



•Honorary Adviser•
Smt. Aparna Mohile
Ex Member Postal Board
020-27660222
9665620761

ALL INDIA CENTRAL GOVERNMENT PENSIONERS' ASSOCIATION PIMPRICHINCHWAD BRANCH

(Registered Society Maharashtra No. MAH 0938 : Public Trust Certificate No. F753 Pune)

State Bank of India S/B A/C No. 30440848944, IFCI No. SBIN0011646
Address: 'Vakratund', 484/27, PCNT. Pune – 411 044. Tel: 020-27653206
Web Site: <http://aicgpa.org> E-mail Address: aicgpa.pc@gmail.com

•President•

Madhav Banne
IDSE (Retd.)
020-27657768
9420862660

No.: Nil

Date: 02 March 2011

Income Tax Rebate is Authorised on Donations, u/s 80 G (5) of IT Act 1961 vide Commissioner of IT-I, Pune
Letter dated 04/08/2009 No.Pn/CIT-I/80G/82/2009-10/4357. Deposit in SBI, S/B account No. 30440848944.
To,

•Vice President•

Suresh Ranade
Commandant (Retd.)
020-27656958
9823356958

The Additional Director, CGHS, Pune,
Swathya Bhavan, Mukundnagar
Pune – 411 037

Telefax: 020-24269461, email: cghspune@vsnl.net

(for Personal attention of Shri Dr SR Pashupatimath, Additional Director, CGHS)

•SECRETARY•

Vasant Kelkar
Retd. AGM (BSNL)
020-27653206

Sub- Discussions held with AD CGHS Pune on 27 Jan 2011 and DG, CGHS on 14 Feb 2011 at the office of Addl Director, CGHS Pune 411 009 with a view to enhance functional utility of CGHS.

•Assistant Secretary•

Dashrath Katke
020-27278152
9221058718

Dear Sir,

This is with reference to subject conferences and discussion took place during the conferences.

We had forwarded our inescapable need in respect of wellness Centres vide Letters dated 23 January and 13 February 2011 to Additional Director CGHS Pune, through email and hard copy handed over prior to and during discussions. We are thankful to you and the DG for patient hearing and considering our difficulties in positive manner. We are now waiting for implementation of all decisions taken during the meeting.

Association is in receipt of minutes of both the conferences issued vide your letter Nos. CGHS/PNE/Estt.6-37/09/883 dated 17 Feb 2011 and CGHS/PNE/Estt.6-37/09/884 dated 15 Feb 2011. Inadequate Medical Officers, Specialist Medical Officers and other staff like sweepers and peons are straining the presently posted staff. The result seen is the present staff is getting desperate. The best achievements are made when a person feels happy. You are requested to post adequate staff for wellness centre No. 1 at Akurdi. Further considering the requirements the present accommodation would be inadequate when full staff is posted. Possibility of getting additional accommodation (1 or 2 more quarters/flats on first floor in the present building) as may be found necessary should be explored. Problem of shed for pensioners (and other beneficiaries) while waiting for issue of medicine may be temporary solved by re-organising medicine stores till shed is constructed or additional flat is made available. During your next visit to wellness centre (No. 1 Akurdi) representatives of the association can explain it on ground. You may inform this association by email and telephone (contact Nos. are given in the left side column).

•Treasurer•

•Assistant Treasurer•

Nivrutti Sangole
020-27658484
9420

•Organising Secretary•

Thombil Mathew
020-27672753
9960833665

•Working Committee Members•

*Smt. Sucheta Diwakar
020-27653725

*Narayan Sonar

020-27650729
9890897342

*Kaliprasad Alhat

020-27652196
9822574474

*Padmakar Deshpande

020-27655971

*Vishnu Bomblepatil

020-27650844

•Internal Auditor•

Mdhusudan Chandrachud
Retd. A. D. (Telecom)
020-27654555

Points submitted, discussions and your ruling are given in brief as under:-

1. **Inadequate Medical Officers:** There is a dire need of adequate medical officers at wellness centres. When one of our members was being examined by the MO, one of the staff from the centre came with a suggestion that MO should not use more time in examination as the patients "Q" is very long and they all cannot be examined unless examination procedure is shortened. This is not an expected situation but there remains a cause for indifference. This can be got over by posting adequate number of MOs at each of the wellness centre.

Discussions: DG accepted the need and promised that authorisation of MOs for wellness centres shall be re-estimated and proposal to enhance authorisation of additional MOs for CGHS shall be taken up with M of F. This may take some time.

❖ **Present Position:** Now 2 MOs available at Wellness Centre No. 1.

