



Sanchar Nigam Pensioners' Welfare Association

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SNPWA/CHQ/Secy MOH& FW/3/21

Dated 4th Oct.,21.

To.

Sh. Rajesh Bhushan,
Secy/MOH&FW,
Nirman Bhawan, New Delhi.

Sub; Immediate revamping of entire existing CGHS which is rapidly decaying and is full of infirmities, impediments and inadequacies, thus making the entire mechanism inaccessible to more than 80% of legitimate beneficiaries. Intervention on a war footing basis has become absolutely inevitable to save the mechanism eventually from collapsing and reaching point of no return. Also request to initiate immediate action for opening of WC at Muzzafanagar (UP) since beneficiaries are facing insurmountable problems by having to visit WC at Meerut which is about 60 kms from main Muzzafarnagar.

Respected Sir

We are quite sure that you must be fully aware about the functioning of existing mechanism for treatment of CGHS beneficiaries which is not only cumbersome and outdated but entails huge problems for Sr citizens to start the treatment. Briefly, we are hereunder enumerating avoidable intricate issues that local beneficiaries encounter, not to speak of those coming from far off places.

1. Beneficiary has to visit WC to get referral letter for treatment from an empanelled Hospital.
2. After visiting empanelled Hospital, the tests and medicines are prescribed by the concerned specialist of the empanelled Hospital.
3. The beneficiary has to visit the concerned WC to get the tests endorsed from WC.
4. Thereafter, the beneficiary gets the tests done and visits the empanelled Hospital to get the treatment started by the concerned specialist who prescribes medicines or surgery.

5. The beneficiary has to visit WC again to get the prescribed medicines issued by the WC. Invariably, 80% of the medicines are indented by the WC. In case of surgery, it is to be endorsed by the WC.
6. Beneficiary has to visit WC after couple of days to receive the indented medicines from the WC. And in good number of cases, the indented medicines are not received by the WC and the beneficiary has to visit yet again WC after couple of days to get the medicine.
7. In huge number of cases, the CMO is not competent to issue the prescribed medicines or endorse diagnostic tests and the matter is referred to concerned AD for necessary action.
8. After that, the condition of the beneficiary becomes miserable and pitiable because his treatment gets inordinately delayed due to bureaucratic red tape and delay at AD office and the beneficiary is finally forced to start the treatment at his own cost because he is unsure of when the approval from the concerned AD is received by the WC.

These huge and avoidable infirmities existing in the prevailing mechanism are not being addressed and we have been pleading for streamlining of this highly complicated mechanism that renders most of the beneficiaries inaccessible to avail the facility. Even our repeated requests to decentralize powers delegated to AD to respective CMOs of WCs for purposes of issuing life saving medicines/diagnostic tests to facilitate expeditious treatment have been completely ignored for reasons best known to the policy makers. Thus, in an ideal case situation a beneficiary has to visit eight times WC and empanelled Hospital to get his treatment if all goes smoothly which does not because very often a beneficiary is confronted by other hiccups like referring the matter to concerned AD where beneficiary is completely unsure when the approval will come and eventually he is forced to start the treatment at his own expenses. We fail to understand as to what is the problem in delegating powers wrested presently with ADs to their respective CMOs to get rid of this serious bottle neck which invariably and adversely affects the beneficiary because of inordinate delay in decision making by concerned ADs.

Now imagine the plight of a beneficiary who has to travel hundreds and hundreds of Kms at least eight times to get his treatment started and even after that he is unsure whether treatment will start. This is a pan India situation by virtue of which more than 80% of legitimate beneficiaries are deliberately deprived of this basic health facility. Take case of a vast state like TN. Only two WCs exist, one at Chennai and the other at Trichy, thus depriving more than 80% of beneficiaries in TN of their legitimate right to this facility. Taking pan India situation into consideration, more than 80% of beneficiaries are deprived of this facility deliberately because of their complete inaccessibility to this facility.

