$~61 to 64.

* **IN THE HIGH COURT OF DELHI AT NEW DELHI**

\+ W.P.(C) 8548/2017 & CM APPL. 985/2024

COURT ON ITS OWN MOTION ..... Petitioner

Through: Mr. Ashok Agarwal, Amicus Curiae with Ms. Ashna Khan, Mr. Kumar Utkarsh, Mr. Manoj Kumar, Advs.

versus

UNION OF INDIA AND ORS ..... Respondent

Through: Mr. Kirtiman Singh, CGSC with Mr. Waize Ali Noor, Ms. Shreya V. Mehra, Mr. Varun Rajawat, Advs.
Mr. Ravinder Agarwal, Mr. Lekh Raj Singh, Advs. for UPSC.
Mr. N.K. Singh, Adv. for Mrs. Avnish Ahlawat, SC, GNCTD.
Mr. Satyakam, ASC.
Mr. Siddharth Panda, Adv. for Expert Committee.
Mr Ravinder Agarwal, Adv. for R-6.

\+ W.P.(C) 3903/2017 & CM APPL. 18718/2017, CM APPL. 19134/2017, CM APPL. 27526/2018

COURT ON ITS OWN MOTION ..... Petitioner

Through: Mr. Siddharth Aggarwal, Sr. Adv. (Amicus Curiae) with Mr. Vishwajeet Singh Bhati, Adv.

versus

UNION OF INDIA & ORS ..... Respondent

Through: Mr. Ajay Digpaul, CGSC with Mr. Kamal Digpaul, Ms. Ishita Pathak, Advs.
Mr. Ravinder Agarwal, Mr. Lekh Raj Singh, Advs. for UPSC.
Mr. Avishkar Singhvi, ASC, GNCTD with Mr. Naved Ahmed and Mr.

Vivek Kr. Singh, Advs. for GNCTD
Mr. Sagar Saxena, Mr. Parmeet Singh, Mr. Sarthak Pandey, Mr. Kunal Utreja, Advs.

\+ W.P.(C) 8994/2017 & CM APPL. 36965/2019

MADHU BALA ..... Petitioner

Through: Ms. Nancy Shah and Ms. Haridas Medha Dilip, Advs.

versus

UNION OF INDIA & ORS ..... Respondent

Through: Mr. Apoorv Kurup, CGSC with Mr. Akhil Hasija, Adv.
Mr. Ravinder Agarwal, Mr. Lekh Raj Singh, Advs. for UPSC.
Mr. Avishkar Singhvi, ASC, GNCTD with Mr. Naved Ahmed and Mr. Vivek Kr. Singh, Advs. for GNCTD.

\+ W.P.(C) 13204/2021

DR NAND KISHOR GARG ..... Petitioner

Through: Mr.Shashank Deo Sudhi, Advocate.

Versus

GOVT TO NCT OF DELHI AND ORS ..... Respondent

Through: Mr. Kaushal Gautam, Ms. Vanshika Singh, Mr. Karan Tomar, Advs. for R-3.
Mr. Ravinder Agarwal, Mr. Lekh Raj Singh, Advs. for UPSC.

CORAM:
HON'BLE THE ACTING CHIEF JUSTICE
HON'BLE MS. JUSTICE MANMEET PRITAM SINGH ARORA

O R D E R

% 16.04.2024

1. In pursuance to the judgment and order dated 13th February, 2024, the Dr.S.K.Sarin Committee of doctors, constituted by this Court, has submitted its interim report and recommendations dated 01st April, 2024.

2. The Executive Summary of the said report is reproduced as under:

"***2.Executive Summary***

1. The Committee: *The committee for improving medical services in Delhi was constituted vide the Hon'ble High Court of Delhi order dated 13th Feb, 2024 in W.P.(C) No. 8548/2017. The High Court has laid down Eight Terms of Reference (ToRs) for the committee, as detailed in paragraph 18 of the order dated 13th Feb, 2024. The committee was given a huge mandate to gather data from different health agencies, analyze it and prepare recommendations in a relatively short time of about 5 weeks. The present report is an interim report being submitted for the kind consideration of the Honorable High court which is likely to hear the plea on April 1, 2024.*

The HC appointed committee Chaired by Prof. S.K.Sarin, consisting of five other members, considered the various TORs mandated by the Hon'ble high court. The committee felt the need to co-opt a few experts including Prof. M.K. Daga, Senior Professor of Medicine at the ILBS, New Delhi, Prof. Vivek Gupta AIIMS, New Delhi and Prof. Dhiraj Shah from National Institute of Health and Family Welfare (NIHFW) for specific technical support needs.

