the extent of stopping supplies. It will be tantamount to exploitation if the suppliers' patience is tested so long year after year. The present system, under which the

Ministry takes 3-4 months to pay bills for the supplies of medicines even when funds are available and, in other cases, the suppliers have to be kept waiting for payments till supplementary funds become available at the end of the financial year, shows administrative inefficiency and poor budget planning. If suppliers are expected to honour supply orders of CGHS with promptitude to enable the Central Medical Store to comply with dispensaries' indents without delay, adequate funds should be provided in the budget right at the beginning and payment procedure should be streamlined so as to ensure payments within a maximum period of one month or so. The Committee would like the Ministry to go into the present system and inform them of the steps taken to make it efficient.

Reply of Government

No doubt some difficulty about delay in payment to the firms was experienced due to the accumulation of certain past liabilities which was not taken care of at the stage of preparing the budget estimates. But additional funds were provided in the Revised Estimates for that year and in the Budget Estimates for the next year. The situation has improved considerably. Further additional funds are being provided to CGHS every year. With regard to the procedure and practice followed for clearing the bills and making payments to the firms, it has been decided that the CGHS should adhere to the following time schedule in completing the various formalities in clearing consignments and making payment to the firms :—

(i)	Checking of the consignments on receipt by the MSD and preparation of inspection notes etc.	2 weeks
(ii)	Average period for chemical analysis in respect of consignments which are selected for check.	4 weeks
(iii)	After receipt of the final voucher/bill from the firm, time taken for preparation of bill for payment and issue of draft therefor by CGHS as well as Pay & Accounts Office.	4 weeks

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982]

Recommendation Sl. No. 75 (Para 4.110)

The system of dealing with medicines of definite shelf life in CGHS does not inspire confidence. It is stated that the Central Medical Store issues stocks of all such medicines to the dispensaries, etc. well before due dates and dispensaries, in turn manage to consume all such supplies within the validity period. The Ministry has informed the Committee that no time-barred medicines have been found to have been returned by

the dispensaries to the Central Store. How the appropriate number of patients with ailments matching such drugs appear on the scene to consume all such medicines is something which is, to say the least, quite bewildering. Different stories are, however, in circulation about time-barred medicines in the CGHS dispensaries but for obvious reasons, the Committee are not in a position to go into the matter in depth. The Committee call upon the Ministry to look into this problem more critically, and make case studies at field level to ensure that precautions taken by CGHS against the use of time-barred drugs are adequate to guard against their misuse either on the patients or otherwise.

Reply of Government

It is confirmed that the position stated before the Estimates Committee that no time-barred medicines are issued to the patients, still holds good. A surprise inspection of a few dispensaries by a working group consisting of 3 officers has also been carried out and their findings also testify this statement. Every possible precaution will be exercised to ensure that the time-barred drugs are not issued to the patients and they are disposed of well in time according to the prescribed procedure.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982]

Recommendation Sl. No. 78 (Para 5.46 to 5.47)

The experience of CGHS beneficiaries in hospitals recognised for their treatment in Delhi, Calcutta, Bombay and other cities do not appear to be very happy. The hospitals are stated to be over-crowded, services poor and admissions even in emergency cases not always prompt; and no special consideration is shown to CGHS beneficiaries.

There are two hospitals in Delhi, namely, Dr. R. M. L. Hospital and Safdarjung Hospital which are CGHS hospitals where 50% or slightly less than 50% admissions are of CGHS patients. According to the Ministry, nobody has been turned back by these hospitals for want of beds. But according to the reports received by the Committee, quite a good number of CGHS beneficiaries are not able to get admissions to these hospitals in Delhi. As the Ministry do not have any system of monitoring demand and availability of admissions in these hospitals, the Committee are unable to accept the Ministry's claim that none has been denied admission in these hospitals.

Reply of Government

The recommendation is accepted in principle. D.G.H.S. has been instructed to carry out a study with a view to evolving a system for

monitoring the demand and availability of beds in the hospitals and allied matters.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982]

Recommendation Sl. No. 80 (Para 5.50)

The Committee are glad to learn that the Ministry has now decided to treat All India Institute of Medical Sciences as a referral institute/ hospital in respect of persons covered under Central Services (Medical Attendance) Rules, 1944. The Committee would like that similar facility should be extended to persons covered under the Central Government Health Scheme also.

Reply of Government

All India Institute of Medical Sciences has already been recognised as a referral hospital in cases of all ailments and diseases for which treatment facilities are not available in the hospitals already recognised under CGHS. As such, no further action is called for in this regard.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982]

Recommendation Sl. No. 81 (Para 5.51)

In Bombay too, 5 Government hospitals and 8 private hospitals, which are recognised under CGHS are stated to be inadequate to meet the needs of CGHS beneficiaries. The proposal for construction of a CGHS hospital at Haji Ali, Bombay has been shelved on account of financial constraint. Here again, though the Ministry feels that "difficulty is being experienced by any of the CGHS beneficiaries over there," the CGHS beneficiaries feel otherwise and the Committee have no reasons to brush aside the views of the CGHS beneficiaries in this regard in the absence of any systematic study of demand and availability of beds in recognised hospitals. The Committee recommend that the need for recognising a few more hospitals of State Government or Bombay Municipal Corporation or even private hospitals or reserving beds in such hospitals should be seriously considered in relation to the population of Central Government employees in Bombay and their dispersal over a vast area with a view to providing adequate hospital facilities for them.

Reply of Government

The recommendation has been examined at length and it is felt that keeping in view the total number of card-holders i.e. 70000 in Bombay as compared to 2.80 lakhs in Delhi, the existing number of Government/ private hospitals recognised under CGHS are adequate. The position

would be kept under constant review and appropriate steps would be taken to augment the facilities as and when required.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982]

Recommendation Sl. No. 83 (Para 5.54)

The standard of hospitals in Calcutta and other cities is stated to be not upto the mark though the Ministry denies that there is any such thing Health Secretary agreed in evidence to depute the Director General of Health Services to observe the services provided in Calcutta hospitals and report on the standard of services there and the improvements that could be made. The Committee would like the report together with the action taken by the Government to be communicated to them within six months.

Reply of Government

Director (CGHS) paid a personal visit to the Hospitals of Calcutta in order to observe and appraise the services provided to C.G.H.S. beneficiaries. A copy of his report is enclosed (Appendix I). Matter has been taken up with the West Bengal Government to take steps to improve the standard of services provided in the hospitals.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982]

Recommendation Sl. No. 85 (Para 5.56)

The Committee are happy to learn that proposals are under consideration to make CGHS beneficiaries eligible for super specialist treatment in areas like coronary bye pass in AIIMS, Railway Hospital, Perambur (Madras) Christian Medical College, Vellore, etc., so that the need for their going abroad for such treatment can be minimised. The Committee learn that the Ministry is also trying to identify more hospitals and private clinics where specialised facilities are available, especially for treatment of the type of diseases for which normal requests are received from Central Government employees for treatment abroad and in respect of which treatment facilities in ordinary Government hospitals are still in adequate. These are welcome developments. The Committee would urge the Ministry that these proposals should be finalised and treatment facilities in all such specialised hospitals extended to CGHS beneficiaries at the earliest.

Reply of Government

The observations of the Committee have been noted for compliance.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982]

Recommendation Sl. No. 86 (Para 5.57)

There is dissatisfaction with ambulance services in Delhi and outside. These services are, however, not under the control of CGHS authorities. The Ministry has informed the Committee that ambulance service in Delhi will be considerably augmented by the end of the Sixth Five Year Plan. Delhi Administration is reportedly working on a scheme to have centrally based ambulance vans with wireless system of inter-communication. Ambulance service may not be the direct responsibility of CGHS authorities but, surely, the Ministry of Health and Family Welfare cannot show complete unconcern about this service. In Delhi, the Ministry is directly concerned with this. The need for having an efficient ambulance service in a city cannot be disputed. For this purpose, adequate number of ambulance vans should be available, their location should be known to the people and they should be available on telephone. The Committee expect that the Ministry will use its good offices to arrange for an efficient ambulance service in Delhi and other cities where CGHS is in operation for the benefit of CGHS beneficiaries.

Reply of Government

The question of adequacy or otherwise of Ambulance Services in Delhi and cities where C.G.H.S. is functioning has been specifically taken up with the State Health authorities, who have also been requested to indicate the steps to augment the ambulance services.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982]

Recommendation Sl. No. 87 (Paras 5.58 & 5.59)

It was really a good idea to set up a Health Check-up Clinic in Delhi in 1969 but it is unfortunate that this clinic has not been able to become popular even after 11 years of its working. In 1979-80 for which information is available, only 8 persons availed of the health check-up facility in this clinic every day on an average. The main reasons for this clinic not becoming popular are—(1) non-availability of facilities for X-Ray examination, ECG and other specialised diagnostic equipment because of which CGHS beneficiaries are made to go from one place to another to have all check-ups done, and (2) its location away from residential areas. It is regrettable that the Ministry even though fully aware of the position, did not choose to take remedial measures all these years.

The Committee feel and the Health Secretary also agrees, that is no use keeping an ill-equipped health check-up clinic. It should be fully equipped for giving complete service under one roof and located at a place where its popularity can grow.

Reply of Government

The recommendation is accepted. Steps are being taken to ensure that necessary facilities and equipment for medical check-up are available at Health check-up clinic in Delhi.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982.]

Recommendation Sl. No. 88 (Paras 5.60 & 5.61)

The working of clinical laboratories under CGHS had also come in for severe criticism. The users have expressed their dissatisfaction with the quality of tests done in these laboratories, which they say are, often unreliable. There are also delays and mix-ups.

At present there is one clinical laboratory for three dispensaries in Delhi and Bombay. The Committee agree with the Ministry that for the present it is not necessary to have a clinical laboratory attached to each dispensary. But what has disturbed the Committee is the lack of faith of users in the quality of tests done in these laboratories. The Ministry is not prepared to accept the general reports of poor quality of testing unless "there is a clear cut evidence to this effect". It is not understand how a patient can provide "clear cut evidence" of poor quality of tests. It should before the Ministry to advise a system by which it can have sample and cross checking of results to satisfy itself that the quality of tests is of the required standard.

Reply of Government

In order to have sample and cross checking of the results of laboratory tests carried out in the CGHS laboratories, Pathologists have been directed to carry out randam checks. Their reports will be scrutinised and further improvements will be made as considered necessary.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982.]

