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Government of India
Ministry of Health and Family Welfare
Directorate General of Health Services

Nirman Bhawan, New Delhi.
Dated: 31st Oct., 2012

Minutes of Meeting

The minutes of second meeting of the **National Council for Clinical Establishments** held under the Chairmanship of Dr. Jagdish Prasad, DGHS on 26-09-12 at Nirman Bhawan, New Delhi are sent herewith for information and necessary action.

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To

1. All participants as per the list annexed.
2. Other Members of the National Council for Clinical Establishments
 - Dr. N.K. Mohanty, Special DG(NKM)
 - Shri Rakesh Kumar, Scientist 'F', BIS, Manak Bhawan, New Delhi-110002
 - Advisor (Planning), North Eastern Council, Ministry of Development of North Eastern Region, North Eastern Council Secretariat, Nongrim Hills, Shillong-793003
3. Ms. Anagha Khot, Human Resource Specialist, USAID, US Embassy, New Delhi

Copy for information to-

- 1) PPS to DGHS

Minutes of Meeting

The second meeting of **National Council for Clinical Establishments** was held under the Chairmanship of Dr. Jagdish Prasad, DGHS on 26-09-12.

Venue: Second floor Committee Room No. 249-A, Nirman Bhawan, New Delhi.

The list of participants is annexed.

1. The chairman briefed the participants that there is an urgent need to expedite various works that have been assigned to National Council under the Clinical Establishments Act 2010. He emphasized that there is also a need to define the prices for each service in consultation with all stakeholders and the states. He requested that National Council should form a separate subcommittee for this purpose. A draft on costing with a range of prices shall be handed over to the States for them to examine and consider their implementation after due consultations with all stakeholders. He said that the States will also be consulted for developing categorization and the proposed minimum standards. He shared that minimum standards may vary from state to state taking into consideration the existing situation over there. He stressed that States will be taken into full confidence while finalizing costing of procedures and minimum standards.

The Secretary of the National Council Dr. A.K. Panda informed that provisional registration form has been finalized with the inputs from the members of National Council. He pointed out that the charges will be range of prices for states to choose from.

2. **Main issues raised by the members are as under:**

In response to query by IMA member Dr. N. Saini on the prices of procedures, the Chairman emphasized that the charges will be decided by a group of experts from Govt., Private and NGO sectors and then it will be shared with the States for finalizing. Government of India will only facilitate this process. A query was raised whether compliance to all the statues applicable to Clinical Establishments has to a prior requirement before a facility is granted registration under the CE Act. The members deliberated on this and agreed that it will not be practically feasible to ensure compliance of all statutes; however compliance to certain mandatory statutory provisions may be ensured before registration.

Maharashtra representative added that compliance to building byelaws are also important e.g. in Mumbai the hospital building should not be more than 30 meter high and standards of entrance of hospital to be defined. He said that prices or charges vary even with in a city, so the price should be defined as per geographical location e.g. rural urban, city etc. The secretary of the Council said that the existing byelaws may be followed and price has to be fixed after wider consultations and deliberations, the view was also endorsed by the IMA representative.

Maharashtra representative further stated that instead of fixing the charges, the billing procedures may be made transparent. It was agreed that billing procedures should be transparent but still the charges have to be specified. IMA representative said that if some investigations are missed by doctors, then people may go to court. He agreed that transparency has to be there. The Chairman emphasized that unnecessary billing and investigations are to be stopped.

An issue was raised by Maharashtra representative that some solution is required for the intervening period of provisional registration when original act with penal provision is repealed. It was agreed that this situation may be dealt in consultation with legal experts.

Dr. Mira Shiva pointed out that charges levied on patients who insured are significantly higher than non-insured. In the last 10-15 years the problem has become pathological and there is a need to implement medical/social and prescription audit.

Nursing Council member emphasized that minimum wages should be paid to the nurses and paramedical staff and information regarding this may be collected in the proforma. She emphasized that there should be mechanism under the Act to ensure that the minimum wages are paid to the staff of registered Clinical Establishments. The Secretary of National Council said that this is not the mandate of the survey or the National Council and this can be taken up by Ministry of Labour. Dr. Mira Shiva said that women employees are exploited which may be included in the survey. IMA representative replied that it shall be difficult to obtain this information.

CMO(AK) emphasized that the minimum information as per the broad template of minimum standard should be collected, to which the view was that the clinical establishment may not provide information on the equipment, so it may be kept optional. However it was agreed that it should be ensured that the clinical establishments provide details of key equipment for services that are available.

