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(Regd. Under the Karnataka Societies Registration Act 1960: Regn.No.1070/98-99)
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No. CCCGPA/CGHS/2019

dated at Bengaluru

the 3rd December, 2019

To

Shri Rajeev Atri,
Under Secretary, EHS Section,
Ministry of Health & Family Welfare,
Rom No.514-B, A Wing, Nirman Bhavan,
New Delhi-110011

Dear Sir,

Subject: Revamping of Central Government Health Scheme

Reference: letter NO/Z-15025/78/2019/DIR/CGHS dated 9th October 2019

In response to the letter cited above, under which suggestions were invited from CGHS beneficiaries and other stake holders with reference to revamping of CGHS and availing services at CGHS empanelled hospitals and diagnostic centres, we would like to submit the following suggestions for your consideration and acceptance.

1.1 Augmentation of the Medical staff strength of Wellness Centres especially in view of expected migration of a large number of BSNL Pensioners from BSNL MRS to CGHS

It is being regularly complained by many beneficiaries that there is huge rush of patients at almost all the Wellness Centres in Bangalore City. Though there are 3 doctors and 2 pharmacists in each of the dispensaries in addition to the Chief Medical Officer In-charge, the number of medical staff is quite inadequate in comparison with the huge number of patients attending the WCs and each doctor examines at least 65 to 70 patients daily. It is reported that the beneficiaries are forced to wait for hours both for consultation with the doctor and for procuring medicines at the pharmacy counter. The situation is expected to get worse when a large numbers existing BSNL Pensioners covered by BSNL Medical Reimbursement Scheme (BSNL MRS) and those, who retire under the recently announced BSNL voluntary retirement scheme (BSNL VRS) opt for CGHS facilities. As per the latest information, more than 80,000 BSNL employees and 13,000 MTNL employees have opted for the VRS and a good number of them, who reside in CGHS covered cities, are likely to opt for CGHS facilities, resulting in

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resulting in an influx of beneficiaries at the Wellness Centres in the near future. Without any commensurate increase in medical staff strength, the situation at the WCs may become quite unmanageable with the present staff strength.

It is, therefore, strongly urged that an immediate action on a priority basis may please be taken to collect the statistics of beneficiaries attending the WCs daily at present (Many existing BSNL Pensioners are already migrating to CGHS) and the likely increase in their number due to the reason stated above and augment the doctors and pharmacists strength of the WCs by increasing their number to be commensurate with the workload.

1.2 Filling up of Vacancies in the Wellness centres and Polyclinics

All vacant post of Doctors, Pharmacists, Nurses and Office assistants in WCs and vacant posts of Specialists in Polyclinics may be filled up on a priority basis. Many posts of specialists in Polyclinic are kept vacant since several months.

2.1 Empanelment of at least one private hospital in each district under CGHS

At present there are 74 CGHS covered cities in the country and the wellness centres are established in capital cities or in some major cities of the states. Consequently, Private hospitals in such CGHS covered cities only are empanelled for treatment of CGHS beneficiaries. Even in a big state like Karnataka, the capital city of Bengaluru only is covered under CGHS and other big cities of the state like Mysuru, Mangaluru, Hubballi and Dharwad, where there is concentration of Central government employees and pensioners justifying opening of wellness centres, are not covered by CGHS.

As per the Scheme, Central Government pensioners are entitled for CGHS facilities irrespective of the place of their residence. Many pensioners residing in places hundreds of kilometres away from the CGHS City, have opted for CGHS and travel long distances to avail medical facilities in WCs or in empanelled private hospitals. Even in case of a medical emergency, they have to, necessarily travel long distance to avail treatment in empanelled hospital in the CGHS covered city.

In view of the difficulties being faced by such pensioner beneficiaries, in availing medical facilities, there is an urgent need to empanel private hospitals in each district of each state to provide comprehensive health care to pensioners, who are already CGHS beneficiaries or who would like to avail CGHS facilities and obtain CGHS accredited cards on payment of the required CGHS subscription.

CGHS being the best medical facility provided by the Central government to its employees and especially to the pensioners on a cash less basis, it would definitely go long way in helping many of the central pensioners residing in cities and towns presently not covered by CGHS to avail the medical facilities from CGHS empanelled private hospitals in their places of residence or in the cities/towns nearer to their place of residence at least for emergency treatment.