Recommendation Sl. No. 90 (Para 5.76)

The importance of polyclinic an intermediate health station between the dispensary and the referal hospital—has been highlighted and the need for setting up more polyclinics emphasized by CGHS beneficiaries as well as medical experts. Government had also realised its importance and it has already set up 4 polyclinics in Delhi. 12 more are proposed to be set up in the Sixth Five Year Plan of which 5 were to be set up in 1981-82. The Committee have not been informed whether any one of these polyclinics has been established in the first two years of the Sixth Plan. If not, the Committee wonder how target would be achieved in the remaining three years of the Plan. Seeing the advantages of polyclinics especially to lower paid staff and their popularity, it will be unfortunate if the 12 polyclinics or proposed for the Sixth Five Year Plan do not come up as targeted. The Committee would like the Ministry to avoid such a thing happening at any cost.

Reply of Government

Out of the 12 polyclinics included in the Sixth Five Year Plan, 6 polyclinics have partly been set up during the first 2 years of the Plan, i.e. during 1980-81 and 1981-82. Two additional polyclinics have been sanctioned one each to be set up at Delhi and Madras. In this way, it is expected that the targets outlined for the Sixth Plan will be achieved.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982.]

Recommendation Sl. No. 91 (Para 5.77)

The Estimates Committee (1973-74) had recommended in their 57th Report that polyclinic should provide all types of specialised medical services if they have to fulfil the objectives for which they were intended. The Study Team of the Department of Personnel & Administrative Reforms (1977) had also supported the Committee's recommendation and recommended provision of all specialist services in the polyclinics. The Committee are disappointed to note that the Ministry's reaction to these recommendations has not been encouraging at all. It has pleaded its inability to implement these recommendations on the ground of paucity of accommodation and financial constraint. The Committee feel that it is very shortsighted view as in the absence of these facilities at polyclinics the entire burden falls on referal hospitals to the detriment of their efficiency and ability to provide good quality services in really serious cases. Instead of burdening these hospitals any further, the Ministry should provide at least all such specialised services in polyclinics as are in wide demand and equip them with all the necessary equipments and staff with a view to making them useful intermediate health stations between the dispensaries and hospitals and relieving pressure on referral hospitals.

Reply of Government

The concept of providing self-contained polyclinics equipped with observation beds and all the Specialist services could not materialise due to financial constraints. But the position in Delhi is likely to improve with the construction of two 500-bedded and three 100-bedded hospitals during the Sixth Plan which will reduce the pressure on the existing hospitals. In addition the polyclinics opened under CGHS will take a considerable load of Specialist consultation work in respect of the C.G.H.S. beneficiaries.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982.]

Recommendation Sl. No. 93 (Paras 6.9 and 6.10)

The Committee regret to observe that the figures of total strength of doctors and para-medical staff furnished by the Ministry are quite confusing. The Ministry has supplied three different sets of figures which do not tally with one another.

Taking the best figures, the Committee find that over 100 posts of doctors and nearly 225 posts of para-medical staff are lying vacant. At certain places vacancies in the case of doctors have been there for over five years and in the case of para-medical staff for over 10 years. The reasons given by the Ministry for these shortages, such as long time taken in making recruitment of doctors through UPSC and non-availability of para-medical staff, do not carry conviction with the Committee. It only shows that the Ministry has no proper system of perspective planning and initiating action for recruitment of Medical Officers well in advance. Such a large number of vacancies are bound to effect adversely the working of CGHS dispensaries on the one hand and aggravate unemployment position in the country on the other. The Committee cannot but hold the Ministry responsible for the failure in providing full contingents of doctors and para-medical staff in the CGHS dispensaries. The Committee would like the Ministry to remove weaknesses in personnel planning and management to avoid such serious shortcomings as high-lighted above. They would also like the Ministry to fill up all the vacancies without delay and report progresses within three months.

Reply of Government

It is correct that a number of posts of Medical Officers in all the grades of the Central Health Service are lying vacant. A number of posts in Supertime Grade I, Specialist Grade I and Supertime Grade II of the Central Health Service have been lying vacant for quite some time. We had in fact initiated timely action to fill up the vacancies (existing as well as anticipated) in Supertime Grade I as early as March 1980. The proposals for convening meetings of the Departmental Promotion Committee were sent to the Union Public Service Commission. However, in view of the impending restructuring of the CHS, it was decided to fill up the posts only after the revised draft CHS Rules are finalised and notified. We had also sent a proposal to the UPSC requesting them to agree to convene a meeting of the DPC to consider promotions to the Specialist Grade I and Supertime Grade II posts. The UPSC did not agree to convene a meeting of the DPC and desired that the proposal may be sent to them after the revised CHS Rules are notified.

As regards filling up of the posts of Specialist Grade II, requisitions are sent to the UPSC as and when a post becomes vacant. Similarly requisitions are also placed on the UPSC for making recruitment to the posts of Medical Officers in GDO Grade II of the CHS. As it takes some time before the candidates selected by the UPSC join the posts, the posts remain vacant for some time.

DPCs are also held at regular intervals for considering placement of Junior Class I Officers in the Senior Class I scale of pay.

From the position explained above, it may be seen that efforts are/have been made to fill up all the vacancies as early as possible. Action will be

taken to fill up all vacancies in the Supertime Grade I, Specialist Grade I and Supertime Grade II of the CHS as soon as the revised CHS Rules are notified for which a reference has already been made to the UPSC.

As regards the Committee's suggestion about perspective planning, it may be stated that under the existing procedure action for recruitment of medical officers is initiated well in advance. Requisitions are sent to the UPSC in advance for a larger number of vacancies than those actually existing at the point of time keeping in view likely vacancies on account of retirement, resignation and non-joining of candidates already recommended by the UPSC.

As regards vacancies in the posts of para-medical staff, the observations of the Committee have been noted and efforts will be made to fill up the vacancies as early as possible.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982.]

Recommendation Sl. No. 94 (Paras 6.43 & 6.44)

Stagnation and lack of adequate promotion prospects have created wide spread frustration in CGHS doctors and para-medical staff of which the Committee cannot but take a note. The Ministry has admitted that chances of promotion from Senior Grade I to Super-time Grade-II are not commensurate with the large number of posts and a large number of them are stagnating at the maximum of their pay-scale. Medical Officers incharge of dispensaries and a number of other doctors in each dispensary are in the same scale and this surely cannot be conducive to proper administrative control and discipline. In Delhi alone 169 Medical Officers with 5-10 years' service in CGHS who fulfil all conditions of promotion have not got promotion; 30 eligible officers are stuck in their posts even after having put in 10-15 years of service and 31 officers with more than 15 years service have been without any opening. Figures about doctors outside Delhi are not available.

Position of para-medical staff is no better and the Ministry is aware of it. The very structure of service in their case is disappointing. Out of 47 categories of para-medical posts having a sanctioned strength of 2601 personnel, 38 categories of posts comprising 1907 personnel have no promotion prospects whatsoever. It is difficult to envisage an organisation which provides no avenue of upward mobility for its technically qualified staff and still expects them to run its services efficiently. This is a sad reflection on the personnel management of the Ministry. The Committee would like the Ministry to give this matter an urgent thought and speedy action.

Reply of Government

The cadre review of the Central Health Service from which doctors are provided for CGHS has been carried out. As a result additional posts in higher scale have been created and sufficient number of chances for promotion of doctors have been provided.

A cadre review Committee has been constituted which will go into the problems of providing promotional avenues to the various categories of para-medical staff under CGHS.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982.]

3rd February, 1983]

Recommendation Sl. No. 95 (Para 6.45)

Restructuring of Central Health Service and cadre review in respect of Medical Officers of all grades, as recommended by Third Pay Commission, is stated to be nearing finalisation. Recommendations of the Pay Commission in respect of Pharmacists have been implemented and those regarding other categories of para-medical staff are stated to be under consideration. But the unconscionable delay of nearly 10 years in undertaking this much needed exercise resulting in irreparable harm to Medical and para-medical staff, for which the Committee hold the Ministry responsible, cannot but be deplored.

Reply of Government

The observation of the Committee has been noted and steps are being taken to improve the position.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS (P), dated the 30th September, 1982.]

Recommendation Sl. No. 97 (Para 6.47)

The Committee would also like that the Third Pay Commission's recommendations in respect of para-medical staff other than pharmacists (in whose case action has already been taken) should also be processed and implemented without delay.

Reply of Government

The recommendation has been noted for compliance. Instructions have been issued to the Director (CGHS) to implement all the recommendations of the Third Pay Commission without any delay.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982.]

Recommendation Sl. No. 98 (Para 6.48)

The Committee would like to observe in this context that while the Ministry has a right to expect the most efficient performance from Medical and para-medical staff in CGHS to be able to provide satisfactory service to CGHS beneficiaries, it also has a responsibility towards them to ensure reasonably good career prospects and service conditions to avoid frustration creeping into their ranks. The Committee would advise the Ministry to keep this aspect under its constant watch and not to delay remedial action wherever and whenever it becomes necessary in the future.

Reply of Government

The suggestion of the Committee has been noted and the Ministry will keep a constant watch with a view to improving the career prospects and service conditions of the staff working under CGHS.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS (P), dated the 30th September, 1982.]

Recommendation Sl. No. 99 (Paras 6.49 to 6.51)

Even in the matter of confirmation of Medical Officers and para-medical staff the position was very unsatisfactory. 23 Medical Officers who had put in more than five years' of service had not been confirmed upto March 1981. Of them 50 had put in more than 10 years' of service and were still awaiting confirmation. In Delhi alone, 94 out of 204 Medical Officers Grade I and 66 out of 419 Medical Officers Grade II had put in more than three years' of service in the grade and had not been made permanent.

The position in regard to para-medical staff is no better. Out of 2597 such staff in position on 31.3.1981, as many as 619 persons had not been confirmed even though they had put in more than five years' of service; 249 of them had put in more than 10 years' of service. In Delhi, out of 1209 para-medical staff, 353 persons having more than three years service, 142 with 5-10 years service, 94 with 10-15 years of service and 6 with over 15 years of service had not been confirmed.

After going into the reasons for the non-confirmation of Delhi based para-medical staff, the Committee find that except in the case of 33 persons for whom permanent posts were not available, in 320 other cases administrative delays on the part of the Ministry were responsible for not processing their confirmation cases. The Committee would like the cases of administrative delay to be enquired into at appropriate level with a view to learning lessons for the future.