2. **Requirement of Specialist MO:** Diabetes, Heart disease, Joint pain etc are common with pensioners. However, Specialists are not available at wellness centre. Old age pensioners (all are senior citizens) have to travel long distance to get examined by specialists. Long distance travel is tiring and costly. This is causing daily tensions. Wherever needed a full time specialist should be posted at various wellness centres. Where specialist may not have full time work specialist should visit twice a week on predetermined days and time.

Discussions: DG accepted the need and promised that authorisation of MOs for wellness centres shall be provided on contract basis. He further directed to Additional Director to take action as per existing procedure.

❖ **Minutes by AD (CGHS) Pune dated 17 Feb 2011:** A proposal will be given by the Association side for delegating powers to local head to appoint Specialist on consolidated amount.

3. **Quality of Medicine:** Every medicine has a number of manufacturers. It is similar to a number of chefs cooking same dish but the preparation differs from chef to chef in quality and taste. This is applicable to medicine producers also. There is inescapable necessity to find a solution so that high quality and effective medicine is available from CGHS.

Discussions: DG accepted the need and clarified that India is the biggest manufacturer of generic medicine. He further directed to Additional Director to direct MOs to issue medicine for a patient from the same manufacture as given first time. Manufacturer shall not be changed if the same medicine is prescribed for further treatment. MOs shall specify manufacture's name along with medicine if the medicine is continued further.

❖ **Minutes by AD (CGHS) Pune dated 15 Feb 2011:** In chronic cases medicine of same brand will be issued. Supply of branded medicine will not be discontinued.

4. **Recognised Hospitals:** Number of hospital recognised by CGHS is too small even in cities. There are cities like Pimprichinchwad where there are no recognised hospitals. Pensioners stay even in villages. There is inescapable requirement to have recognised hospitals all over the country down to at least tehsil level. If it is possible for the association to help CGHS in this respect this association can extend all possible help.

Discussions: DG accepted the need of more recognised hospital as near to residence of patients and directed Additional Director to explore possibility of finding more hospitals and encourage those to apply for recognition by CGHS. He appreciated offer given by AICGPA, CHQ Pune.

- ❖ **Minutes by AD (CGHS) Pune dated 15 Feb 2011:** Recognised hospitals quote their own rates which are accepted while giving recognition. No rate is imposed by the government.
 - ❖ *In case recognised hospitals don't abide by rules ADG should take action and recognition should be suspended.*
 - ❖ **Minutes by AD (CGHS) Pune dated 17 Feb 2011:** Proposal for recognition of more hospitals will be sent to DGHS, New Delhi.
5. **Postal Pensioners:** There is a case pending for merger of postal dispensaries with CGHS wellness centres. It is unlikely that the case would be resolved in favour of pensioners in early future. Therefore it is requested that permission may be granted to all postal pensioners to opt and receive CGHS card as per the existing procedure applicable to other central government ministries and departments.
- Discussions:** DG accepted the need of postal pensioners and will have a dialogue with Ministry of Postal Services. He was of an opinion that there should not be any difficulty in admitting requests for postal pensioners who specifically ask for CGHS health card. He however, informed that decision on this shall be taken when he returns to Delhi.
- ❖ **Minutes by AD (CGHS) Pune dated 15 Feb 2011:** The matter is pursued with Ministry of Finance whose concurrence is required.
 - ❖ **Minutes by AD (CGHS) Pune dated 17 Feb 2011:** Association will submit a demand/proposal for merger of P&T dispensaries in CGHS. On receipt matter will be taken with DGHS New Delhi.
6. **FMA for Pensioners not opted for CGHS:** There are some pensioners staying in CGHS wellness centre covered area. However some of them have not opted for CGHS and not taken card from CGHS authorities. They are not getting FMA in absence of certificate from CGHS authorities. CGHS should formulate a procedure and give list of documents needed for issue of certificate. A time period also may be fixed for issue of certificate from receipt of application. This procedure should be followed for each and every certificate issued by CGHS at various levels.
- Discussions:** DG accepted the need and directed Additional Director Pune to look in the matter and issue authorised certificates immediately on receipt of application. He appreciated requirement of preparation of list of all documents/proof necessary for each of applications. This list shall be sent to all offices and associations who provide guidance to employees and pensioners in addition to displaying in the waiting area of wellness centres.
7. **Revised Rates of CGHS Subscription:** It is provided in G of I, M of H & FW OM No. S.11011/2/2008-CGHS (P) dated 20th May 2009, Para 5 (i) "Contributions to be made by pensioners / family pensioners would be the amount they were subscribing at the time of their retirement or at the time of death of the Government servant;". However revised rates are applied by CGHS authorities for pensioners and family pensioners where pensioners had been retired before enhancement of CGHS Subscription. A specific clarification need to be sent to all subordinate offices of CGHS to demand rates as applicable at the time of retirement only.
- Discussions:** DG accepted the need however he wanted to peruse the letter and promised that on his return to New Delhi he will take a decision and convey to the association.

