

RAJYA SABHA

Thursday, the 1 st August, 2002/10 Sravana, 1924 (Saka)

The House met at eleven of the clock, THE DEPUTY CHAIRMAN in the Chair.

ORAL ANSWERS TO QUESTIONS

Construction of Superspeciality Hospitals under ESI Scheme

*261. SHRI N. K. PREMACHANDRAN: Will the Minister of LABOUR be pleased to state:

(a) whether the ESI Corporation propose to commence superspeciality hospitals for better treatment;

(b) if so, the details thereof and the stage at which construction of the superspeciality hospital under ESI scheme at Asramam, Kollam in Kerala stands at present;

(c) whether any step has been initiated to issue the concurrence for construction of the hospital building;

(d) if so, the details thereof and if not the reasons therefor; and

(e) by when, the construction is likely to commence and be completed?

THE MINISTER OF LABOUR (SHRI SAHIB SINGH VERMA): (a) to (e) A statement is laid on the Table of the Houses

Statement

The Employees' State Insurance Corporation is providing superspeciality treatment through tie-up arrangements with institutions of repute at present. The corporation is considering the possibility of setting up of Cardiac Centres at Bibvewadi in Pune through third party participation and at ESI Hospital Rohini, Delhi, through collaboration with All India Institute of Medical Sciences. The corporation has also decided to set up a separate Cardiology (Non-invasive) Wing, Superspeciality Department at Asramam, Kollam in Kerala for which it is finalizing plans in consultation

with the Central Public Works Department. The commitment with regard to the staff and other requirements has been received from the Government of Kerala. The project can only commence after finalization of the project details and necessary approvals.

SHRI N. K. PREMACHANDRAN: Madam, hospitals and dispensaries, under the ESI Corporation, are in a pathetic condition. There is a need to revamp the entire organisation. The Centre owns buildings and other infrastructure. The administration and its expenditure is met by the State Government concerned. Madam, 7/8th of the total expenditure for consumables and medicines is being met by the Centre and 1/8th being met by the State Government. But, there is a lack of co-ordination between the Centre and the States in running these hospitals. As a result, the beneficiaries are suffering. So many Committees have gone into the functioning of the ESI Corporation and gave certain recommendations for revamping the ESI Corporation. Part (a) of my supplementary is this. Whether there is any proposal before the Government of India to revamp the ESI Corporation. And, part (b) of my supplementary is...

THE DEPUTY CHAIRMAN: You have your second supplementary. Save your part (b) question for your second supplementary.

SHRI N. K. PREMACHANDRAN: This is also connected with part (a). Madam, part (b) of my supplementary is with regard to superspeciality facilities in the ESI hospitals. The ESI hospitals are having no specialised treatment and there are no specialised doctors. This is an era of super-speciality. So, I would like to know from the hon. Minister whether the Government of India is proposing to have or thinking of commencing a model ESI hospital in each State. If 'so', what are the conditions or norms that are required for starting or commencing a model hospital in a particular State?

श्री साहिब सिंह वर्मा : उपसभापति महोदया, माननीय सदस्य ने जो सवाल पूछा है, उनके सवाल के पहले भाग के जवाब में मैं कहूंगा "हां" और दूसरे भाग के जवाब में मैं यह कहना चाहूंगा कि उन्होंने यह बात ठीक से कही है कि स्टेट्स में इस तरह की दिक्कतें हैं लेकिन राज्यों के अंदर जितने भी हॉस्पिटल चलते हैं, उन्हें वहां कि राज्य सरकार ही चलाती है। हम तो उनको बिल्डिंग देते हैं और हॉस्पिटल में जो इक्विपमेंट्स चाहिए, वे देते हैं। We provide all these facilities to the States but the management of the ESI hospitals, in States, is the responsibility of the State Government concerned. With regard to the hospital, which the hon. Member has mentioned, I would like to submit