Reply of Government

Orders for confirmation of post of the eligible Medical Officers have already been issued. Cases of some of the officers are being pursued with the UPSC.

As regards para-medical staff, orders have already been issued for confirmation of 1713 employees of various categories working under the CGHS. In fact almost all the eligible officers have already been confirmed and there is no backlog on this account.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS (P), dated the 30th September, 1982.]

Recommendation Sl. No. 101 (Para 6.53)

The Committee take note of the admission of Health Secretary that the process of getting the posts reviewed and made permanent has not been quick enough. The Committee had during evidence expressed serious concern at the long delays in this regard and had observed that the Ministry should complete the process of confirmation in respect of all eligible officers and staff without delay. At the Committee's instance, the Health Secretary was good enough to assure the Committee that the case of all eligible medical officers and staff would be processed and completed by 31st March, 1982. The Committee trust that the Ministry will fulfil its assurance and earn the goodwill of officers and staff.

Reply of Government

Action has already been taken to confirm eligible Medical Officers and para-medical staff before the stipulated date.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS (P), dated the 30th September, 1982.]

Recommendation Sl. No. 102 (Para 6.54)

The Committee find that a major impediment in the way of processing confirmation cases in respect of Medical Officers has been the delay in convening DPC (Department Promotion Committee). They also understand that UPSC has to be consulted before the confirmation cases of medical officers who have been recruited through UPSC, are decided. The Committee feel that this is cumbersome and time-consuming procedure. Once a doctor has been recruited through UPSC his confirmation should be decided by the Ministry in the light of his performance and it need not await formal approval by UPSC. Only in cases where the Ministry chooses not to confirm an eligible doctor after he has put in prescribed length of service, the Ministry should be required to place the matter

together with the reasons for not confirming him before the UPSC for the latter's satisfaction and review. This will avoid delays and also chances of harassment.

Reply of Government

The recommendation has been noted for compliance and further action will be taken as per the decision of the DPAR and UPSC in this regard.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS (P), dated the 30th September, 1982.]

Recommendation Sl. No. 103 (Para 6.55)

There are three zones namely Northern Zone, Central Zone and Southern Zone in which CGHS set up in Delhi has been divided. It has come to the Committee's notice that a number of Medical Officers have been working in the same place and in the same zone for the last many years. In the Committee's opinion a medical officer should not remain in the same place and same zone for more than 4 years or so in the interest of efficiency of service to CGHS beneficiaries. The Committee would like the Ministry to examine the question of devising a suitable scheme on postings and transfers to ensure periodical rotation of medical officers from one place to another and from one zone to another.

Reply of Government

The recommendation has been examined thoroughly and it is felt that it is not possible to rotate the Medical Officers periodically from one zone to another in view of various administrative and operational problems. But the recommendation regarding inter-dispensary posting after a tenure of 4 years has been accepted. Director (CGHS) has been asked to carry out a review and take action to shift the Medical Officers who have completed 4 years in a dispensary.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS (P), dated the 30th September, 1982.]

Recommendation Sl. No. 104 (Paras 6.65 & 6.66)

The recruitment of doctors for CGHS is required to be made through UPSC. *Ad-hoc* appointments are, however, made to fill up leave or short term vacancies of regular incumbents. Their appointments cannot be regularised without the approval of the UPSC. Such doctors are informed at the time of their initial appointment that *ad hoc* appointment does not bestow any right or claim on them for absorption in CGHS on regular basis. The Committee take note of the various measures including relaxation in recruitment procedures and rules taken by the Ministry to regularise *ad-hoc* appointments with the approval of UPSC. After all

this there are still at present 131 *ad-hoc* doctors in CGHS who have not so far been regularised. 12 of them have put in more than 10 years service and 79 between 5-10 years service.

The Ministry is at present restructuring the medical cadre in the CGHS with a view, *inter alia,* to giving opportunities to *ad-hoc* doctors who have put in more than 5 years service to get regularised. The Committee feel that the *ad-hoc* doctors who have already put in satisfactory service for more than 5 years deserve to be considered more sympathetically for the purpose of regularisation and in this process, it should be ensured that they do not suffer any loss in the matter of emoluments on account of delay in regularisation. They hope that the Ministry would continue with the process initiated by it in this regard till all the *ad-hoc* doctors who have put in satisfactory service are regularised.

Reply of Government

In earlier years we had to appoint Junior Medical Officers on *ad-hoc* basis from time to time to meet the increasing demand on account of increase in the number of dispensaries and other facilities, till the candidates regularly recruited through the UPSC in according with the CHS Rules were available. In 1977, we had 679 *ad-hoc* Junior Medical Officers working in the various participating units of the CHS. This number has now come down to 234 on account of some officers having qualified through the UPSC and some having resigned from service. After 1977 practically no *ad-hoc* appointments of Junior Medical Officers have been made as a matter of policy.

According to the existing CHS Rules, recruitment to all vacancies in the Junior Class I of the CHS is required to be made through the UPSC. The Commission conducts a Combined Medical Examination for filling up vacancies under the Ministry of Railways, Defence, Health & Family Welfare and Municipal Corporation of Delhi. The Junior Medical Officers already working on *ad-hoc* basis have been given many relaxations like relaxation in age, decreasing the number of papers in the examination, etc. but not many of them have succeeded in these examinations. The present rules do not contain any provision whereby the services of Junior Medical Officers working on *ad-hoc* basis could be regularised except through the Commission. However, in the new CHS Rules, which are currently in the last stages of finalisation, a provision has been made that recruitment to the Junior Class I of CGHS may also be made by means of interview only besides the method of recruitment through the examination. As soon as the revised rules are notified a requisition will be placed with the Commission and it is hoped that quite a large number of the *ad-hoc* appointees would get regularised through the Commission.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS (P), dated the 30th September, 1982.]

Recommendation Sl. No. 108 (Para 6.85)

There is a feeling in certain quarters that only 50% of the doctors selected by UPSC for CGHS join duty. The Ministry unfortunately does not maintain data from which one could know as to how many doctors were offered appointments by UPSC and how many of them accepted them. It would be interesting to make a study of this phenomenon, say, for a period of last five years and draw meaningful conclusions.

Reply of Government

The past records of five years have been examined and it has revealed that comparatively a small percentage of the candidates recommended by the UPSC for CHS have joined their posts. The percentage of candidates who joined CHS ranges from 22 to 40. Candidates after coming out of Medical Colleges are always on the look-out for immediate and better prospects and they submit their application to the various authorities including the UPSC. Recruitment through the UPSC takes longer time and in the meanwhile some of the candidates selected by the UPSC get employed elsewhere. In order to ensure the availability of Medical Officers of required number for CHS, UPSC is invariably requested to make available to us a longer panel of selected candidates which should take care of not only the existing vacancies both also of likely vacancies in future or for posts which may not be filled up due to non-joining of the selected candidates.

[Ministry of Health & Family Welfare O.M. No. H-11013/6/82-CGHS (P), dated the 30th September, 1982.]

Recommendation Sl. No. 110 (Para 6.88)

The suggestion made in a memorandum to permit liberally the CGHS doctors to do post-graduate courses and no provide the necessary facilities for the purpose, merits consideration. If this is done at least a certain percentage of doctors who might think of resigning their jobs under CGHS for the purpose of doing post-graduate course, may stay back.

Reply of Government

The observation of the Committee has been noted. In fact, CHS has already adopted a liberal policy in granting study leave and other facilities for CHS doctors to do post-graduate courses.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS (P), dated the 30th September, 1982.]

Recommendation Sl. No. 111 (Para 6.98)

The Committee find that as against 222 doctors, who have been provided Government accommodation, 487 are without it. In para-medical staff category, as against 258 such staff who have Government accommodation,

951 have not got Government accommodation so far. The degree of satisfaction is 32% for Doctors and 21% for para-medical staff. It is, in the Committee's opinion, very essential to provide residential accommodation at least to all key personnel close to the dispensary to which they are attached, in the interest of a more efficient service to patients at odd hours. The Committee would like the Ministry to identify the doctors and para-medical staff who are holding key positions in each dispensary and arrange, in consultation with the Ministry of Works and Housing, to provide them suitable accommodation within easy distance from the respective dispensaries.

Reply of Government

The recommendation is accepted. The categories of staff who are holding key positions and should be allotted accommodation within easy distance of dispensaries, are already known. The position regarding availability of accommodation for the CGHS employees is being constantly reviewed and matter is taken up with the Works & Housing Ministry for allotment of more accommodation.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 112 (Para 6.99)

The Committee have no comments to make on the retirement of doctors. But they do feel for the doctors who, because of their late entry into service—in some cases as late as 30—36 years—would retire without adequate pension. Specialists doctors have been given the benefit of added years of services of upto 5 years for the purpose of pension. But there is no such consideration for other doctors. The Committee see no logic in discriminating between specialists and other doctors under pension rules. They would like all doctors to be treated alike in this matter.

Reply of Government

It has been decided to make a reference to the DPAR to obtain their approval to give the benefit of added number of years for pension period to the General Duty Officer as is done in the case of Specialists Grade of Officers so that necessary changes may be made in the pension rules and recruitment rules.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 113 (Para 6.103

The Committee take note of the recent decision of the Ministry of Health and Family Welfare relaxing the existing ban on the forwarding of applications of CGHS officers for empanelment in the "Foreign Assignment Panel" maintained by the Department of Personnel and Administrative

Reforms and to their release to take up assignments abroad on deputation on a restrictive basis.

Reply of Government

The recommendation has been noted for compliance.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 114 (Para 6.122)

CGHS beneficiaries dissatisfaction with the behaviour of doctors and para-medical staff at the dispensary level has been brought to the Committee's notice in writing and in person. Many doctors, it is stated, are rude, keep patients waiting unnecessarily and do not see the patients carefully. The Committee do not want to convey an impression that CGHS beneficiaries consider all or most of the doctors or para-medical staff rude. But even if a small minority behaves improperly, the image of the entire class gets tarnished. It is against this danger that the Committee wish to warn the community of doctors and para-medical staff.

Reply of Government

Observations of the Estimates Committee in regard to the behaviour of medical officers and staff of CGHS and their standard of conduct towards patients etc. have been noted. There is no justification for anything but most cordial and sympathetic behaviour towards patients. Director, CGHS has taken meetings with the medical officers and other staff and emphasised the need for maintaining cordial doctor-patient relations and has advised them to be polite and sympathetic towards patients.