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With the liberalization of the referral system, beneficiaries aged above 75 years can avail the OPD facilities at the empanelled hospitals without any referral from the Medical Officer of CGHS. This will greatly benefit the beneficiaries aged 75+, residing in presently uncovered cities if private hospitals in the District Headquarters are empanelled under CGHS.

2.2 Opening of new CGHS Wellness Centres in Bengaluru City in uncovered areas – Sahakaranagar in Bangalore North

At present, there are 10 WCs and one Polyclinic in Bengaluru City and a large area of the city is uncovered. In northern part of the city, there are many residential areas where there is concentration of Central Government employees and pensioners including BSNL retirees. Residential Layouts viz. Sahakaranagar, Kodigehally, Telecom Layout, Sivaramakarananthanagar, formed by the Employees' Cooperative Housing Societies, which are contiguous, fall within a radius of about 5 km, presently not covered under CGHS, have concentration of Central govt employees and pensioners. Hence, there is every justification for opening a CGHS Wellness Centre in Sahakaranagar, Bangalore 560092, a well-developed employees residential Layout with good road connectivity – connected to the City by the Bangalore International Airport Road . A CGHS WC in Sahakaranagar will cater to the needs of medical facilities of a large section of Central government employees and pensioners including BSNL Pensioners.

2.3. Opening of a second Polyclinic in Bengaluru

Presently, there is only one Polyclinic in Bengaluru while there are 10 CGHS WCs. The number of beneficiaries availing the facilities provided at the Polyclinic is likely to increase exponentially when a large number of BSNL Pensioners migrate from BSNL MRS to CGHS in the coming months. It is, therefore, suggested that a second Polyclinic, preferably in Bengaluru South, may please be established to avoid rush of patients at the existing Polyclinic.

3. Change of CGHS WC working hours

Earlier to the revision of the working hours of the Dispensaries from 7.30 to 14.00 hrs, the WCs used to work on split duty hours from 7-30 a.m. to 11.30 a.m. and from 5.00 pm. to 7.30 p.m., which were convenient to the Serving employees and to pensioners also, especially, the senior beneficiaries. It may please be examined as to whether it would be possible to revert to the previous split duty hours.

4. Improvement of the Services provided by Private Hospitals empanelled under CGHS

4.1 Providing Ambulance service

In the Memorandum of Agreement (MoA) with the Private Hospitals a provision may be included for providing "Ambulance service" as one of the health
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packages. Providing ambulance service by the Private Hospitals to CGHS beneficiaries, whenever there is a call from the beneficiaries in case of emergency must be mandatory.

If this service facility is provided as one of the health packages, CGHS beneficiaries and their family members will be saved of the hardship they usually face while arranging for an ambulance to shift the patient in time in a case of an emergency.

4.2 Empanelment of more Private Hospitals/ revision of package rates

There is wide gap between the package rates fixed by the CGHS for treatment of CGHS beneficiaries in private hospitals and the rates charged by the private hospitals for treatment of other patients. Some hospitals seek de-empanelment without assigning any reason. Rates were revised last in November 2014 and therefore, there is an urgent need for revision of rates which are commensurate with the increase in market prizes of medicines, Medical equipment and treatment procedures over the past 5 years. Revision of rates will encourage more number of private hospitals to seek empanelment.

4.3 Admission to Private hospitals

Of late it is being reported that CGHS beneficiaries are put to lot of hardship and face problems for admission in CGHS empanelled hospitals, more so in the case of emergency. The empanelled hospitals either refuse to admit the beneficiaries, when they go to the hospitals after CGHS working hours in an emergency condition or if at all admitted after lot of persuasion, they (empanelled hospitals) harass the beneficiaries at the time of discharge and make them pay some extra bill amount. If the beneficiaries do not agree to pay the extra amount demanded by the hospitals, they are made to stay back as inpatients till the problem is solved. In such situation, either the beneficiary is made to pay the extra charges or CGHS is made to unnecessarily reimburse the extra charges. Therefore, there is a need for better coordination between CGHS authorities and empanelled hospitals at proper levels to discuss and sort out such issues.