2. Steps taken for completion of the Task: *The committee charted the following course of action:*

(1) List out issues as per the available data with the department of Health and Family Welfare, GNCTD

(2) To request and engage the Govt. of NCT to provide necessary support and data related to the TORs mandated for the committee.

(3) To request the DGHS Govt. of India and Commissioner MCD to help the committee by providing requites information.

(4) To request MD, NICSI to initiate a dialogue and help with the development of software, Apps for the control room. Similar support was also solicited from NIC.

(5) To hold meetings with Medical Directors and Superintendents (MS) of 38 Delhi hospitals to understand their difficulties and challenges and help optimize the clinical outcomes.

(6) To seek first hand information related to manpower, equipment, ICU beds, and the difficulties faced by all the Delhi government hospitals.

(7) To request head of all the hospitals to submit top 5 priority areas they would like to get addressed immediately, so as to improve the services of their respective hospitals and also to meet the goal of NABH standards (The NABH booklet was provided to them).

(8) The members of the Committee were tasked to visit Delhi Govt. hospitals to get a first-hand account of the existing facilities, functioning and challenges faced by the hospitals.

(9) To refer to the gap analysis performed by the Health Department, Govt. of NCT of Delhi and the on-site inspection by the committee members.

(10) To hold regular Committee meetings on virtual mode and to maintain constant interactions with all the stake-holders. A total of 13 meetings were held.

3. Deficiencies and Priority Needs: *The Committee identified the following major deficiencies which need urgent remedial actions by the Govt.:*

A. Human resources:

i. ***Vacant Positions:*** *Vacancies of staff of different categories at all levels including faculty, resident doctors, nurses, technicians, biomedical engineer, physiotherapists, pharmacists, etc. (details at* ***Annexure-I)*** *need to be filled on high priority.*

ii ***Shortage of Critical Faculty:*** *Radiologists, anesthesiologists, critical care and emergency medicine specialists, neurosurgeons, among others are not available during regular working hours of the hospitals and during emergency hours.*

iii Creation of new posts vis-à-vis the current and future clinical workload for critical care as well as regular medical and surgical services.

iv. *Inadequate and insufficient staff for operation theaters, specialized pediatric and adult dedicated services.*

v. *Inefficient mechanism to fill-up the vacant posts on contract basis and even for regular appointments.*

v *Lack of qualified and hospital administration and management cadre and staff in the hospitals.*

vi. *Lack of dedicated engineering and infrastructure maintenance cadre for Health services.*

vii. *Inadequate central training institutes/centers, facilities for critical care and trauma management, and Advanced Cardiac and Life Support* ***(ACLS)*** *for medical and paramedical staff.*

viii. *Need for district administration to work with hospital administration to provide timely administrative support, and support the concept of right to health.*

B. Infrastructure:

i. ***Emergency and Trauma Service Areas and infrastructure:*** *Inadequate emergency beds and & inefficient services. A trauma and accident emergency center at each of the districts of Delhi, in the premises of the major and moderate size hospitals present in the region is needed.*

ii. ***Lack of adequate ICUs and high-dependency beds and structured critical care services:*** *There is urgent need to have ICU facilities at all levels of hospitals in Delhi to admit patients who present to the emergency service. It is proposed that hospitals with less than 500 beds should have at least 5-10% of total beds as ICU beds, and larger hospitals with more than 500 beds or tertiary care hospitals should have at least 20% of total beds as ICU beds.*
Delhi government hospitals at present have 1,058 ICU beds, which should be enhanced immediately to 2028 beds by adding 1046 additional beds, to fulfil the minimum basic norms.

iii. Inadequate number of quality operation theaters and associated pre- and postoperative facilities.

iv. Non-availability of essential equipment, e.g. ultrasounds, CT and MRI scans, Anesthesia machines, etc.

v. Improper maintenance of equipment, including the life-saving equipment, monitors and patient transport facilities.

vi. Delay in installation of equipment due to non-completion of site-preparedness by the PWD. Provision of turn-key and built and operate models should be included in major equipment procurement process.

vii. Limited powers of the Heads of the Institutes for procurement, repair and maintenance of equipment.

viii. Non-computerized OPD, Lab and Pharmacy Services.

ix. Lack of ACLS ambulances with hospitals and with the CAT facility.