Dr. Zainab Zaidi made a presentation on the work being done by QCI for development of minimum standards based on survey of Clinical Establishments in 11 States/UTs through Indian Medical Association as per an agreement signed with Ministry of Health & Family Welfare, Government of India. Prasanth K S, from NHSRC shared that categorizing health institutions by bed strength alone may not be a right approach. MoHFW has an excellent model of functionally defining the institutions by levels of care. For instance, the Mother and Neonatal Health operational guidelines define levels of care with specific infrastructure, HR, equipment and service standards.

AYUSH representative said that objective parameters for AYUSH services are to be defined separately. Dr. Katoch volunteered that AYUSH department can take up this job.

The main findings of the quantitative survey as presented by QCI are

Sl.no.	State/UT	No. of Private Clinical establishments
1.	Arunachal Pradesh	1065
2.	Himachal Pradesh	6513
3.	Sikkim	259
4.	Mizoram	591
5.	Pondicherry	883
6.	Andaman & Nicobar	335
7.	Delhi	9768
8.	Daman & Diu	113
9.	Chandigarh	459
10.	Dadar Nagar Haveli	92

Mr. Ringe from NIC made a presentation on the development of the Web based portal for Online Registration of Clinical Establishment. He informed that the Domain has been registered as <http://clinicaestablishments.nic.in> and <http://ceact2010.nic.in>.

Following drafts were presented for perusal of National Council members during the meeting.

- Broad Template of Minimum Standards
- Information to be displayed by Clinical Establishments

It was agreed that IMA can share survey results and proforma of detailed survey with district collectors through its state branches for their comments.

Members discussed the need for formation of sub-committees and it was agreed that following subcommittees are required for different work and suggested some names as indicated below who should be included along with other members.

1. Categorization: Dr. Mira Shiva and Dr. Padmanabhan
2. Template of Minimum Standards: Dr. Nagaonkar
3. Minimum Standards: Dr. Redemma, Dr. Ravi, Dr. Prasanth, Dr. Kamatchi
4. Statistics to be collected from Clinical establishments: Ms. Anagha
5. Defining the range of rates of procedures and services

Further it was suggested by a member that PHFI should be considered as they have experts in all fields. Members authorized DGHS to include suitable names in each sub-committee so that each sub-committee has 8-10 members.

3. After detailed discussions following action points were recommended:

- a. It was suggested that Hospitals attached to medical colleges may also be included in the categories of Clinical Establishments. The same should also be covered under the survey being conducted by IMA.
- b. There was a view by vice president siddha that Yoga and Naturopathy should be taken together, however the AYUSH dept. representative said that they may be kept separately. It was agreed that it be left to the dept. of AYUSH to take a final decision in the matter.
- c. AYUSH Standards will be finalized by Dept. of AYUSH.
- d. It was requested that all the survey details may be uploaded on the website of the Clinical Establishment Act. The QCI and IMA should provide the information to the Ministry for this.
- e. Hindi format of provisional registration form is to be prepared and uploaded on the website.
- f. It was agreed that standards may be developed phase wise; the first phase may include where there is complete agreement and no dissent.
- g. The QCI was requested to share the detailed survey proforma with the members of National Council. QCI representative agreed to send the proforma to all members.

- h. It was requested that members may check the template of standard being finalized and provide their inputs.
- i. Details of key equipment for services that are available should be obtained in the survey being carried out by the IMA.
- j. Subcommittees: Following was agreed regarding formation of Subcommittees
 - Composition: all interest groups to be included in the subcommittees.
 - Number and Nature (criteria) of members to be appointed
 - Stakeholders and Domain experts to be included
 - Terms of Reference and timelines to be defined
 - Deliverables for each member of sub-committee to be defined.
 - Beyond sub-committee wider consultations may be held.
 - Committee may have upto 8 to 10 members with one Chairperson
- k. All members were requested to suggest names of members and a Chairperson for each of the subcommittee and send the same in next 10 days.
- l. Terms of Reference of Categorization and Template to be defined by Clinical Establishment Cell.

The meeting ended with a vote of thanks to and from the Chair.

List of Participants in 2nd Meeting of ‘National Council for Clinical Establishment’ held on 26-09-2012 under chairmanship of DGHS

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1.	Dr. Jagdish Prasad, DGHS (Chairman)	dghs@nic.in
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