4.4 Surgeries/procedures advised by the empanelled hospitals may be allowed to be undergone by the beneficiaries without insisting on approval of the procedure by Government Specialists.

4.5 Medicines prescribed by the Doctors/Specialists of empanelled private hospitals for cardiac treatment may be supplied by CGHS WCs without insisting on a review or prescription by the Doctors/ Specialists of Govt. Hospitals.

5. Services at the Wellness Centres

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5.1 Maintaining “OPD Nursing Assessment Chart” by WCs

All CGHS WCs may be directed to carry out the following Primary and Essential OPD nursing assessments once in a month and the results be noted in the beneficiaries diaries in the form of a chart. This OPD NURSING ASSESSMENT checks may be done regularly every month only for the beneficiaries, who are suffering from chronic diseases, severe and serious health disorders irrespective of the age and for the beneficiaries, who are 70 years of age and above.

These checks may be done by a trained and qualified nurse to enable the Doctors to evaluate and assess the present health condition of the beneficiaries and take such preventive and precautionary measures as may be necessary to save the beneficiaries from further deterioration of their health condition.

Suggested OPD nursing assessment chart- format

		Date of Assessment	Date of Assessment	Date of Assessment	Date of Assessment
1	Height (Only once)				
2	Weight				
3	Temperature				
4	Pulse				
5	Respiration				
6	Blood Pressure				

5.2 Checking of BP and blood sugar level by a trained nurse before consultation with the Doctor

A regular arrangement may please be made at the WCs for checking the BP and glucose level in blood of diabetic and hypertension patients by a trained staff employed in the WC before the patients consult the doctors. Such an arrangement will help in reduction of time taken for examination of a patient by the doctor and facilitates examination of more number of patients and also helps the patient to avoid visiting diagnostic centres/ laboratories.

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6.1 Supply of Medicines by CGHS WCs/ Advance procurement

Medicines prescribed by the doctors when not available on stock are procured on day to day basis. It is suggested that such of the medicines which are procured almost daily for patients of diabetes, blood pressure, etc., can be procured once in a month in advance. Quantity required can be assessed based on average consumption. This will reduce the work load on pharmacists. Patients also need not make another trip for collecting medicines. The work of the local supplier also will be reduced. The following medicines, as could be ascertained from the beneficiaries who regularly visit WCs, are being indented regularly on day to day basis.

(The List is only illustrative & not exhaustive)

1	Gliclazide	30, 40, 80, mg
2	Syndopa	110, 125, 175, mg
3	Pragabalin	25, 50, 75,mg
4	Dytor	5, 10, 20, 100, mg
5	Budecort Respule	
6	Levonil	250, 500
7	Fura cort	
8	Atorvastatin	10, 20, 40, 80, mg
9	Asprin	
10	Nebivolol	
11	Amlodipine	2.5,5, 10,mg
12	Clopidogrial	
13	Telimisorton	20,40,80, mg
14	Insulin	of many verities
15	Cough syrup	

There may still be many more medicines which are indented almost on daily basis. Information on such medicines can be ascertained from the data stored in local server. Bulk purchase must be limited for the medicines required for one month only, so that there may not be any wastage of medicines procured.

6.2 Supply of Medicines for Cancer patients by the WCs instead of the office of the Additional Director

Patients admitted at private hospitals for chemotherapy are given a schedule of treatment and are asked to bring the medicines for chemo on fixed dates. CGHS beneficiaries will have to collect these medicines from the respective wellness centres and take the medicines to the respective hospitals. These medicines are not either stocked at wellness centres or the WCs are authorised to place indent for supply by the local chemist. As per the extant instructions, such

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medicines will have to be purchased by the Additional Director, CG GS and supplied to respective wellness centres for supply to the beneficiary if the cost of the medicines exceeds the prescribed financial limit. This procedure causes a lot of delay in supply of medicines to patients. Therefore, it is suggested that the wellness centres themselves may be allowed to place an indent for supply, purchase these medicines directly from the authorized Chemist /supplier or from the manufacturing companies under the same terms and conditions as are now applicable for purchase by the AD CGHS.