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that my predecessor laid a foundation-stone in 1997 for a superspeciality hospital at Asramam, Kollam in Kerala. The foundation-stone was laid down five years ago. Later on, as he has very rightly mentioned, there was a tussle between the State Government and the Central Government. The State Government wanted to construct the hospital on its own. But, after one year, they said that they cannot do it and said let the CPWD do it. Then, we started working on it. In fact, till date, we never had any superspeciality hospital of the ESI in the country. This is the first superspeciality hospital. So, there are some problems. We, normally, tie-up with the other superspeciality hospitals in the State which have the superspeciality facilities. But, they wanted that the ESI should do it. Then, we made a plan for having one model hospital in every State. So, now, we have requested the Government of Kerala that they should permit us to make this hospital a model hospital so that we spend each and every penny on it, run it and start superspeciality facilities on cardiology in it. I request my friend to pursue the case with the Government of Kerala and see that we get permission to make this hospital a model hospital. And, I can assure this House that if he gets this permission, we will start construction of superspeciality hospital by the end of January, 2003, and complete the construction by the end of 2004.

THE DEPUTY CHAIRMAN: Mr. Premachandran, your second supplementary, अब ए,बी, सी, डी, मत कीजिएगा।

SHRI N.K. PREMACHANDRAN: Madam, I am thankful to the hon. Minister for his reply and the assurance given by him. He has very rightly pointed out that the first ESI superspeciality hospital's foundation-stone was laid down in 1997, and even after a lapse of five years, we have not been able to commence that hospital. As per the reply given by the hon. Minister, it will be completed in a time-bound manner. So far as making the Asramam Hospital, Kollam, Kerala, as model hospital is concerned, it is having 102 per cent occupancy. This is having not only the largest occupancy in the State, but on the national average also it is the first hospital which is serving the cashew workers, coir workers and other workers living Below Poverty Line. My suggestion and my submission to the hon. Minister is, if the State Government has recommended some other hospital, which is having 32 per cent occupancy, the norms by which this hospital is to be selected, whether the Asramam Hospital will also be made a model hospital, alongwith the superspeciality so as to have a better treatment for these poor workers.

SHRI SAHIB SINGH VERMA: Yes, we will make it a model hospital, in case the State gives us the permission. We want the consent from the State Government. As I assured you, if we get the consent by, say, 15th August, we will start the construction, in the early next year, and will complete it by the end of 2004.

SHRI J. CHITHARANJAN: Madam Deputy Chairperson, the hon. Minister has assured that he stands by the commitment made by the Ministry earlier, some five years back. At that time, their commitment was that a superspeciality hospital would be started. Now, another proposal has also come to make it a model hospital. For that they want consent from the State Government. I would like to know from the Hon. Minister, whether, while he waits for the consent from the State Government — he will try to implement the superspeciality programme, or, it will be decided only after a decision is taken for making it a model hospital. Of course, we will try to impress upon the State Government to agree to it, but, till then, what will be done regarding making it a superspeciality hospital ?

SHRI SAHIB SINGH VERMA: Madam, actually this hospital—as has very rightly been said by the earlier speaker—has 100 per cent occupancy. The other hospital, the Udyogmandal, which has been recommended by the State has an occupancy of 36 per cent. We will certainly try to improve this hospital also, even if it is not agreed to by the State Government to make it a model hospital. But, I think, this will be in the fitness of things that this should be the best hospital of the State. We should have superspeciality, and should also improve the other services. We have decided to spend about Rs. 15 crores—Rs. 5 crore for the building and Rs. 10 crores for other things—in case we get consent from the State Government. I am sure, my friends from the Kerala State will certainly help us in this matter. We are running about 13 hospitals and 132 dispensaries in the State. And, I must say, Kerala is having better facilities than many other States. So, certainly, this is the best hospital. If you can get this permission, as I promised, we will start construction as early as possible.

SHRI RAMACHANDRA KHUNTIA: Madam Deputy Chairperson, I would, particularly, like to know whether it is a fact that in Delhi the ESI Corporation is bearing 100 per cent medical expenditure, while in other States, it bears only 7-8 per cent of the total medical expenditure, and

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1/8th expenditure is borne by the State Government. Why is it so? Would the Government consider to accord equal treatment to all the employees all over the country? I would also like to know whether the Government has decided to have four ODC centres - one at MGN Hospital, Mumbai; second at K.K. Nagar, Chennai; third at Kakirpoko, West Bengal; and the fourth at Jhilmil in Delhi. Is it a fact that though a decision had been taken in 1990, but till today these ODC and superspeciality centres have not been completed? The Government has also taken a decision to have one model hospital in each State. But, in spite of this decision, the ESI is not expediting the matter. There are, at least, 18 States which have given their consent, but still, the ESI is not taking steps to complete the work on construction of model hospitals. Even though the ESI has got a reserve fund of more than Rs. 1,200 crores, it is not doing anything. Why is it so?

