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<p>No. RSCWS/HC/04/07/20</p>	<p style="text-align: center;">Date: 20.07.2020</p>		

To,

GM (Medical), Northern Railway, Baroda House, New Delhi,
DRM/ N Railway, Ambala Divn, Ambala Cantt.

**Sub: Improvement of medical facilities to RELHS opted railway pensioners --
Empanelment by Railways of CGHS, ECHS & ESIC empanelled Private Hospitals and
Diagnostic Centres.**

Ref: i) Railway Board letter No.2016/H-1/11/69/Hospital Recognition, dtd 22/11/19

ii) Rly Board letter No.2018/Trans Cell/ Health/CGHS dtd 26.10.2018

iii) Rly Bd letter No.2016/H-1/59/Policy dtd 25.04.2018

iv) Rly Bd letter No. 2016/H-1/11/69/Hospital Recognition dtd 23.12.2016

v) Rly Board letter No.2014/H-1/19/3/PNM, dated 05/10/2015

1.1 Board's letter at reference (i) gives a compendium of policy letters , instructions & guidelines to all Railway GMs, for empanelment of private hospitals and transparency in provision of treatment to railway beneficiaries in the empanelled hospitals & diagnostic centres.

1.2 GMs of Indian railways were empowered, vide letters at reference (ii) & (v) above, to recognize all CGHS empanelled hospitals, Eye Hospitals/Centres, exclusive Dental Clinics, Cancer Hospitals, Diagnostic Labs and Imaging Centres, for referrals and treatment of railway beneficiaries, at CGHS rates.

1.3 Vide letter at reference(iv) above this was extended to also include ECHS and ESIC empanelments.

1.4 Vide letter at reference (iii)above, comprehensive procedure order & guidelines for empanelment and dealing with empanelled hospitals, were issued to GMs.

2.1 CGHS covers most of the central govt employees. Indian Railways is also central government with the exception that Railways have got their own medical deptt and their own hospitals.

2.2 Likewise is the case with the other parallel pan- India set up, the Defence , having their own well established separate medical facilities.

3.1 Railway's own medical facilities were set up from the times of British India Railways, keeping in view the peculiar service exigencies of its employees.

3.2 Having a separate own medical deptt is a great advantage for the rail employees while in service. But *it becomes equally a disadvantage after retirement*, especially for those pensioners who are settled at places other than zonal , divisional and Workshop/ Production Unit HQs where proper railway hospitals/dispensaries do not exist.

4.1 With advancing age, people require consultation and treatment from specialists and super specialists who are not available at divisional hospitals and are generally there for limited specialties at zonal level hospitals.

4.2 Although Railways do have a system of referring patients to private empanelled hospitals for specific specialized treatments, but before doing that, our Admin wants to exhaust all the in-house medical facilities. Therein lies the big drawback for RELHS opted railway retirees. *And this drawback is realized by railway officers/employees only after their retirement.*

5. Empanelment of private hospitals and diagnostic centres:-

5.1 Although Board has approved recognition / Railway empanelment of all CGHS/ECHS/ESIC approved hospitals and diagnostic centres for specialized treatment at CGHS rates of the city, yet only a few of these are generally covered under Railway empanelments.

5.2 It may be better to straightaway club Railways, being a part of the central government, with CGHS, ECHs & ESIC empanelments, as per standard procedure orders.

5.3 There are two major advantages of adopting all the CGHS, ECHS & ESIC lists.

- i) Patients may choose the hospital/lab most convenient to them – specialty wise or by way of closeness to their places of residence.**
- ii) They may get OPD treatment from any of these hospitals at affordable CGHS rates, even without being officially referred to these facilities.**

5.4 Presently OPD treatment, even for chronic ailments, is not generally permitted by Railways at empanelled hospitals, which puts railway retirees at a great disadvantage.

6. All these aspects are well described by taking the example of Chandigarh tricity, which includes union territory of Chandigarh, Mohali district of Punjab and Panchkula distt of Haryana.

6.1 A number of RELHS opted railway pensioners are settled in these areas.

6.2.1 There is one namesake Health Unit under an ADMO, assisted by a pharmacist, at Chandigarh railway station which is primarily meant to cater to the serving railway employees for day-to-day ailments. There are practically no medical facilities available over here except that medicines are stocked and issued to patients for routine ailments.

6.2.2 Even the ADMO' posting has not been on a regular basis in the past. For weeks & months, no doctor had been posted at Chandigarh. Some times a doctor on contract basis was posted temporarily. On other occasions, a doctor from Kalka or Ambala would attend for a couple of days in a week.

6.3 On the other hand, best of medical facilities are available in Chandigarh tricity- both in the public and private sectors.

6.4 Normally railway retirees, of their own, go to private hospitals for specialized consultation and diagnostic checks. Based on those prescriptions, they approach the ADMO, Chandigarh Health Unit. The ADMO may prescribe same or similar medicines or ask the patient to go to Ambala divisional hospital- some 50 Kms away, for the needful. In any case, medicines are procured through local purchase at Ambala, for issuing to the patients, which process takes at least a week.

6.5 For taking treatment at railway empanelled private hospitals, there is a strict condition to get the referral done by visiting CMS at Ambala divl hospital.

6.6 All these constraints put the railway beneficiaries at a great disadvantage.

7.1 On the other hand , all other Central Govt, CSIR and Defence retirees are in a better position, having , comparatively easy access to CGHS/ECHS/ECIS empanelled private hospitals, in addition to having their better equipped dispensaries/ health units within the tricity.

7.2 Take, for example the case of defence retirees. There is a major Command Hospital at Chandimandir, Panchkula, close to Chandigarh. But there is no compulsion for defence people to first avail facilities at command hospital, before being referred , by their city based Health Units, to private empanelled hospitals in the tricity.

7.3 CSIR & associated retirees are equally in a comfortable position with their health Unit in the heart of the city and having their accredited chemists shops in the city to get the prescribed medicines.

8. Railways is a prestigious and most sought after service, attracting the best of talent in different disciplines. But after retirement, the tricity based RELHS opted beneficiaries get a very raw deal from or through Railway's medical deptt, as brought out above.

9. Hence, in the light of the afore mentioned scenario, suitable action is requested to be taken to make available improved medical facilities to RELHS opted retired beneficiaries, in terms of the following , at par with other central government, CSIR and defence retirees:-

9.1 All CGHS, ECHS & ESIC empanelled medical facilities in the tricity should be deemed as recognized and empanelled by railways as per extant Railway Board orders.

9.2 Referrals should be allowed liberally to all such hospitals & diagnostic centres.

9.3 For OPD cases , particularly chronic & other stubborn ones, there should be no compulsion to get treatment from Ambala divl hospital. It should be got done from/through ADMO/Chandigarh by being referred to the empanelled hospitals.

9.4 Referrals :-

9.4.1 Referrals to empanelled hospitals & diagnostic centres should be permitted at the level of Railway Medical Officer of Chandigarh Health Unit, in tele-consultation with Ambala divisional hospital, if so required.

9.4.2 Many of the retired couples are living alone, with their children posted at out stations, even abroad. It's so tortuous to force one of the aged spouses, if the other falls sick, to visit Ambala, spend at least a day or even more, to get the referral done personally from CMS, which is the norm at present.

9.4.3 As is the case with state government employees, no referral should be needed for treatment , on reimbursement basis, at Govt facilities, like PGIMER, GMCH-32 (government medical college & hospital- sector 32), GSSH-16 (government super speciality hospital-sector 16) etc etc.



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Copy to: CMS, Railway Divl Hospital, Ambala

Chandigarh/ 20.07.2020