C. Medical / surgical consumables

i. Perpetual shortage/ non-availability of medicines and surgical consumables needed for emergency and critical care services.

ii. Inefficiency of the Centralized Procurement System ***(CPA)*** *to provide uninterrupted medical and surgical needs of the hospitals.*

iii. Limited authority of the heads of the institutes to meet the day-to-day needs of their hospitals.

iv. ***Emergency Operation Theatres (OT) and trauma services -*** *Inability to run the emergency OTs and trauma services due to one or more of the I above reasons culminating into referring the patients to another centre for treatment. These challenges become more pronounced during night hours and holidays.*

D. Referral System:

i. There is no structured referral system or mechanism in the Govt. health sector for Delhi citizens. This leads to overcrowding in referral hospitals and suboptimal care for the truly needy patients.

ii. No centralized and coordinated control room and help-line for appropriately directing the patients to the nearest health care facility and the expertise to handle health emergencies in Delhi.

4. Recomendations:

The Committee delved into the contents of the order of the Hon'ble High Court, and appreciated that the major concerns raised in this matter is regarding efficient emergency health care services to the citizens of Delhi. This was also appreciated during the interactions with the stakeholders and hospital visits. Therefore, the Committee decided to address the issue of 'efficient emergency health care services' as its top priority and have prioritized the recommendations spanning all the eight ToRs.

The recommendations have been carefully developed for action and implementation for each of the ToR in a phase wise and time-bound manner. It is implied that the requisite finances and administrative support will be provided by the GNCTD for realization of these health sector needs for Delhi. The time lines for completion of the tasks have been defined as below:

a) Immediate – within 30 days (subject to Model Code of Conduct)
b) Short – term within 31-90 days
c) Intermediate term– within 91-365 days
d) Long-term–within 1-2 years.

TOR 1

To suggest ways for the optimization of existing resources in the various hospitals located in Delhi, which are either owned by the Government of NCT including Delhi Government autonomous hospitals or MCD

Immediate measures.

i. Redistribution of consultants:

Institutions where non-teaching specialists / experts are available but are not optimally utilized due to lack of machines, infrastructure, may be asked/ allowed to be posted or visit on designated day(s) to Institutions where such facilities are available.

ii.Extension of tenure/ reappointment of specialists*: The age for faculty positions permitted by the National medical commission is up to 70 years. The*

age for superannuation in the Delhi Govt. hospitals for clinical staff should be enhanced to 7p0 years. While such a change can be implemented, it would be prudent to extend the tenure of the serving clinical specialists and reappoint those clinicians who have superannuated to carry out the required services in the Govt. hospitals.

iii. Hiring/Empanelment of Consultants from private sector*: Engagement of the private sector is urgently needed and specialists should be empaneled/ hired, where there is non-availability or shortage of regular specialists. This can be done by proper advertisement, and appropriate remuneration. These consultants should be given respectable designation and infrastructural support for providing required services. A three member committee could prepare service conditions for appointing consultants from private sector.*

iv. Proper utilization of Equipment

a. In institutions where equipment are lying unused due to want of technical man-power, then such equipment should be put to use by ensuring availability of technical man-power to operate such equipment or such equipment should be transferred to other institutions where technical man-power is available.

b. The instruments requiring repair should be made operational on priority and made functional within next 30 days with specific instructions to the PWD or related agencies to complete the work subject to compliance of ECI guidelines.

c. All medical equipment should be made operational and be available for patient care 24 x 7. Appropriate provisions, service models including PPP should be explored.

TOR 2

To suggest ways and means to devise a mechanism for the establishment of a control room that will enable the provision of real-time information concerning the availability of ICU / HDU beds in the various Hospitals and their timely availability for patients in need thereof.

Immediate and Short-term measure

Control Room Establishment:

*i. A **centralized command and control room (CCR)** has to be established by the IT Department of GNCTD which should be*

manned by adequate trained executives and medical professionals round the clock. This control room should at least have a live screen showing the location of available emergency and ICU hospital beds and medical services (like CT / MRI, OT facility, etc.) in the near vicinity of the patient and the promptness and availability of an ambulance service. There should be a screen showing region-wise Geo-mapping of all the Delhi hospitals with dynamic details of available facilities.

ii. *Every hospital shall designate a referral coordinator, who shall update the information on the dashboard linked to the CCR.*

iii. *At the hospital level the referral coordinator will update the information on the on-line dashboard at least 3 times a day, which will be linked to the CCR.*

iv. *The CCR should be established and maintained by a reliable company which can provide uninterrupted service for the citizens, on the same level as the Delhi Fire Service or Police Help line.*

v. *NIC has informed the committee that they already have a DASHBOARD active in Delhi Government hospitals and is ready to upgrade it in no time. They assured that this facility can be initiated immediately with the installation of hardware. It is imperative that a 24x7 highly efficient call center type facility/structure to conduct and monitor this facility is in-built with setting-up of the CCR.*

Intermediate Term measure:

An App providing precise and timely information about the availability of emergency health services in Delhi hospitals should be made available by NIC for use of the citizens.