SHRI SAHIB SINGH VERMA: Madam, we have got funds, that is why, we have decided to have one model hospital in each State. The hon. Member has rightly said that some States have given their consent and there are some other States, which are yet to give their consent. We have planned everything in a very short period, and we will be starting all the activities, as early as possible.

PROF. M. SANKARALINGAM: In the written reply which is placed before the House, the hon. Minister has stated that the ESI Corporation is providing superspeciality treatment through tie-up arrangements with institutions of repute at present. How much is each State ESI Corporation paying to these superspeciality hospitals as a tie-up arrangement? Has the Government examined this point? If the hon. Minister does not have the facts before him, will he be able to give this information later on? He has announced a scheme that each State will have a model superspeciality hospital. What is the position in Tamil Nadu? Where is Tamil Nadu's superspeciality hospital to be located? Will the Government consider locating it near the Medical University in Tamil Nadu?

SHRI SAHIB SINGH VERMA: Madam, we bear all the expenses incurred by the ESI Corporation in their tie-up arrangement with the superspeciality hospitals, and the limit is not fixed. Once a case is taken up by any of these hospitals, whatever amount is spent, we pay it.

SHRIMATI S.G. INDIRA: I want to know from the hon. Minister, through this August House, whether there is any proposal to upgrade medical facilities in the ESI dispensary located at Sivakasi, Tamil Nadu,

because a majority of the people who go to these dispensaries are match-factory workers, and they are mostly women and children. Is there any proposal to cover the unorganised labour force, like fishermen, etc., in the ESI Scheme?

SHRI SAHIB SINGH VERMA: Madam, as far as the unorganised sector is concerned, we are thinking of covering it under the ESI Scheme. Certainly, in the times to come, we will do that also. And, at present, I don't have any information about the specific dispensary which she has referred to. But I will provide the information to the hon. Member later on.

श्री सुरेश पचोरी : आदरणीय उपभाषति महोदया, माननीय मंत्री जी ने अपने उत्तर में बताया है कि ईएसआई स्कीम के अंतर्गत जो सुपरस्पेशिलिटी हॉस्पिटल बनाने के प्रस्ताव हैं, उनमें रोहिणी, दिल्ली में भी एम्स की कोलाबरेशन के साथ एक प्रस्ताव है। मैं माननीय मंत्री जी से जानना चाहता हूँ कि क्या इस संबंध में एम्स अथारिटी से बात हुई? यदि हुई है, तो उस संबंध में क्या प्रगति है और कितनी समय-सीमा में वह हो जायेगा?

मेरे प्रश्न का दूसरा भाग यह है कि मध्य प्रदेश में ईएसआई हॉस्पिटल इंदौर में है। इंदौर में पर्याप्त दवा और समुचित चिकित्सा उपकरण हो सकें, जो अभी तक नहीं हैं। इस दिशा में क्या माननीय मंत्री जी कुछ प्रयास कर सकेंगे? ताकि जिन लोगों को चिकित्सा सुविधा देने के लिए इस प्रकार के हॉस्पिटल खोलें जा रहे हैं उस मंशा की पूर्ति हो सके।

श्री साहिब सिंह वर्मा : उपसभापति महोदया, अभी माननीय सदस्य ने दो प्रश्न पूछे हैं। एक तो रोहिणी के बारे में है। हमने ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज़ के साथ एक अरेंजमेंट किया है और उस पर हमारी बातचीत चल रही है और बहुत जल्दी हम उसको बना पायेंगे। इसके बारे में समय-सीमा तो एकदम निश्चित बताना मुश्किल है।

दूसरा प्रश्न जो आपने इंदौर के बारे में पूछा है। इसके बारे में स्टेट के साथ टाई-अप करते हैं जो इक्युपमेंट वगैरह या इन्फ्रास्ट्रक्चर तैयार होता है उसके लिए हम पे करते हैं। हमारी एक ट्राई पार्टाइट कमेटी है।

That Committee also visits all these hospitals. After making a visit, this Committee submits its reports. We will see the report on this hospital, and whatever is lacking in this hospital, we will take it up with the State Government. Whatever we can do, we will do that.