Fresh instructions have also been issued to all the Medical Officers and other staff to treat patients with utmost care and sympathy.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 115 (Para 6.123)

Doctors and para-medical staff have not accepted the charge of rude behaviour. According to them, heavy workload and too inadequate a strength do not permit them to give proper attention to each patient to his/her satisfaction. Besides, they say, there is great frustration in the medical and para-medical staff due to stagnation and strenuous working schedule. The Committee feel deeply pained at the doctors' and para-mdical staff's attempt to plead heavy workload and frustration in extenuation to the charge of rude and indifferent behaviour. The medical and para-medical

staff may have problems (and have problems which the Committee have dealt with elsewhere in this report); but this cannot be a justification for the curtness in their behaviour or casualness in their approach.

Reply of Government

Please see reply given under para 6.122 (Recommendation Sl. No. 114).

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 116 (Para 6.124)

Like CGHS beneficiaries, the Committee expects from the doctors a standard of conduct consistent with the high traditions of the noble profession to which they have the privilege to belong. Patients look to doctors not merely as writers of prescriptions but also as dispensers of health for which, doctors know more than anybody else, a patient has to be treated not only medically but also psychologically. The Committee would, therefore, call upon the doctors to live upto the expectations of their patients even under testing circumstances and deal with all of them, high or low, with patience, understanding, smile and human touch.

Reply of Government

Please see reply given under para 6.122 (Recommendation Sl. No. 114).

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 117 (Para 6.125)

The Committee expects that the dispensers and other para-medical staff will also take note of the CGHS beneficiaries feelings about their behaviour and do everything possible not to give them any cause of complaint on this account.

Reply of Government

Please see reply given under para 6.122 (Recommendation Sl. No. 114).

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 118 (Para 6.126)

The Ministry has tried to counter the charge of rudeness of the dispensary staff on the basis of statistical data, according to which the number of complaints from all cities comes to only 1.46 complaints a day. The Committee have not gone into statistical aspect of complaints but

from what they have heard and read, this appears to be too good to be true. In any case, the Committee do not agree with the Ministry's approach to measure the patients' satisfaction on statistical scale. It will be a pity if on statistical basis the Ministry, doctors and para-medical staff delude themselves into believing that CGHS beneficiaries are satisfied with the behaviour of dispensary staff or if they adopt an attitude of self-righteousness or complacence in this regard.

Reply of Government

Observations of the Estimates Committee have been noted. The medical officers and other staff have been advised to maintain cordial doctor-patient relations and should, invariably be polite and sympathetic towards patients.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 119 (Para 6.127)

Committee are conscious of the fact that in a matter like this, it is the doctors and the para-medical staff themselves who can really help. The Ministry can only issue and re-issue appeals to them to be courteous and considerate, which the Committee have no doubt, they will do. But unless the Ministry can successfully bring home to the doctors and para-medical staff the desirability of attending to patients with smile and sweetness, regardless of their personal problems of stagnation and heavy workload, the problem will not be solved. For this the Ministry on the one hand will have to be firm in dealing with instances of callous and curt behaviour, and on the other, show sympathetic understanding of legitimate problems of doctors and other staff.

Reply of Government

Observations of the Estimates Committee have been noted. While the Ministry looks after the legitimate problems of C.G.H.S. doctors and staff properly, it will take suitable action against those whose behaviour towards patients is found lacking in any rseepct.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 1.20 (Paras 718, 7.19 & 7·20)

The role of the Ministry of Health in relation to CGHS is to lay down general policy and staff norms and attend to matters relating to creation of posts, budgetary control, plan proposals and periodic review of functioning of CGHS. The task of supervision, control, monitoring and staffing

is taken care of by the Director, CGHS who works under the superintendence and control of Director-General, Health Services. The Ministry, the Committee were told, did not do anything directly in the field of supervision, control and monitoring which were left to the Director-General, Health Services. Even in regard to periodic review of functioning of CGHS, Secretary (Health) frankly confessed in evidence that "as regards certain functional review like supply of medicines, there is no system laid down as such" under which periodic review of CGHS is to be done compulsorily every three months or six months or 12 months.

The Ministry, it was stated, kept a watch from time to time over the supply of right type of medicines in adequate quantity. However, even in this field, it was confessed, there was no systematic review by the Ministry.

The Committee cannot too strongly deplore the attitude of unconcern prevailing in the Ministry in the past towards the working of CGHS. The Committee do not think it proper for the Ministry to wash its hands completely of the important tasks of general supervision, control and monitoring of the overall performance of CGHS and pass them on to a subordinate authority. Unless the Ministry actively oversees the activities of CGHS at Macro level as an apex body should do, it will not be possible for it to know the short-comings of the scheme or the problems of, CGHS beneficiaries. Nor will it be possible for the Ministry to do any meaningful review of the working of the scheme. The Committee would, therefore, strongly urge that the Ministry should shed the ivory-tower attitude it has had so far and play an active role in exercising effective supervision and control over the scheme and in carrying out periodic reviews of its working.

Reply of Government

The recommendation is accepted. The Ministry will carry out a review of the working of CGHS after every 6 months and for this purpose, an expert group is being appointed.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS (P) dated the 30th September, 1982]

Recommendation Sl. No. 121 (Para 7.21)

The Committee were, however, glad to see that, notwithstanding the past record of the Ministry, attitude of the Health Secretary during evidence was refreshingly responsive and encouragingly positive. The Committee were informed during and after evidence that action in various directions had already been initiated by the Ministry in the light of the Committee's observations. The Committee expect that similar sensitivity and alarcrity to act, as seen in evidence, would continue to be shown hereafter by the Ministry

in streamlining the working of the CGHS with a view to giving maximum satisfaction to the beneficiaries and living up to their expectations.

Reply of Government

The observation is noted.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 122 (Para 7.22)

On distinct impression which the Committee have acquired in the process of examination of the working of CGHS is that the Ministry lacks an efficient information system. The Committee would advise the Ministry to organise a proper management information system and a matching apparatus to analyse the information to be able to know the weak spots in the working of the CGHS and to apply corrective without delay.

Reply of Government

The CGHS is a Government Organisation and it has to function in accordance with the Government rules and regulations as applicable in all other Departments. The recommendation is however being examined in consultation with the National Institute of Health & Family Welfare in order to organise a proper management and information system and a matching apparatus to analyse the information.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 123 (Para 7.23)

The Committee find that out of 33 recommendations and observations made by the Study Team of Department of Personnel & Administrative Reforms on the Working of CGHS dispensaries (1977) only 17 were accepted by the Ministry. The remaining 16 recommendations which were not accepted included some which were original and went to the root of many problems. The Committee feel that the purpose of appointing an expert body to look into any problem is defeated if the controlling authority does not take the expert views seriously. The Committee would like the Ministry to have an innovative approach and open mind in dealing with the problems of CGHS.

Reply of Government

The observation is noted.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 124 (Para 7.24)

Neither the Ministry nor the CGHS Directorate has on its roles experts or consultants in the sphere of Finance, Personnel Management, Material Management, Medical Administration, Inventory Control and Purchase. These areas of responsibility are handled by common run of bureaucrats as anywhere else in the Government Secretariats. This in the Committee's view is not a very happy situation. The Committee do not agree with the Health Secretary that "It is not practicable for each organisation to have its own specialist service." The Committee feel that in view of the fact that the CGHS is running over 210 dispensaries and units of all types in 15 cities and dealing with nearly 24 lakh beneficiaries (over 5½ lakh families) and spending over Rs. 14 crores per annum towards purchase of medicines and administration, it is of paramount importance that the CGHS Directorate should have on its role experts at least in personnel management, finance, purchase and inventory control to ensure efficiency with economy in the administration of the scheme. Such a vast network of dispensaries and related services is difficult for the generalists alone to manage competently. The Committee expect the Ministry to bestow attention to these areas of administration which have remained neglected over two decades.

Reply of Government

As stated in reply to para No. 7.22, the advice of National Institute of Health & Family Welfare is being obtained in regard to this recommendation also. Further action will be taken on receipt of their advice.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 126 (Para 7.42)

CGHS set up in Delhi has been incurring an unduly heavy expenditure on petrol for its vehicles and on their maintenance and repair. The average consumption of petrol was 3.66 K.M. per litre during 1980-81 and the maintenance and repair cost amounted to an average of Rs. 5475/- per vehicle during that year. The explanation given by the Ministry in support of such an abnormally high expenditure that most of the vehicles are very old and heavy, like trucks and wagons, does not carry conviction with the Committee. The Ministry should have replaced the old vehicles progressively instead of running and maintaining them so uneconomically. The Committee would like the Ministry to enquire as to whether any serious attempt was ever made and pursued to provide funds for the replacement of at least the condemned vehicles and why the attempt did not succeed and furnish a report to them within six months.

Reply of Government

It may be mentioned that sanction for procurement of 6 vehicles has already been issued and steps are being taken to purchase the vehicles.

Similarly, some more vehicles will be available after the completion of ASIAD, 1982. In this way, it would be possible to implement this recommendation of the Committee.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 127 (Para 7.44)

The people now realise the benefit of a small family. The Government's role is to educate them in the methods of contraception so that they are motivated to accept, on their own, any one of them. It is very necessary that a voluntary effort is intensified at very level and every possible opportunity utilised in the process of educating the CGHS beneficiaries in the reproductive group and making them adopt the small family norm. The Committee would urge the Ministry to ensure that it provides every possible facility, particularly Leproscopy which is proving popular, in the CGHS polyclinics and hospitals and if possible in the dispensaries to make family planning more attractive so that the targets set down in the Sixth Five Year Plan to raise the percentage of couples practising family planning from 22.5% to 36.5% by 1984-85 are fully met.

Reply of Government

Family Welfare is already a part of the functions of the CGHS dispensaries. The Department of Family Welfare has been requested to advise the Director, C.G.H.S. on the additional measures to be adopted to promote awareness among beneficiaries about the benefits of small family norm through CGHS dispensaries.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982.]

