



Sanchar Nigam Pensioners' Welfare Association

Reg. No: SOCIETY/WEST/2021/8902564

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SNPWA/ CHQ/ DGCCHS// 25.

Dated 3rd May, 25

To

MS Roli Singh, IAS

Additional Secretary & Director General, CGHS

Ministry of Health & Family Welfare

Nirman Bhawan, New Delhi – 110011

Subject: Grave and continuing Inconvenience to CGHS Beneficiaries and the Staff at WCs, including Doctors, due to Severe Functional Deficiencies in the New Software Platform – Request for Urgent Intervention

Respected Madam,

At the outset, we sincerely appreciate your continued efforts to improve the Central Government Health Scheme (CGHS) through digital modernization. However, the recent transition from the NIC-developed software to the new platform has resulted in widespread disruption in the delivery of healthcare services, especially to the most vulnerable segment—senior citizens, chronically ill patients, and retired government employees.

We wish to draw your kind attention to the following grave issues observed across several Wellness Centres, and the adverse consequences they are having on CGHS beneficiaries and Doctors in WCs.

1. Lack of Option to Correct or Reassign Wrong Registrations: Once a patient is wrongly registered or assigned to a doctor, there is no way to transfer or delete the entry. This often leads to the patient not receiving timely consultation or treatment.

2. No Facility to Prepare or Modify Doctor Rosters: Without roster management, beneficiaries often face long waiting times or the unavailability of specialists, resulting in rescheduled visits and personal hardship.

3. Date-wise Medical History Not Displayed: Beneficiaries are unable to track the continuity of their treatment. This is especially alarming for chronic patients with long-term prescriptions and those under multiple medications.

4. No Addition/Deletion of Indented Medicines: In case of errors or change in treatment, doctors are unable to rectify prescriptions, leading to either non-issuance of essential medicines or wastage of stock.

5. Inability to Access Patient Pool: Doctors cannot pick patients from a shared pool, which is affecting equitable distribution of workload and delays in treatment for those waiting.

6. Indented Medicines Not Visible to Incharge: This disconnect between the doctor's prescription and the Incharge's interface is preventing timely dispensing of life-saving drugs to the beneficiaries.

7. No Count of Patients Seen by Doctors: This hampers effective monitoring and workload balancing, indirectly affecting service quality and timeliness.

8. No Codes Reflected for Investigations and Procedures : Lack of standard coding creates ambiguity, delays referrals, and often leads to duplication or omission of necessary investigations.

9. Dropdown for Medicine Selection is Cumbersome : The poorly structured medicine selection process adds to the wait time and increases chances of wrong medicines being selected or missed out altogether.

10. Store Stock Not Reflecting in Incharge Module: Medicines may be available in stock but are not shown in the Incharge's system, misleading staff and resulting in patients being turned away without medicines.

11. No Way to Modify Wrongly Indented Medicines: Errors in prescriptions, once committed, cannot be corrected—this has serious consequences for patient safety and drug interactions.

12. No Option to Repeat Chronic Prescriptions : Most senior beneficiaries suffer from long-term ailments like diabetes, hypertension, cardiac issues, etc. Not being able to repeat previous prescriptions such as Telma 40, Glycomet GP, or Ecosprin, forces both doctors and patients to undergo the entire process afresh, causing avoidable inconvenience and risk of missed doses.

13. Overall Software is Not User- or Beneficiary-Friendly: The design is overly complicated, slow, and unreliable, particularly challenging for senior citizens and those who are digitally unfamiliar.

14. Delays and Denials in Medicine Issuance and Referrals: Owing to system crashes and operational bottlenecks, there have been numerous reports of patients being asked to revisit repeatedly, leading to mental stress, additional financial burden (especially for those traveling from far-off locations), and health deterioration.

15. Lack of Real-Time Support or Escalation Channel: Beneficiaries and staff are left helpless in case of technical glitches, as there is no immediate support or redressal mechanism in place.

In light of the above serious inadequacies found in CDAC AMIS platform, we earnestly request you to intervene and direct immediate corrective measures, including:

#Restoration of all functionalities available in the earlier NIC software

#Inclusion of a 'Repeat Prescription' feature for chronic cases

#Real-time synchronization of stock data across modules

#Robust training for CGHS staff and ongoing consultation with doctors and stakeholders

#Establishment of a support and feedback loop with user-end escalation options

Madam, CGHS is the **lifeline for lakhs and laks of retired government servants**, and any hindrance in its smooth functioning not only impacts their health but also undermines their dignity. We strongly urge you to ensure that the digital transformation remains **a tool for empowerment and efficiency**, not an obstacle to essential healthcare.

*We trust that your empathetic and toweing leadership will ensure very swift redressal of these genuine concerns which are causing unbearable suffering to the Beneficiaries.

With kind regards,

Yours sincerely,



(G. L. Jogi)

General Secretary

Sanchar Nigam Pensioners' Welfare Association (SNPWA)

Copy to

1. Respected MS Salila Srivastava, Secy/ MOH& FW, for kind information pl.
2. Sh Manshvi Singh, JS, Policy, n/a on a war footing basis
3. Sh Sateesh. Y. H, Director/ CGHS, for swift action to address these critical issues.
4. ADDG/ CGH, for n/ a

All ADs. They are requested to closely coordinate with CGHS HQs to ensure that the aforesaid issues that have adversely impacted functioning of WCs are resolved expeditiously.