A robust "Ambulance service" is the fundamental requirement of emergency care. Delhi should have at least 5 Advanced Cardiovascular Life Support (ACLS) ambulances per district available 24x7. Such facilities could be outsourced for the time being as well.

TOR 3:

To suggest ways and means to ensure the availability of infrastructure, medicines, and adequate manpower in the Hospitals for operating / managing high-end medical equipment / critical care units in the various Hospitals.

Immediate measures:

15% of the vacant posts in all categories to be filled within 30 days.

1. Manpower

i. Permitting hiring of the doctors on contract basis as academic faculty/ consultants by the Director/MS of the Institution. The salary and perks of contractual doctors should be at least same as of regular employees.

ii. Empanelment of private doctors as Visiting Consultants especially in radiology, anesthesia, and any other specialty should be done and the emoluments may be paid per patient / procedure basis. Empanelment can be for durations ranging from 2 hours, 4 hours, 8 hours, to 12 hours, and for night calls every day, Sundays and holidays.

iii. For nursing staff and para-medical staff, outsource agencies to be engaged on Quality-cum-Cost Based Selection (QCBS) and immediate deployment should be done.

iv. Adequate clinical and paramedical staff should be made available at the primary and secondary health facilities throughout Delhi Govt. institutions.

2. Equipment

Immediate and short-term measures:

i. Implement Public-Private Partnership ***(PPP)*** *model for CT scan and MRI services by identifying successful bidder for implementing the same. Currently, at the Janakpuri Super-Specialty Hospital (JSSH) and PGI Rohtak a PPP model is running successfully. In all hospitals where CT/MRI scan or radiologist is not available, the aforesaid model can be adopted and implemented, especially in Level 3 & 4 hospitals.*

ii. Provision to get equipment on lease from concessionaires, by announcing expression of interest.

iii. Rate Contract of any Central Govt. Hospitals in Delhi and AIIMS Delhi should be allowed to be used by the Delhi Govt. Hospitals, if the Delhi Govt has no Rate Contract for the said equipment(s). Rate contracts should be made for longer time (say - for useable life of the equipment, subject to requirement) instead of the prevailing system of contract for one to two years.

iv. Decentralization of Financial Powers - Powers of HOD (MD/MS) are limited at present. It is recommended that financial powers up to Rs. 5 crores for purchase of equipment be considered for

Heads of major hospitals and appropriate enhancement in the powers of other category of hospitals should be done.

Intermediate-term measures:

Install CT / MRI / PAT scan / Accelerator, etc. and other required equipment to run emergency services in all hospitals on PPP Model.

3. Other diagnostic and Laboratory equipment:

Immediate and short-term measures:
***PPP** model or leasing models for procuring various equipment like ultrasound machines, dialysis machines, ventilators, lab diagnostic machines, **ICU** and cardiac monitors, ABG machines, etc. should be done.*

4. Medicines and consumables

Immediate measures:

*i. Hospitals should maintain a minimum inventory of two months of the drugs listed in the essential drug list **(EDL)** and consumables, and should have ready-made rate contacts to meet up to 50% of the annual demand so that the tendering process for rate contracts may be initiated in due time to ensure that there is secured supply line of medicines and consumables for next six months.*

ii. Delegation of financial powers to HoDs (Medical directors or Medical Superintendents) as mentioned above to maintain at least 25% of required supply and inventory at any given time, subject to Rs. 5 crores per annum.

iii. Such delegation of financial powers of Rs. 5 crores per annum to the MS and Directors to purchase medicines and consumables separate from equipment procurement be done to meet the emergency demands shall be subject to following limits on daily basis, with immediate effect:-

For hospital more than 1000 beds	*Rs.10 lakhs per day*
For hospital between 501 — 1000 beds	*Rs.7.5 lakhs per day*

iv. Further delegation of financial powers of Rs. 2.5 crores per annum to the MS and Directors to purchase medicines and consumables may be allowed, subject to following limits to meet the emergency demands on daily basis, with immediate effect:-

For hospital between 300 — 500 beds Rs.5 lakhs per day and
For less than 300 beds Rs.3 lakhs per day.

v. Open Jan Aushadhi Kendras in each hospital so that medicines may be procured from such Jan Aushadi Kendra(s) in exigencies to avoid any shortage of medicines in the Hospitals.

vi. Adequate supply of medicines and consumables should be ensured at primary and secondary level of health facilities as well.