Recommendation Sl. No. 128 (Para 7.45)

The incidence of Tuberculosis is still high in India. The Committee are not aware whether the Ministry has organised any campaign to screen all CGHS beneficiaries with a view to detecting signs of Tuberculosis at the earliest stage. They should strongly recommend that the screening of Government employees and their families should be organised by CGHS expeditiously and suspected cases of Tuberculosis identified for an intensive treatment and care in specialised hospitals. The Committee would also like the Ministry to ensure that adequate number of beds for Tuberculosis patients covered by CGHS are available in specialised hospitals and the patients do not have any difficulty in getting the prescribed medicines. In Delhi and other places where there is large concentration of Government employees the Ministry should consider providing special wing worth adequate number of TB specialists in the existing hospitals.

Reply of Government

T.B. patients among CGHS beneficiaries are already being referred to the T.B. Hospitals through C.G.H.S. dispensaries. The Advisor of T.B. of the Directorate General of Health Services has been asked to advise the Ministry on the ways and methods to be adopted for implementing the decision of the Estimates Committee.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-82-CGHS(P)O, dated the 30th September, 1982]

Recommendation, Sl. No. 129 (Para 7.46)

There is a good deal of preventable blindness in the country due to nutritional deficiency, disease or cataract. The Committee would suggest CGHS should organise an intensive programme of examining the eyes of CGHS beneficiaries, particularly the children and the old men and women, and undertake without delay preventive, promotive and curative measures of eye health care.

Reply of Government

The recommendations of Estimates Committee have been noted and Adviser (Ophthalmology) of Dte. G.H.S. is being consulted in this regard.

[Ministry of Health and Family Welfare O.M. No. H-11013/6/82-CGHS (P), dated the 30th September, 1982.]

Recommendation, Sl. No. 130 (Para 7.47)

The Committee would also like that the Ministry should review the present capacity for dealing with cataract cases in the hospitals and polyclinics set up or recognised under the CGHS and augment the capacity wherever necessary. They would like the Ministry to take stock of the backlog of cataract cases among CGHS beneficiaries and draw up a time bound programme to clear them, within one year.

Reply of Government

Please see reply under para 7.46 (Recommendation Sl. No. 129).

[Ministry of Health and Family Welfare O.M. No. H-11013/6/CGHS (P), dated the 30th September, 1982.]

Recommendation, Sl. No. 131 (Para 7.48)

It should also be ensured by the Ministry that CGHS beneficiaries requiring glasses under the eye health care programme should be able to get good quality glasses at reasonable prices.

Reply of Government

Please see reply under para 7.46 (Recommendation Sl. No. 129).

[Ministry of Health and Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982]

CHAPTER III

RECOMMENDATIONS/OBSERVATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF GOVERNMENT'S REPLIES

Recommendation Sl. No. 21 (Para 2.87)

The Committee feel that it would be desirable if the action taken on a complaint is not only recorded in the complaint register but also communicated to the complainant.

Reply of Government

The action taken on the complaint is recorded in the complaint register and the complainant can examine it on his subsequent visits to the dispensary. Sending of written communication in this regard will involve a lot of correspondence and counter correspondence between dispensary and beneficiaries and staff provided in the dispensary according to the approved norm will not be able to perform this job regularly.

[Ministry of Health and Family Welfare O.M. No. H-11013/6/ CGHS(P) dated the 30th September, 1982]

Recommendation Sl. No. 51 (Para 3.132)

The Committee also feel that in sensitive and chronic cases in which treatment with brand names medicines has been able to control or stabilise the problems, and where a switch-over to generic name substitute is likely to create a psychological effect or introduce an element of risk or slow down recovery, it will be advisable not to insist on issue of substitute medicines in lieu of brand names regardless of cost implications. Doctors should have no fetish either for generic names or for brand names. Each case should be treated on merits with due regard to the psychology of the patient and the state of ailment.

Reply of Government

The recommendation of the Estimates Committee has been examined but it has been held that Specialists have discretion to prescribe medicines of generic name or brand name according to the ailments of the patients and requirements of the treatment keeping in view the element of risk or slowing down of the recovery by the supply of generic name medicine. The generic name medicines supplied in lieu of brand name medicines are invariably of the same therapeutic value. The Specialist is the best person to take into account the psychological aspect of issue of medicines in generic names.

Secondly, if a patient is issued medicine in brand name on the recommendation of the Specialist, it is supplied to him on subsequent occasions also without any change unless the prescription is modified by the Specialist.

[Ministry of Health and Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982]

Recommendation Sl. No. 63 (Para 4.75)

The Committee find that, while purchasing medicines, lowest tenders as per specimens are accepted as, according to the Ministry, at that stage it cannot be presumed that the supply may be substandard. In the Committee's opinion this is not a correct approach. The Ministry should consider whether some sort of screening of the tenders cannot be done at tender stage to minimise the likelihood of sub-standard medicines being supplied to CGHS under the cover of lowest tenders.

Reply of Government

It is not possible to accept this recommendation as it cannot be anticipated at the tender stage whether any future supplier will provide substandard medicines.

[Ministry of Health and Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982]

Recommendation Sl. No. 76 (Para 4.120)

Widely circulating reports that a number of drugs which are banned in several advanced countries are sold in India without any check, have reached the Committee. Director General of Indian Council of Medical Research is of the opinion that in our country this is really not a significant feature because we have pretty tight system of control before a drug is allowed to be used in India. According to the Ministry no drug can be imported into India or manufactured unless it has been approved by the drugs Controller of India. The permission on various occassions and in respect of many drugs had been withheld or withdrawn whenever any defect in the efficacy of the product has been found. The Committee are disturbed to note that "it is not possible for the Ministry to give any categorical information that none of the drugs produced by multinationals or foreign companies and sold in India is banned in developed countries". WHO, it is stated furnished information to authorities in India about the drugs withdrawn in USA and other developed or developing countries. The conditions of medical practices, disease pattern or availability of substitutes in India are stated to be different from those prevailing in the developed countries. As such, according to the Ministry, the decision taken by developed countries cannot always be followed in India. On receipt of the information from WHO, the Indian authorities examine the matter in depth and take judicious decision

on merits in respect of each of the drug so reported to have been banned in the developed countries. The Ministry informed the Committee that out of 17 such drugs reported by WHO, 7 were withdrawn from market in India while five drugs were not approved or even application seeking permission to market them were not received. The Ministry has not given any explanation in respect of the five remaining drugs. The Committee would like to be informed about them.

Reply of Government

According to the latest information received by Drug Controller of India, out of 19 drugs reported by the World Health Organisation, action to withdraw the drugs from the market has been taken in respect of 8 items. Seven drugs out of them were not approved or no applications were received in that respect. The remaining 4 drugs are :—

(i) Nitrofuran compounds.

(ii) Phenformin.

(iii) Hydroxyguinoline derivatives and

(iv) higher dose Lynestrenol products.

Although these drugs have been banned in some countries, yet these are still being marketed in a number of developed countries and all these drugs are official drugs in the British Pharmacopoei, 1980. A decision was taken, in consultation with the medical experts to permit the marketing of these four drugs in the country subject to the precautionary statement and contra-indications being given on the label/package inserted in some cases.

[Ministry of Health and Family Welfare O.M. No. H-11013/6/82-CGHS (P), dated the 30th September, 1982.]

Recommendation Sl. No. 77 (Para 4.121)

The Committee cannot overemphasis the need to act without delay on receipt of such reports and to exercise the most careful examination of such drugs with a view to ensuring that the drugs which are harmful or have deleterious side effects are not in any circumstances allowed to be marketed or remain in circulation. In order to prevent any alarm in the general public in record to such drugs it would be desirable if the Ministry, through official handouts, gives out the considered views of the expert bodies on such drugs as are reportedly banned or are in the process of being banned in developing or developed countries. The Ministry's silence in the face of reports of any of such suspected drug can be a serious omission if not dereliction of duty.

Reply of Government

The position has been explained in the reply under Para 4.120.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS(P), dated the 30th September, 1982.]

Recommendation Sl. No. 92 (Para 5.82)

At present physically therapy units are working in the two CGHS hospitals in Delhi. There is weight in the Ministry's contention that it will not be necessary nor practical to have Physiotherapy units in all the CGHS dispensaries. The Ministry may, however, consider the feasibility and desirability of setting up a few more Physiotherapy units outside the hospitals for the benefit of beneficiaries residing far away from these hospitals.

Reply of Government

Physiotherapy Units cannot function independently as patients going there have to be constantly and regularly examined in Orthopaedics, Surgical and other referring departments. Independent units outside the hospitals could not, therefore, be feasible.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS(P), dated the 30th September, 1982.]

Recommendation Sl. No. 105 (Para 6.74)

Conveyance allowance at the following rates under certain conditions is paid to Medical Officers to enable them to pay domiciliary visits those maintaining their own motor cars—Rs. 275/- PM, those maintaining scooters/motorcycles Rs. 90/- PM and those not maintaining either cars or scooters Rs. 60/- PM. The Committee have gone into this matter in the light of the views of CGHS beneficiaries and doctors. They wonder how in present times a doctor of Grade-I or Grade-II can buy a car and maintain it with the meagre allowance paid to him. The Committee also wonder what a doctor not maintaining car or scooter would be doing with Rs. 60/- PM which is paid to him as conveyance allowance. Such a doctor cannot afford to hire a taxi or other vehicle for paying home visits and most probably may not be taking the trouble of travelling by public bus for which alone the meagre allowance of Rs. 60/- may be adequate. In the Committee's opinion, doctors not owning cars or scooters should be given options either to draw conveyance allowance as at present or to claim reimbursement of taxi or auto-rickshaw hire charges for paying home visits as the case may be, with suitable safeguards against misuse.

Reply of Government

After examining the various pros and cons of the proposal made by the Estimates Committee, it was felt that the existing system could not possibly be changed and should continue. Further, the rates of conveyance allowance granted to the Medical Officers of CGHS have already been increased as under :—

	Old Rates (Rs)	Revised Rates (Rs)
(i) For those owning cars	275	345
(ii) For those owning scooters/ motor cycles	90	110
(iii) For those not owning either cars/scooters	60	72

In this way, the rate of conveyance allowance for doctors who do not own any conveyance has also been increased.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS(P), dated the 30th September, 1982.]

