Key Issues & Challenges that emerged at the Dec 2 Ideation Event

Event organized by LASSIB Society and Association of Knowledge Workers, Lucknow

Based on notes and discussion with Chief Editors

Version 1.1 NOT FOR CIRCULATION

LASSIB

ASSOCIATION OF KNOWLEDG WORKERS "KNOWLEDGE IS POWER"

Supported by SAHARA INDIA PARIWAR

Theme: Accessibility

1

Reference	Key Issue/Challenge	Suggested interventions
Rural PHCs	- Doctors posted in rural areas do not visit/stay at PHCs - Information on specialists for further treatment unavailable	• Improve infrastructure and make PHCs functional •Connect with internet •Consider local level partnership with gram panchayat
PHC Staff	-Lack of faith and confidence -Lack of paramedical staff at site	• Remove mental blocks and negative perception
Logistics	- Healthcare logistics non-existent - No helplines -IT infrastructure not available/ Mobile use skill inadequate	• Video conferencing • Radio/Newspapers for announcing On Call /24 hrs •Provide call center at Dist.Hq
Administration	- Poor governance and operational inefficiency - Less trained / untrained support staff e.g paramedical with GNM certificate	• Electronic timekeeping • Rewards & Recognition programs • Training of local residents
Emergency Services	- Non responsive/out of order telephone -Ambulances used as general transport - Untrained and non committed drivers -Proper road connectivity for transport lacking at village/ sub urban area	• Police Stations and Petrol Pumps to be points of call in emergency • Community engagement in volunteering for transport in emergency. Press local elected

Theme: Accountability

2

Reference	Key Issue/Challenge	Suggested interventions
Physician People Ratio	-Less Doctors High Population -At Hospitals paramedical benchmark of one for 15 beds not provided by GOUP -Use AYUSH professionals for better delivery to masses	• Release time for Doctors by training paramedics in general procedures •Government to sanction paramedical institutes on PPP model
Patient Relationship	-High volume of patients (quantity) leaves no time for quality - Low transparency between patient and Doctors on line of treatment, complications, costs and time - No mechanism for patient feedback - Poor communication with general population	• Enforce R T I • MCI should deregister Physicians with poor relationship and performance • Punishments for those who do not evidence high commitment for healthcare • Patient consent MUST • Public Private partnership • Social Audit
Institutionalize Accountability	- Infrequent and poor audits - Unfriendly operational processes - Bad layout of facilities	• Accreditation compulsory for medical institutions •MCI ,DCI , Indian Nursing Council may be strengthened for better quality inspections
Support staff & Para Medics	-Training is inadequate in handling patients, counseling of patients, ethical issues, geriatric patient care	• Invest in training and system development, GOUP may use PPP model

Theme: Affordability

3

Reference	Key Issue/Challenge	Suggested interventions
Drug Cost	- High Cost and fake medicines - Expired medicines and repackaged used disposables in the market -Make prescription of generic medicines compulsory like TN/ Rajasthan in Govt Hospitals	•Stringent enforcement of Laws • MOH should have eminent physicians from each large City on Ethics Panel
Regulatory body	-No protocols and fee structure for healthcare services - Charges are treatment based and not outcome/results based -Develop Drug controller institution like USA	• MOH should issue guidelines • CMO/DM to enforce implementation of guidelines • Fees and Charges should be a mix of treatment and outcome
Poor management of medical professionals	- Unrealistic and ill defined career paths leading to low esteem in Government hospitals - Private hospitals engage high fee specialists and pass the burden to patients	• Competency based career paths • Peer Reviews • Patient Review • Employ Hospital Administration professionals at large Hospitals and software available for Hospitals
Support staff & paramedics	- Recruitment not based on competency assessment. More by qualifications and reference. Support Staff and Paramedics are	• Competency and Feedback based compensation • Regular competency enhancement programs