SHRI M.V. RAJASEKHARAN: Madam, I would like to know, through you, from the hon. Minister whether he knows that Bangalore city has the highest concentration of labour force. If so, I would like to ask, through

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you Madam, the hon. Minister whether he is considering to provide superspeciality hospitals for the better treatment of the labour force there. Secondly, as it is, Bangalore city is not having proper ESI facilities. Would the hon. Minister consider to provide the requisite facilities, as early as possible?

SHRI SAHIB SINGH VERMA: As has already been said, all these services in the States are being managed by the State Governments themselves. As and when we receive any request from the State Government, we definitely consider it. As told by me earlier, there is a Tripartite Committee which visits all these hospitals. As per the report submitted by the Committee, and on our own also we take appropriate action. Bangalore, of course, is an important city. Since all these services are being managed by the State, and up to this time, we have not received any complaint in this regard. But in case we received any such complaint, and if the hon. Member can tell us something as to that is lacking in those hospitals, we can take it up with the State Government.

SHRI MANOJ BHATTACHARYA: Madam, I must thank the hon. Minister of Labour for making a declaration that there will be a model hospital in each State. My question is merely providing infrastructural facilities for model hospitals is not enough. For model hospitals, equipments and drugs are also equally important. Of course, personnel is also important. As you all know, in this country of ours, during the last 6-7 years, and, particularly, during the last 3-4 years, the prices of all essential drugs, almost 75% of the drugs, have increased manifold. May I know whether you have noted this peculiar development in this country of ours? If yes, whether additional funds have been allocated to meet the cost of escalation in the prices of drugs in various ESI hospitals. Part (b) of my question is this. May I know whether the formulary is decided by the Department of Labour, because many new drugs have been introduced in the market, during the last 3-4 years? I would like to know from the hon. Minister whether the formulary has been changed or not. If not, when it is going to be changed, because an observation has been made that most of the essential drugs are not available in the ESI stores. And if at all they are available, they are all old drugs. Newer drugs are not available, as a result, the patient cannot be attended to properly. I would request the hon. Minister to respond to these question.

SHRI SAHIB SINGH VERMA: Madam, as far as model hospitals are concerned, the Central Government will bear 100 per cent expenses incurred by the the model hospitals, one in each State. Whatever is lacking in those hospitals, we will attend to that. As far as the availability of medicines is concerned, earlier, we use to give about Rs. 500/- per patient, insured patient, to the States. Now, we have enhanced it to Rs. 600/-. As far as the non-availability of new medicines is concerned, certainly, we will look into that. We are trying to improve our hospitals, in a big way.

THE DEPUTY CHAIRMAN: Question No. 262. There is one other Question No. 271 which is on the same subject. We can club these Questions together. आपको फिर एक ही सप्लीमेंटरी मिलेगी।

Disposal of foodgrains by FCI

†*262. DR. ARUN KUMAR SARMA: Will the Minister of CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION be pleased to state:

(a) the quantity of foodgrains purchased through FCI during each of the last five years by relaxing specification and in excess to its requirement till December, 2001, item-wise and region-wise;

(b) the region-wise quantity and present quality status of the stock available with FCI;

(c) the quantity disposed through actions as well as normal transaction; and

(d) the accumulated loss to FCI on account of uneconomical purchase?

THE MINISTER OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION (SHRI SHARAD YADAV): (a) to (d) A statement is laid on the Table of the House.

Statement

(a) There is open ended procurement. The quantity of wheat, paddy, rice and coarsegrains procured during the last 5 years by relaxing specifications is indicated in Statement-I to IV respectively. (*See below*)

(b) The requisite information in regard to wheat, paddy and rice is contained in Statement-V to VII respectively. (*See belcw*). The stock of coarsegrains available in the Central Pool is negligible.

†Starred Question Nos. 262 and 271 were taken together.