Recommendation Sl. No. 106 (Para 6.75)

The Committee also feel that it is rather too much to expect a doctor of Grade-I or Grade-II to maintain a car and use it for official purposes on payment of a meagre conveyance allowance. Either the conveyance allowance should be adequate to pay for the basis maintenance of car or scooter and the fuel consumed in the course of travelling on official duty, or the CGHS should maintain a pool of official vehicles in each city, region-wise, from which the doctors in that region might be able to requisition one for paying home visits. In the latter case the payment of conveyance allowance to the doctors would not be necessary. The Committee would like the Ministry to consider the entire question of conveyance allowance realistically and evolve a system which would be most convenient to Doctors and would also lead to a better service to CGHS beneficiaries.

Reply of Government

After examining the various pros and cons of the proposal made by the Estimates Committee, it was felt that the existing system could not possibly be changed and should continue. Further, the rates of conveyance allowance granted to the Medical Officers of CGHS have already been increased as under :

Conveyance Allowance

	Old Rates	Revised Rates
1. For those owning cars	275	345
2. For those owning scooters/ motor cycles.	90	110
3. For those not owning either cars/scooters.	60	72

In this way, the rate of conveyance allowance for doctors who do not own any conveyance has also been increased.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS(P), dated the 30th September, 1982.]

Recommendation Sl. No. 109 (Paras 6.86 and 6.87)

The Committee find that incidence of resignations among CGHS doctors is quite high. In an organisation which has a strength of about 1300 doctors, as many as 369 doctors had resigned between 1972-1980 as against a little over 1000 new doctors recruited during this period. The Ministry surprisingly does not consider the number of resignations high. The Ministry even does not consider it necessary to make any study of the phenomenon of resignations to know the real reasons behind the resignation.

The Committee feel that the high resignation rate could be due to the reasons that service conditions and career prospects in CGHS may not be as good as in some other organisations to which CGHS doctors might be attracted. The Committee would like the Ministry to make a case study of the doctors who resigned there jobs under CGHS during a particular period to find out the real reasons for their resignations and see what it can do to prevent such a large scale eflodue of doctors from CGHS.

Reply of Government

It was felt that instances of resignations as pointed out by the Estimates Committee are not exclusively confined to CGHS doctors, but this is a common phenomenon among all the CGHS doctors working in different Departments. As a result of the cadre review, large and better career prospects will now be available to the Medical Officers. The retention rate is expected to go up.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS(P), dated the 30th September, 1982.]

CHAPTER IV

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH GOVERNMENTS REPLIES HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

Recommendation Sl. No. 11 (Para 2.47)

It has been brought to the Committee's notice that though a large number of Central Government employees are living in Gurgaon, only a small part of them have chosen to avail of the CGHS services there because of the location of dispensary at an inconvenient place. CGHS authorities do not have any census of the total strength of Central Government employees living in Gurgaon and have, therefore, not offered any comments on the aforesaid statement. It will be worthwhile to take a census of Central Government employees living in Gurgaon and other peripheral cities around the capital to find out the real position. The census will enable the Ministry to take stock of CGHS facilities in these cities.

Reply of Government

As this Ministry does not have any means to carry out the census of the Central Government employees living in Gurgaon and in other peripheral cities around the Capital, the Director General of Employment and Training, Government of India was approached for obtaining the requisite information. He has stated that the information is not available with his office. Now other means of collecting information are being explored.

[Ministry of Health & Family Welfare O.M. No. H.11013/6/82-CGHS(P), dated the 30th September, 1982.]

Comments of the Committee

Please see para 1.7 of Chapter I of the Report.

Recommendation Sl. No. 125 (Para 7.34)

The term "family" under the CGHS includes husband/wife of the CGHS card-holder, wholly dependent children or step children parents (or parents-in-law in certain circumstances) who are mainly dependent on and are residing with the Government servant. The Ministry is not agreeable to extend the scheme to persons not covered under the present definition of "family" except in areas under the jurisdiction of certain dispensaries in Delhi where already the members of general public are permitted to avail themselves of the CGHS facility on payment of a given amount. The Committee feel that the case of wholly dependent sisters who are unmarried or widowed or separated and of daughters who are widowed or separated and who are living with the Government servants stands on a special footing

in Indian social system and deserves to be considered with sympathy for extension of CGHS facilities, if not on subsidised rates, at least on normal rates.

Reply of Government

It may be stated that the ineligible relatives of Central Government employees have already been authorised to avail of the benefits of C.G.H.S. in 14 dispensaries of South Delhi. But the experience of the working of this system has not been found encouraging. Secondly, in case this facility is extended to any of the dispensaries of Delhi and outside, it is likely to increase expenditure considerably. It will also enhance the *per capita* expenses and as a result, the charges to be recovered on the normal rates from the ineligible relatives will be much higher. It is, therefore, not possible to implement the decision of the Committee.

[Ministry of Health and Family Welfare O.M. No. H-11013/6/82-CGHS(P), dated the 30th September, 1982]

Comments of the Committee

Please see para 1.36 of Chapter I of the Report.

CHAPTER V

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

Recommendation Sl. No. 4 (Para 1.25)

There is a great lacuna in the Scheme. The Ministry has not instituted any feedback system through which it can contemporaneously know the failures and weaknesses of the Scheme and the beneficiaries' impressions on the working of the Scheme. Complaint registers do not serve this purpose. The Committee would like the Ministry to evolve a proper feedback system to invite reactions of a cross-section of beneficiaries from time to time and take serious note of their views and problem.

Reply of Government

National Institute of Health and Family Welfare which has been entrusted with the work of carrying out evaluation of CGHS, has also been asked to advise on proper feed-back system alongwith the arrangements to be made in this regard. Further action will be taken on receipt of its report.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P), dated the 30th September, 1982]

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 31 (Para 3.50)

The Committee find that the Study Team of the Department of Personnel and Administrative Reforms (1977) had also recommended that the procedure for presenting the doctors' prescriptions at the registration counter before these are presented at the dispensing counter should be discontinued. This procedure is stated to have been introduced on an experimental basis in two dispensaries in Delhi were the experiment is still continuing. The Ministry has informed the Committee that the elimination of registration counter is under examination. The Committee feel that the experiment has been continuing for a long time and the Ministry should now be in a position to take a final decision in the matter.

Reply of Government

The result of the revised procedure being followed in two dispensaries has revealed certain flaws and drawbacks which need further consideration.

The matter has been taken up with the Department of Personnel and Administrative Reforms.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P), dated the 30th September, 1982]

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 32 (Para 3.51)

The Ministry is of the view that the queue outside the Registration windows for getting priority numbers of doctors (tokens) could also be avoided. If as discussed above queue for taking Tokens and registration window for registering prescriptions are eliminated and counters for general and special medicines are amalgamated there will be a marked improvement in the procedure and considerable relief to the patients. The Committee could like Ministry to take follow-up action in this regard without delay.

Reply of Government

As indicated against paras 3.48 to 3.50, the general and special medicine counters have already been amalgamated in 67 dispensaries of Delhi. But it is not possible to eliminate the procedure of taking tokens and registration of prescriptions immediately. The practice is being concurrently reviewed and further changes will be made as may be considered necessary in due course of time.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P), dated the 30th September, 1982]

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 33 (Para 3.52)

The Committee also feel that it is absolutely unnecessary for the patients who have to get the medicines 'repeated' or who have got specialists' prescriptions to stand in queue along with other patients merely to have their prescription endorsed before getting medicines. The Ministry should evolve a procedure whereby such patients can get medicines without delay.

Reply of Government

Department of Personnel and Administrative Reforms has been requested to make a study for (i) evolving a procedure whereby the patients who have to get medicines repeated or who have got specialists' prescriptions to stand in queue along with other patients, can get the medicines without delay and (ii) to suggest remedial measures to ensure that patients do not have to

spend more than the minimum time required to consult the doctors and get medicine. On receipt of their report, further action will be taken in this regard.

[Ministry of Health and Family Welfare O.M. No. H.11013/6/82-CGHS(P), dated the 30th September, 1982]

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 34 (Para 3.53)

The Committee take note of the findings of the Study Team of National Institute of Health Administration and Education (1975) according to which the average waiting time was found to be usually less than two minutes at each counter in a dispensary. On the basis of this over 6 years old study the Ministry claims that the patients do not have to wait for long period at dispensary. But the Committee were told by a number of CGHS beneficiaries during their study visits that it took them about an hour or so to consult the CGHS doctors and get medicines. Even after the patients had been to specialists and got prescriptions, they had to spend about half an hour or so at the dispensary to get the prescriptions endorsed by dispensary doctors before getting the medicines. The Committee feel that the study of time taken by patients at CGHS dispensaries conducted in 1975 may not be reflecting the true position as it obtains today. There is need for a fresh study and remedial action to ensure that patients do not have to spend more than the minimum time required to consult a doctor and get medicines.

Reply of Government

Action has been taken as indicated against para 3.52

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982]

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 37 (Para 3.56)

The system of family folders for CGHS beneficiaries as suggested by doctors, para-medical staff and CGHS beneficiaries will have numerious advantages. It will make the history of a patient and record of past ailments, treatment and specialists' opinions available at one place. It will also put a restraint on malpractices and wastages. The system is stated to be undertrial at a few dispensaries but the evaluation has not yet been

carried out. According to Director, CGHS, the folder system if introduced in Delhi will involve an expenditure of Rs. 35 lakhs (recurring) and Rs. 35 lakhs (non-recurring) for printing folders creating stacking facilities and appointing staff for maintenance of family folders. The Committee are of the view that it will be wrong to keep folders in the dispensary. Besides causing unnecessary expenditure on cabinets, almirahs and the staff and creating problem of additional storage in the already congested dispensaries, it will lead to delays in retrieving the folders and consequently friction and bad blood between the patients and dispensary staff. The family folders should be kept by the CGHS beneficiaries like the CGHS token cards. In case of loss, replacement could be arranged on payment of cost of folder. Once the folders are printed and distributed, there should be no expenditure recurring or non-recurring incurred by the Ministry on this system. The Committee recommend introduction of folder system as suggested above at the earliest.

Reply of Government

The family folder system is being extended to a few more dispensaries on a trial basis in accordance with the recommendation of the Estimates Committee. A final decision about the desirability and manner of keeping the family folder will be taken after the results of the trial are known.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated 30th September, 1982]

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 42 (Paras 3.119 & 3.120)

Though the Ministry has tried to explain the reasons, which it says are beyond its control, for non-availability of medicines in ready stock and also for delayed supply of indented medicines by Super Bazar or other approved chemists, the fact remains that medicines are not available in dispensaries and patients do not get medicines on time in many cases. The CGHS beneficiaries dissatisfaction, therefore, is not without basis. Even a representative of the CGHS Medical Officers Association stated before the Committee and upto 40% of the medicines prescribed by doctors are not available in ready stock.