Short-Intermediate term:

i. Adequate and standard pharmacy and consumable storage space and facility should be made available on priority basis at all hospitals (Instructions to PWD).

a. To implement a system to maintain a 2 months' inventory of drugs and consumables in hospitals, with rate contract for six months, to prevent shortages and ensure uninterrupted medical services.
b. Adequate supply of medicines and consumables should be ensured at primary and secondary level of health facilities as well.

Long-term measures:

i. Central procurement agency (CPA) to be strengthened and made accountable for providing uninterrupted and quality medicines and consumables to all hospitals, dispensaries and other health establishments.

ii. The entire system should be brought under e-governance, through Hospital Management Information System of NIC.

TOR 4:

To suggest ways and means to maintain functional high-end medical equipment in various hospitals.

Maintenance of high-end equipment

i. All equipment should be purchased including five years of comprehensive management contract (CMC) with provision of extending CMC for further 5 years. Provisions should also be there to extend the CMC till the useful life of the equipment.

ii. A penalty clause should be included in the purchase contracts to compensate for the down time, in case the equipment repair is going to take long time. An in-built mechanism of provision for an immediate replacement equipment should be ensured.

TOR 5:

To suggest ways and means to reduce the stress on referral hospitals by strengthening the peripheral hospitals located in the various districts of Delhi.

Immediate Measures:

15% of the equipment requirements and the man power requirements should be met within the next 30 days.

Short and Intermediate term measures:

i. The small hospitals (100 bedded) and district hospitals need to be strengthened in terms of manpower, equipment, and diagnostic services to provide round the clock emergency services, ICU services and operation theatre services and maternal & child services.

ii. Availability of medicines and consumables should be ensured at all these hospitals, including delegating financial powers to the respective HoDs (MD / MS).

iii. The Senior Residents from hospitals having medical college, may be rotated to district hospitals for meeting the immediate need. For this purpose, the Senior Residents posts of smaller hospitals should be pooled with posts of larger hospitals attached with the medical colleges for centralized engagement. There should be provision for selecting nonacademic Senior Residents through hospital-based selection committees to hire residents through regular weekly walk-in interviews. The Senior Residents should be rotated to peripheral and district hospitals through a proper roster in a district or zone wise manner. A committee consisting of MD/MS of 3 major hospitals of Delhi, should finalize the process of selection and rotation of SRs within the next 2 weeks and report to this Committee.

iv. Facilities for blood testing and other standard laboratory and radiological diagnostic facilities should be made available at the primary and secondary health facilities as well. If needed, these services could be outsourced to maintain efficient and uninterrupted service.

TOR 6:

To suggest an end-to-end mechanism for ensuring uninterrupted supply of medicines, injections, and consumables in government hospitals.

Immediate measures:

i) The CPA has to be strengthened and made fully functional immediately to ensure the un-interrupted supply of medicines and consumables. (Action pertains to H&FW, GNCTD)

ii) Enhanced delegated financial powers to the MD / MS of the hospitals as explained above, to maintain at least supply of medicines for two months at any given time (Action pertains to GNCTD).

iii) Adequate storage space to be made available on priority basis at all hospitals (action pertains to PWD).

iv) Open Jan Aushadhi Kendra in each hospital so that medicines may be procured from such Jan Aushadi Kendra(s) in exigencies to avoid any shortage of medicines in the Hospitals

TOR 7:

To suggest mechanisms to immediately fill the vacant posts of specialists (teaching/ non-teaching), medical officers and paramedics on contract basis, till regular incumbents join through UPSC/ DSSSB.

Immediate measures:

15% of the vacant posts should be filled immediately using the following methodologies:

i. Existing vacancies of teaching & non-teaching specialists should be filled up on contract basis or by hiring consultants from the private sector.

ii. The MS and Director of the respective institutions to be empowered to chair and form a committee for this purpose. The committee should be empowered to advertise the vacant posts and conduct interviews for selection of vacant posts. The tenure of the clinical specialists to be extended till the age of 70 years.

iii. The salary and perks of the contractual staff recruited in this manner should be at par with the regular employees. The hospitals can have teaching and non-teaching specialists.

iv. Empanelment of private doctors as part time or full time Visiting Consultants especially in radiology, anesthesia, neurosurgery, orthopedics, or any other specialty should be done and the emoluments be paid on per patient / procedure basis. The payments should be made not lower than the CGHS rates.