This complete insensitivity and lack of concern to address this basic issue of inaccessibility of more than 80% of the beneficiaries has been afflicting and plaguing the very functioning of CGHS since its inception and thus rendering it inaccessible to more than 80% of the beneficiaries. The policy makers in CGHS are largely continuing to function on the lines of

colonial bureaucratic system. What the policy makers are blatantly ignoring is that existing mechanism is obsolete and huge revamping of the entire mechanism is required on a war footing basis to make the mechanism compatible with the drastic changes that medical science has since undergone, besides making it beneficiary friendly.

Whether policy makers in CGHS are really serious and sincere in their efforts to realize the basic objective of the Govt. to make CGHS services accessible to every legitimate beneficiary is highly debatable in the context of the prevailing situation. If they are, massive revamping of the entire bottle neck ridden system is required on highest priority, otherwise the system will continue to decay and will be virtually non-existent at one point of time. We leave this crucial issue of huge revamping of the existing system to the judgment of the policy makers. If they are sincere and keen to ensure that this facility is made available to every CGHS beneficiary, then they need to act as swiftly as possible and not continue to linger on with this decaying system which defeats the very objective for which it has been introduced.

Another serious, rather unpardonable, lapse on part of the field units of CGHS and concerned officials in HQs is complete lack of monitoring regarding implementation of the guidelines/instructions issued by CGHS Hqs from time to time by the empanelled Hospitals. It would not be at all an exaggeration to mention that these instructions/guidelines of CGHS are treated as scraps of papers by the empanelled Hospitals for the simple reason that there is absolutely no monitoring either by the concerned officers in CGHS Hqs or by the field units of CGHS to monitor implementation of these guidelines. And the net result of this apathy of CGHS authorities is that the beneficiary is left completely at the mercy of the Hospital and is fleeced and exploited in every manner. No one bothers to monitor implementation of these so called ritualistic guidelines/instructions of CGHS. And the most astonishing part is that everyone is fully aware of this hard reality but no action is taken by anyone, thus creating a very pathetic and miserable situation for the beneficiaries, leaving them exclusively at mercy of Hospitals.

Keeping in view the aforesaid facts, we are confident that policy makers will at least take due cognizance of the threatening issues that are likely to jeopardize the very functioning of CGHS and thus act as swiftly as possible to redeem a fast deteriorating situation and save it from escalating and decaying to a point of no return. That is quite likely to happen if policy makers continue to remain as mute spectators.

Similar situation prevails at Muzzafarnagar, which naturally is no exception. We also request you to please initiate immediate action for opening of WC at Muzzafarnagar to circumvent the huge suffering that CGHS beneficiaries at Muzzafarnagar face. CGHS beneficiaries at Muzzafarnagar have to traverse hundreds and hundreds of Kms to WC at Meerut and are thus confronted with insurmountable and innumerable issues. To obviate these serious day to day

difficulties, CGHS beneficiaries at Muzzafarnagar have been pleading for a pretty long time with the concerned authorities for opening of WC at Muzzafarnagar. Kindly give a very serious and dispassionate consideration to this inordinately impending and highly justified issue of opening of WC at Muzzafarnagar.

We are confident that aforementioned issues will be treated with the kind of seriousness and urgency that they deserve for obvious reasons and will not continue to be ignored.

With kind regards,

Sincerely Yours,



(G.L.JoGI)

Copy to:

1. Respected Sh. Mansukh Mandaviya, Hon'ble MoH&FW. Sir, your immediate personal benign intervention is solicited to ensure that existing CGHS mechanism is beneficiary friendly, compatible with emerging medical needs of the beneficiaries, free from huge hassles, infirmities and inadequacies that exist in the present system, and, above all, caters to all legitimate CGHS beneficiaries, particularly in rural areas of the Country where CGHS facilities presently are non-existent, thus depriving more than 80% of legitimate beneficiaries of this badly needed facility.
2. Sh. Alok Saxena, DG/CGHS, for information and n/a please.
3. Dr Sanjay Jain, Director/CGHS Hqs, New Delhi.
4. Dr Alka Ahuja, ADDG/CGHS Hqs, New Delhi, for information and n/a please.
5. Director (Policy)/CGHS Hqs, for information and immediate n/a please.