The Committee feel that there is need to have a fresh look at the organisational set-up of the CGHS dispensaries entirely from a different angle. It has been suggested to the Committee that the two functions at present performed by CGHS dispensaries, namely, consultation with the prescription by doctors and the issue of medicines should be separated.

The CGHS dispensaries should confine themselves only to consultation with doctors and prescribing of medicine by them. The dispensing units of the CGHS dispensaries should be converted into commercial units which should supply medicines to CGHS beneficiaries on the basis of doctor's prescription but without cash payment and settle accounts directly with CGHS Directorate. These commercial units may be run by Super Bazar or any other public sector agency. Only a commercially run dispensing unit can be expected to strive for customer satisfaction. This system will make dispensers and pharmacists accountable for pilferage, wastage and leakage of public funds. Staff costs, rent of accommodation and other overheads will not rise unrelated to sales, and sales need not be confined merely to CGHS beneficiaries. The Committee feel that this suggestion deserves a dispassionate consideration and trial on an experimental basis in a few selected dispensaries and its results evaluated after sometime before coming to a conclusion.

Reply of Government

The recommendation of the Estimates Committee that the dispensing units of the CGHS dispensaries should be converted into commercial ones, which may be run by the Super Bazar or any of the public sector agencies, has been carefully considered. The proposal for opening more branches of Super Bazar for catering to the need of each of the CGHS dispensaries was referred to the management of the Supar Bazar, but they did not agree to it. It is felt that none of the public sector organisations or any other supplier will be prepared to open a separate branches at each of the dispensaries and supply the medicines to the beneficiaries. However, it has been decided to explore the possibilities of implementing this recommendation of Estimates Committee on a trial basis. For this purpose, Ministries like Supplies, Chemicals & Fertilizers and also Organisations like Super Bazar, IDPL and drugs manufacturers are being consulted. Further action will be taken in the light of the conclusions arrived at after such consultations.

[Ministry of Health and Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated 30th September, 1982]

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 46 (Para 3.127)

The Committee do not approve of the present procedure under which patients referred by dispensaries to the specialists have to go back to the referring dispensary to get endorsement on the specialists' prescriptions from dispensary doctors and then collect their medicines from the dispensary. This procedure is time consuming, unnecessary and inconvenient. The Committee are of the view that, as recommended by the

Study Team of the Department of the Personnel and Administrative Reforms (September, 1977) the medicines prescribed by specialists should be dispensed from the CGHS hospitals or the nodal dispensaries where the consultation is taken and the patients should not be required to shuttle between the specialists and the referring dispensaries on the account unnecessarily. The Ministry's objection to this recommendation that this would interfere with patient-doctor relationship or that this is likely to lead to misuse, hardly carries conviction. The Committee strongly urge that beneficiaries should be issued medicines prescribed by specialists from the hospitals or nodal dispensaries where the consultation takes place and pending setting up of dispensing units in the hospitals the prescribed medicines should be allowed to be purchased from the Super Bazar units already working in the CGHS hospitals on credit.

Reply of Government

The recommendation has been examined thoroughly. It is, however, felt that the proposed system of issue of medicines from the hospital counters and the nodal dispensaries may lead to certain malpractices like drawal of medicines by the beneficiaries from the hospitals as well as from their own dispensaries. At the same time, Medical Superintendents of Dr. Ram Manohar Lohia Hospital and Safdarjung Hospital have been consulted with a view to finding out if they can open separate counters for the CGHS beneficiaries, as recommended by the Estimates Committee. They have expressed various administrative difficulties in adopting this procedure. The matter is, however, being examined further.

[Ministry of Health and Family Welfare O M. No. H. 11013/6/82-CGHS (P) dated the 30th September,1982]

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 53 (Para 3.144 to 3.145)

In Delhi the CGHS beneficiaries requiring specialists attention are referred to Dr. Ram Manohar Lohia Hospital, Safdarjung Hospital and Poly-Clinics where CGHS specialists are posted. Specialists also visit nodal dispensaries in Delhi numbering 35, where patients from neighbouring dispensaries come to consult them. Specialists, however, do not go to all the dispensaries because there may not be sufficient workload to keep them fully occupied. In the memoranda submitted to the Committee by associations of CGHS beneficiaries in Delhi and elsewhere a need for providing specialists in more dispensaries has been expressed. According to the Ministry the present arrangement is quite adequate. Whether the number of specialists appointed in various disciplines has

been determined after a scientific survey or on an *ad hoc* basis is not clear. Nor has the criterion adopted to declare a dispensary as 'nodal' dispensary been explained.

The Committee would suggest that workload for specialists consultation in each branch should be systematically assessed *vis-a-vis the* existing capacity of the specialists availlable and shortage in any particular branch made good. Needless to say, adequate number of specialists should be available to cope with the demand not only in Delhi but also in other cities. The Committee would like to be apprised of the outcome of assessment city-wise.

Reply of Government

The recommendation is accepted. Director (CGHS) has been directed to carry out an assessment of the existing capacity of Specialists available and likely shortages. He is collecting details and data about the cases referred to the Specialists of various disciplines by the dispensaries. It will take some time to know the result of this assessment. A further communication will, however, be sent to the Estimates Committee after the results of the assessment are available.

[Ministry of Health and Family Welfare O M. No. H. 11013/ 6/82-CGHS (P) dated the 30th September,1982]

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 54 (Para 3.146)

Decentralisation of specialists services is a step in the right direction. The Committee agree that it is not necessary to provide specialists in each dispensary. But it should be the objective of the Ministry to provide specialists for a group of dispensaries at least in areas which are far off from Dr. Ram Manohar Lohia Hospital and Safdarjung Hospital. It is unfair to make patients living in far off colonies to go all the way to the aforesaid hospitals when beneficiaries living nearby may be enjoying the specialists facilities in nodal dispensaries. The Committee would like the Ministry to review the present location of nodal dispensaries and their linkage with other dispensaries and inform the Committee of the steps necessary to augment and rationalise the present facilities.

Reply of Government

The recommendation is accepted. The present location of nodal dispensaries and their linkage with other dispensaries has been reviewed. A study

has been undertaken to review the location of nodal dispensaries with a view to so locating them as to provide linkage with other dispensaries. The result of the study and the action taken thereon would be communicated to the Estimates Committee in due course.

[Ministry of Health & Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1982].

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 69 (Para 4.82)

A very serious lapse that has come to the Committee's notice is in regard to stock verification of the Central Medical Store Depot by an independent agency as required under the General Financial Rules. The Rules provide that the stocks in the Central Store should be checked at least once every year by a responsible officer who is independent of the authority incharge of the store. The Committee find evidence of only one such check having been carried out in March/May, 1978. The Ministry has admitted that no such independent check has been carried out after that period, and dates of stock verification done prior to 1978 are not available. What has pained the Committee more is that senior officers have sought to justify this laps by playing up the magnitude of the work involved and the shortage of staff to do it. If senior officers take such an attitude, subordinate officers are sure to neglect their duties with impunity. And this is what appears to have happened. The Committee cannot too strongly deplore this lapse. They would like that this lapse may be enquired into, the responsibility fixed and the Committee informed of the outcome.

Reply of Government

The recommendation is accepted. The factual position about the past lapses in the observance of rules of stock verification is being ascertained and thereafter necessary remedial measures will be adopted. A report in this regard will be submitted to the Estimates Committee in due course.

[Ministry of Health and Family Welfare O M. No. H. 11013/6/82-CGHS (P) dated the 30th September,1982]

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 70 (Para 4.83)

The Committee appreciate tat the Health Secretary has admitted the fact that the management has not followed the General Finance Rules in the matter of annual stock verification of the Central Store. Orders are stated to have been issued on 7th December, 1981, to conduct the stock verification within 15 days. The Committee would like to know the outcome of this stock verification.

Reply of Government

The recommendation is accepted. A Board of three senior medical officers has been constituted for this purpose and the outcome of the stock verification will be intimated to the Estimates Committee in due course.

[Ministry of Health & Family Welfare O.M. No. H. 11013/6/82-CGHS(P) dated the 30th September, 1082].

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 79 (Paras 5.48 & 5.49)

Two 500-bed hospitals are stated to be underconstruction in Delhi and are expected to be ready within a year or two. Besides three more 100-bed hospitals are expected to come up in Government sector. These hospitals will take care of CGHS patients also. But, in the Committee's view this does not do away with the necessity of opening out the doors of more Government hospitals (other than Dr. R. M. L. Hospital and Safdarjung Hospital) to CGHS patients to meet the growing demand. Nor does the plea of financial constraint advanced by the Ministry in support of its stand not to recognise more hospitals stands to reason. The demand for more beds is there today and this cannot wait till five more hospitals which would be open to all and not merely to CGHS beneficiaries, come up. When the new hospitals come up the demand will also go up further.

The Committee strongly feel that there is an immediate need to recognise more hospitals like Lok Nayak Jai Prakash Narain Hospital, Govind Ballabh Pant Hospital, for the purpose of treatment of CGHS beneficiaries. Besides Government hospitals certain private hospitals of repute should also be recognised for the purpose.

Reply of Government

While it is accepted in principle that more hospitals should be recognised under CGHS for providing adequate medical care to the beneficiaries, this can be done in consultation with the Delhi Administration and the concerned hospital authorities for which action is being taken.

[Ministry of Health & Family Welfare O.M. No. H. 11013/6/82-CGHS(P), dated the 30th September, 1982].

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 82, (Paras 5.52 to 5.53)

Hospitals rates in Bombay are fixed by Central Government for various services and these are revised from time to time in the light of proposals

made by the recognised hospitals. The Committee have been informed by CGHS beneficiaries in Bombay that the rates of various services in these hospitals, as approved by CGHS, are so low as compared to the general rates of these hospitals that these hospitals do not readily agree to admit CGHS beneficiaries for treatment and other services. The Ministry's stand is that CGHS being a bulk consumer and providing steady clientele it should expect some concession in the rates, which admittedly, are lower for CGHS beneficiaries in many cases than those paid by private individuals. But whether the hospitals admit CGHS beneficiaries, who pay lower rates, as readily as they do others who pay more, is a matter on which the beneficiaries' experience deserves to be given more weight than the Ministry's expectation.