6.3 Issue of medicines at the Pharmacy counters

Patients have to again queue up before the pharmacy counter after waiting for consultation with the doctor for a considerable length of time. Therefore, the system of dispensing of medicines need to be streamlined in order to cut the waiting time at WC.

6.4 Issue of indented medicines

Beneficiaries have to visit the Wellness Centres again to collect medicines prescribed by the doctors/specialists if the medicines are not readily available in the WC on their first visit. They have to be procured on local purchase or otherwise. Beneficiaries have to visit the Centre for this purpose once again. If any alternative system is evolved to help the patients avoid visiting the Centre again it may really be of great help to many who stay far away from the Centres and also the aged patients.

7. Reimbursement of cost of medicines purchased locally on discharge from hospital in view of private hospitals not supplying medicines at the time of discharge as per extant instructions.

After treatment as inpatient in a private hospital, on the day of discharge, specialist in the hospital prescribes some medicines to be taken by the discharged patient for a few days more. OM dated 20-6-2014 issued by CGHS Division of MoH&FW, states that the treating private hospital at the time of discharge must issue medicines to the beneficiary for a period up to 7 days and raise a separate bill for the amount and submit it along with the hospital bill to CGHS for reimbursement in case of pensioner beneficiaries, who are entitled to avail cash less medical facilities. Most of the Private hospitals are not supplying medicine as per the instructions which compel the beneficiary either to purchase the medicines locally to ensure continuity in treatment or obtain the medicines from the CGHS WC which may take a day or two. Hence the hospitals may please be instructed to invariably supply the medicines to the beneficiary at the time of discharge or the cost of medicines purchased by the beneficiary locally may be allowed to be reimbursed without rejecting the reimbursement claimed by the beneficiary considering such purchases as “medicines purchased for outpatient treatment“.

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8. Keeping pace with the advancement taking place in Medical Science/Technology

Provision for providing medical treatment to CGHS beneficiaries which will be in tune with the fast advancement that is taking place in medical science /technology must be made and included in the list of treatment/procedures approved for beneficiaries.

To quote a few:

- (a) Allowing implant of a pace maker with PVC shield instead of a pace maker with metallic shield
- (b) For hip surgery: Use of SS caps instead of cementing

9. Direct consultation with Specialists

Direct consultation with the Specialists in empanelled private hospitals, at present, is available only to beneficiaries aged 75 and above. This facility may please be extended to all beneficiaries without any age limit.

10. Annual Health check up

Annual Health check-up is allowed only for beneficiaries aged 75 years and above as per O M nno.Z15025/36/2019/DIR/CGHS (P), Dated 19-8-19. This facility may please be allowed to beneficiaries aged 60 and above.

11. Preferential treatment in the matter of examination of “Senior Citizens” (aged 80+) by doctors at wellness centres.

As per extant orders, “Senior citizen beneficiaries” (80+) do not have to stand in queue for consultation with the doctors and can straightway walk into the consultation room. But quite often, they are physically prevented from entering the Doctors’ room by other beneficiaries. Doctors do not also come to know that beneficiaries of 80+ are waiting for consultation. The very purpose of Government’s order on the subject for affording preferential treatment to them thus gets defeated. It is also found that each WC adopts a different approach to address the issue. Hence there is an urgent need to issue instructions prescribing a certain uniform procedure to be strictly followed by all the WCs in affording preferential treatment to seniors beneficiaries aged 80 plus.

The following suggestion made in this regard may please be examined for implementation.

Separate set of tokens (Plastic tokens with a different colour) with **separate serial numbers** and marked “80+” be issued and sent directly to the doctor concerned from the Registration counter in order that their entry may be regulated by the doctor himself/herself by display of the token number of the senior beneficiary on the Electronic Token Display System, however, depending upon the number of other non 80+ beneficiaries, who may be waiting for consultation.(Say one 80+ for every 3 or 4 other beneficiaries) . (Continued P-9)

12. Miscellaneous

Circulars issued by the CGHS may please be supplied to all the Pensioners' Associations identified by the Department of Pension and Pensioners' Welfare under the National E-Governance (NeGP) Plan apart from displaying them in the Notice Board of the Wellness Centres.

Yours faithfully
K B Krishna Rao
Chairman, CCCGPA, Karnataka