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Mayor game for privatisation to revamp healthcare

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Kolkata: In a bid to privatise municipal hospitals and ward health units, mayor Bikash Bhattacharya is ready to adopt the public-private-partnership model in the health sector.

So, Kolkata Municipal Corporation (KMC) is examining a proposal from a major private player for a four-tier healthcare system — integrated healthcare services — by incorporating its existing set-up.

If executed, KMC clinics will have facilities they never had. The proposed project aims at overhauling the entire civic healthcare set-up that caters to the weakest strata of society. The existing ward health units, dispensaries and maternity hospitals will all be a part of this system and those living below the poverty line have been promised free service.



The dilapidated health centre at Hazi Mohd Square

The proposal has come from the KPC Group, which has taken over the K S Ray TB Hospital at Jadavpur— the

state's best-known TB hospital — and begun construction of the KPC Medical College and Hospital, billed to be the state's first full-fledged private teaching hospital. It promises to give cost-effective healthcare to citizens at all socio-economic levels.

"We are trying to revive the existing healthcare set-up through the PPP route. Proposals have come and talks are on to settle the issue," said an upbeat Bhattacharya.

Under the proposal, KPC Medical College and Hospital is to be the core facility and first-tier of the set-up. The second tier will comprise four existing KMC-run maternity homes, which will be converted to women's health and wellness centres and the civic body's MTM TB Hospital at Boral, billed to be a specialised infectious diseases care and prevention centre.

The ward health units will be the

third tier to serve the community's basic needs as points of presence. In addition, specially designed ambulances will serve as mobile points of presence.

The main hospital will have a pool of doctors, including specialists. It will have facilities for pathological and diagnostic tests, imaging and other examinations. Samples collected from second, third and fourth-tier centres will be sent to the main hospital for tests whereas data from the local wards will be used to adopt preventive measures.

Prime among the several disadvantages of the existing system are lack of physicians, diagnostic tools and paramedics. The KPC Group claimed, the proposal, if implemented, will take care of all these shortfalls.

Patients will have to register with IHS, either at local points-of-presence or mobile units and their ability to pay will dictate the service charges.