The Committee feel that the Ministry should monitor the experiences of CGHS beneficiaries in Bombay in this regard and review the position in the light of the actual facts as may come to their notice in this exercise. If lower rates make CGHS beneficiaries unwelcome patients in the recognised hospitals, the remedy lies in revising rates upward and not expecting altruistic approach from hospitals managements in dealing with Central Government employees.

Reply of Government

The Ministry is already aware of the needs of beneficiaries in this regard and the rates for the Bombay hospitals are revised from time to time. In fact, they are always kept at par with the rates charged by the hospitals for the general public. Director, CGHS has, however, been directed to monitor the experience of CGHS dispensaries in Bombay and circulate a questionnaire to obtain necessary information in this regard. Further action will be taken on receipt of the report of Director, CGHS.

[Ministry of Health & Family Welfare O.M. No. H11013/6/82-CGHS(P), dated the 30th September, 1982].

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 84 (Para 5.55)

The Committee would also recommend that a similar report by Director-General Health Services, should also be submitted to them in respect of hospital in other cities where CGHS is in operation.

Reply of Government

Director (CGHS) has been instructed to carry out a survey of the hospital facilities available in other cities. Further action would be taken on receipt of the Report, a copy of which will be furnished to the Estimates Committee also.

[Ministry of Health & Family Welfare O.M. No. H11013/6/82-CGHS(P), dated the 30th September, 1982].

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 89 (Paras 56.2 to 5.63)

The reasons for the unsatisfactory working of clinical laboratories are not too difficult to know. All the laboratories are not equipped with modern equipment. Technicians' skill has not been updated since their recruitment. Staff at Bombay, Patna and Madras is short of requirements. The Ministry has also admitted these shortcomings.

The Committee would like the Ministry to accept the widespread feeling of dissatisfaction with the working of these laboratories as only then can it seriously set out to tone up their efficiency and quality. In this age of the fast changing technology technicians, should have periodical refresher courses if they have to remain abreast with newer techniques. The equipments in the clinical laboratories should be modernised in all the laboratories. The two Pathologists located in Delhi Polyclinic whose function is to visit the clinical laboratories and supervise the quality of tests, should be required to be stir themselves and be more active and vigilant. They should have random checks carried out under their direct supervision to cross-check results. Unless a multipronged attack is made on this problem as suggested above, it will not be possible to bring about the desired improvement in the working of these laboratories. The Committee would like the Ministry to report the progress of action taken in this direction within six months.

Reply of the Government

In order to have sample and cross checking of the results of laboratory tests carried out in the CGHS laboratories, Pathologists have been directed to carry out random checks. Their reports will be scrutinised and further improvements will be made as considered necessary.

[Ministry of Health & Family Welfare O.M. No. H11013/6/82-CGHS(P), dated the 30th September, 1982].

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 96 (Para 6.46)

The Committee are glad to learn that the Health Secretary alongwith his colleagues have now been able to "push" the proposals regarding cadre review and restructuring of CGHS which, it is stated, are now at a very advanced stage of being approved. When these are finalised, additional promotional avenues are expected to become available for medical officers of all grades and stagnation is expected to end. The Committee would like

that these welcome but hitherto much delayed measures should not be delayed any further. They would like to be apprised of the outcome of these exercises in concrete terms.

Reply of Government

The observation of the Committee has been noted. Based on the recommendations of the Cadre Review Committee, revised draft CHS Rules have been prepared and are being finalised in consulation with the Department of Personnel and A.R. and the UPSC.

[Ministry of Health & Family Welfare O.M. No. H 11013/6/82-CGHS(P), dated the 30th September, 1982].

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation, Sl. No. 100 (Para 6.52)

Even though, as the Ministry states, there is no prescribed time-limit after which a Government employee should be made permanent, it does not mean that the employee should be left in suspense beyond a reasonable period if permanent posts are available. Any delay in this behalf amounts to harassment which must be avoided. The Committee, in fact, would like the Ministry to examine in consultation with the Department of Personnel the desirability of laying down a rule that if after three years' of satisfactory service a Medical Officer or para-medical staff is not confirmed by the appropriate authority, his/her case together with the reasons therefor should be placed before the next higher authority or Health Secretary to unable the latter to judge whether the discretion not to confirm the employee has been exercised judiciously.

Reply of Government

According to the present rules temporary employees are considered for confirmation if permanent posts are available in those grades. The temporary employees are made quasi-permanent after completion of 3 years of service if permanent vacancies are not available. The recommendation of the Committee has, however, been referred to the Department of Personnel & A.R. for their advice.

[Ministry of Health & Family Welfare O.M. No. H 11013/6/82-CGHS(P), dated the 30th September, 1982].

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

Recommendation Sl. No. 107 (Para 6.76)

It is surprising that the Ministry has received no complaints over the past many years from CGHS beneficiaries regarding the reluctance of doctors

to pay home visits. The Committee has received many such reports and they would advise the Ministry not to take the absence of formal complaints from CGHS beneficiaries as a proof of their satisfaction with the prevailing system of domiciliary visits. Unless the Ministry finds a practical solution to the problem of conveyance for doctors, it would not be able to provide an efficient system of home visits to the satisfaction of CGHS beneficiaries.

Reply of Government

It has been decided that the advice of the National Institute of Health & Family Welfare regarding this recommendation may be sought as to whether an alternative efficient system of home visits could be evolved.

[Ministry of Health & Family Welfare O.M. No. H 11013/6/82-CGHS(P), dated the 30th September, 1982].

Comments of the Committee

Please see para 1.43 of Chapter I of the Report.

NEW DELHI ;
March 11, 1983.
Phalguna 20, 1904(S)

BANSI LAL,
Chairman,
Estimates Committee.

APPENDIX I

(*Vide* Recommendation Sl. No. 83—Para 5.54)

REPORT OF STANDARD OF HOSPITAL SERVICES IN CALCUTTA

Met the Director of Health Services, Government of West Bengal. As arranged by him, visited Medical College, Calcutta R. G. Kar Medical College and National Medical College Hospitals. Had discussions with Principal and Superintendent of Calcutta Medical College and Hospital and Superintendent of R. G. Kar Medical College and also with a number of Specialists in different department. In addition, went round OPD and IPD of different hospitals personally to obtain some idea about the various aspects of hospital administration and services.

In order to make a quick assessment of efficiency of the services rendered by the hospitals, tried to collect available statistical data on various established parameters. For the purpose, the Medical Records Department of Calcutta Medical College was visited. But unfortunately, no uptodate data was available. However, data on some of the parameters pertaining to 1977 to 1978, were available in office of the Director of Health Services, Government of West Bengal. Since the available information was about 5 years old, it could not be fruitfully utilized to make any observation.

Based on the discussions with Director of Health Services, Superintendents of the Hospitals and different specialists in these hospitals and also on the basis of personal impression by going round the different wards and OPDs, the following observation are made :—

1. Development of hospital services has been haphazard without due regard to the ever-increasing workload and the growing needs of the population.

2. A large amount of work has to be handled daily at the outpatient, inpatient and laboratory X-ray and other departments.

3. Hospital staff has to function against a tremendous amount of odds. The working condition does not follow any norm.

4. The number of indoor patients in any time far exceeds the number of sanctioned beds. As a result, such patients are accommodated either on the floor or by providing extra cots. This necessarily brings in congestion and insanitation inside the wards and affects proper patient care.

5. Condition of the cots and the linens in the wards require improvement. Cleanliness of the linens also need attention.

6. Number of operation theatres was found to be inadequate in the hospitals. As a result, in one hospital, it was observed that the same operation theatre, is being shared by more than one speciality which definitely is not desirable.

7. Maintenance of equipment was also found to be a problem.

8. Factors which are likely to create problem of hospital infection and cross-infaction were all present in the wards as well as in operation Theatre.

9. There is considerable scope for improvement of the general sanitation in the hospitals.

10. Over-crowding in the OPD need no emphasis. In most of the OPDs there was over-crowding and the number of medical officers and other staff available were insufficient as compared to the crowd that were waiting for services.

11. Data on bed nurse ratio and doctor patient ratio were not available. But, from the visit to the wards and OPDs it was felt that such ratio would be definitely below the prescribed standards.

12. It was a general complaint by the Specialists that maintenance of X-ray units in the hospitals was problem and all the units in any hospital were not functioning simultaneously at any given time.

13. Regarding diets given to the patients, it was observed that prepared food was not adequately covered during transportation to the wards as well as during supply to the patients. Sanitation in the kitchen could not be observed.

14. Director of Health Services, Government of West Bengal, stated that the present congestion in the hospital is due to the population becoming hospital minded. But, from the observations made, it was felt that although large number of patients were attending the hospitals for services, there was general apathy of the hospital staff towards patients and the doctor patient and nurse patient relationships have yet to be established. It was felt that the primary reason for this could be due to the reason that the number of staff available were quite low as compared to the load to be handled.

15. Medical Records system which is so essential for the assessment of the functioning of the hospital and its future planning, was found to be the most neglected component in the hospitals.

APPENDIX II

(*Vide* Introduction)

ANALYSIS OF ACTION TAKEN BY GOVERNMENT ON THE 22ND REPORT OF THE ESTIMATES COMMITTEE (7TH LOK SABHA.)

I.	Total number of Recommendations.	132
II.	Recommendations/Observations which have been accepted by Government (Nos. 1 to 3, 5 to 9, 9A, 10, 12 to 20, 22 to 30, 35, 36, 38 to 41, 43 to 45, 47 to 50, 52, 55 to 62, 64 to 68, 71 to 75, 78, 80, 81, 83, 85 to 88, 90, 91, 93 to 95, 97 to 99, 101 to 104, 108, 110 to 124, 126 to 131) Total	102
	Percentage to total	77.2%
III.	Recommendations/Observations which the committee do not desire to pursue in view of Government's reply (No, 21, 51, 63, 76, 77, 92, 105, 106 & 109) Total	9
	Percentage to total	7%
IV.	Recommendations/Observations in respect of which replies of Government have not been accepted by committee. (No. 11, 125) Total	2
	Percentage to total.	1.5%
V.	Recommendations/Observations in resqect of which final replies of Government are still awaited. [(No. 4, 31, 32, 33, 34, 37, 42, 46, 53, 54, 69, 70, 79, 82, 84, 89, 96, 100, 107. Total	19
	Percentage to total	14.3%

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