Short-term and intermediate measures:

i. The due process of regular selection through UPSC, etc. should be streamlined and expedited.

ii. Pharmacists and data entry operators: The distribution of medicines in the OPD is severely affected due to shortage of pharmacists and non-computerization of OPD registration counters is resulting in long queues and discomfort to the patients. Hence, urgent recruitment or outsourcing of data entry operators is recommended with implementation of Hospital Management Information System of NIC.

iii. Following ***additional cadres of manpower*** *should be created:*

a. Hospital Operations staff — qualified hospital administrators, managers, are essential for hospital operations and administrative matters, such as pertaining to the procurement of medicines, equipment, maintenance and construction of buildings for expansion in the hospital, outsourcing of specialized manpower, coordination with other authorities, etc. These activities are currently looked after by the senior doctors in the hospital. This adversely affects the patient care.

In view of above it is proposed to create a dedicated post of one to two managers in level 2 & 3 hospitals, and two additional posts of deputy managers in Level 4 hospitals. Their engagement is recommended on emergent basis.

b. Resident medical officers (RMOs): *M.B.B.S. with 3 years of experience to man emergencies, ICUs and other essential services as RMOs will help ease the pressure on academic senior residents The RMOs should be paid a salary as per years of service undertaken.*

c. *Junior Residents: Post MBBS, residents, can be permitted to work up to 3 years, to provide continuous service and also be eligible to become RMOs.*

d. *Intensivists, phlebotomist, physiotherapists, etc.*

TOR 8:

To make any other recommendation that the Committee thinks is fit and proper for the purpose of improving the medical services provided by the hospitals in Delhi to the public at large.

Immediate and Short-term measures:

*i. Introduction of **Emergency services** in the Delhi Arogya Kosh **(DAK).** A mechanism of on-line approvals for availing DAK facility within 4 hours of application should be ensured.*

*ii. Residents of Delhi should be allowed to use their **Aadhar card** in all private hospitals and get cashless facilities at the CGHS rates in an emergency situation in any nearby facility. The private hospitals should be asked to give such an undertaking while operating in Delhi.*

iii. Dedicated full time MS / Director for all hospitals.

iv. Teaching faculty to provide tele medicine services to the district hospitals.

Intermediate- Long term measures:

i. NABH accreditation of all Delhi hospitals by Dec. 2024.

ii. Start Tele- Medicine services.

iii. Starting of teaching programs (Doctors, Nurses, Paramedics) at society-based hospitals and district hospitals.

iv. Dedicated Chief Engineer(s) of PWD for Delhi hospitals

v. Non-medical HR professionals for running ministerial and ancillary services.

vi. Yearly enhancement of Delhi Health budget to meet the growing needs of quality health care for Delhi citizens. Opening up of at least one Medical college in every district of Delhi, by converting hospitals with 300 bed capacity to teaching hospitals.

vii. Facilitating the private sector to open medical college cum speciality hospitals in Delhi.

viii. Providing at least 5 ACLS ambulances round the clock in each district to help the citizens to avail of emergency care. These ambulances should be linked to CCR."

3. From the aforesaid Executive Summary, it is apparent that the said Committee of doctors has recommended a number of immediate, short term as well as intermediate and long term measures.

4. Since the immediate measures have been recommended for implementation within thirty (30) days, this Court directs the Chief Secretary, GNCTD and the Principal Health Secretary, GNCTD to implement the said measures within the timeline stipulated by the Expert

Committee. The Chief Secretary and the Principal Health Secretary shall also indicate a road map as to how they intend to implement the intermediate and long term measures within the timeline stipulated by the Expert Committee. Let an action taken cum status report be filed by the Principal Health Secretary within four weeks.

5. As the immediate recommendations of the Dr.S.K.Sarin Committee of doctors shall go a long way in saving human lives and are not political in nature, this Court directs that the Model Code of Conduct shall not be a hindrance.

6. The Dr.S.K.Sarin Committee of doctors is given liberty to file a supplementary report within four weeks.

7. Registry is directed to forward a copy of this order to the Election Commission of India for information.

8. List on 24th May, 2024.

ACTING CHIEF JUSTICE

MANMEET PRITAM SINGH ARORA, J

APRIL 16, 2024
N.Khanna