Additional Points raised during Conference:-

- (a) **Representation of AICGPA on Grievance Committee:** Shri Murlidhar Karlekar, General Secretary, AICGPA, CHQ Pune reminded of case taken up with DG's office

for accepting one representative of the association on Grievance Committee. *DG promised to look in to the matter.*

- (b) **Mobile Wellness Centre:** Pensioners suggested that a mobile wellness centre shall be highly convenient to pensioners where pensioners' population is adequately thick in a particular area. This shall be highly useful in areas where new wellness centre cannot be opened due to financial constraints.

Discussions: *DG accepted the need however he wanted time for elaborate discussions with all Additional Directors and explore possibility.*

- (c) **Educating Pensioners about common diseases:** Pensioners suggested that treatment for diseases is one part of health service. However more important is to know how diseases can be avoided. Periodical health check up and precautions can keep pensioners away from diseases. CGHS should formulate a procedure for periodical medical check up. Secondly in the waiting area of wellness centre there should be material in the form of posters, books, Visual shows (TV, slide show etc.) for education pensioners for maintaining their health. This would reduce expenditure on medical treatment.

Discussions: *DG accepted the need and promised that action shall be taken on this suggestion at the earliest.*

- (d) **Welfare Officer for Wellness Centre:** Pensioners brought out that present welfare officers are not working for CGHS beneficiaries. They never visit wellness Centres. There should be specific responsibilities fixed in standing orders for welfare Officer and whoever fails to fulfil the responsibilities must be removed and another welfare officer appointed. Equal representation should be given in welfare committee of every welfare centre for Pensioners' association.

Discussions: *DG accepted the need and directed Additional Director to look in to matter and forward report.*

- ❖ *Minutes by AD (CGHS) Pune dated 15 Feb 2011: The Grievance/Advisory committee should be reconstituted who do not function properly.*

9. Additional Information by the AD (CGHS) Pune dated 15 Feb 2011:

- ❖ *Instructions issued by Ministry of Health and & F.W in regard to streamlining of functioning of CGHS dispensaries should be followed in letter and spirit. The Additional Secretary and Director General (Health) stressed that pensioners need to be given priority and he would take a serious view if their grievances are not settled expeditiously.*
- ❖ *Two vacant posts of Pathologist and Skin Specialist will be filled on contract basis.*
- ❖ *The Government of India has no expansion programme of CGHS by opening new dispensaries.*
- ❖ *As regards non-inclusion of certain procedures in CGHS rate list it was stated that rates of AIIMS New Delhi, if available or at cost to be charged.*
- ❖ *Attendance and rude behaviour by officers and staff of CGHS will not be tolerated.*
- ❖ *As regards additional points AD was asked by DG to look in to and take immediate action.*

10. Additional Information by the AD (CGHS) Pune dated 17 Feb 2011:

- ❖ *A copy of DGHS letter stating to provide credit facilities to all pensioners and beneficiaries irrespective of place of card holders will be circulated to all hospitals.*
 - ❖ *Instructions to CMOs-in-Charge will be issued to examine and treat patients at the dispensary level to avoid hardship to beneficiaries in Government hospitals.*
 - ❖ *Arrangement of drinking water supply in dispensaries is agreed.*
11. **Letter from DGHS, Hospital Cell (CGSH) dated 13 January 2011 received on 5 April 2011:** *The hospital/diagnostic laboratory / imaging centre will be charged 15% of bank guarantee on refusal of service or direct charging from CGHS beneficiary etc. In case of repeated complaints the entire amount of bank guarantee will be forfeited.*
12. **Points for which no communication is received till 14 April 2011:**
- ❖ No information is given on points at serial numbers 6 and 7. Both of these points are important for pensioners.
 - ❖ There is provision for authorising Fixed Medical Allowance (FMA) for pensioners staying away from jurisdiction of CGHS Wellness Centres. However, pensioners staying in CGHS jurisdiction but not holding CGHS card are not given FMA. Suitable orders must be issued and the pensioners who do not possess CGHS Card must be paid FMA. AD (CGHS) must be directed to issue certificate directly to Pension Distributing Authority (PDA) for paying FMA to such pensioners.
 - ❖ The letter quoted in the point provides that monthly and one time charges for CGHS card shall be based on the pension fixed at the time of retirement. Pensioners who desire to get CGHS card after a few years of retirement are authorised to get CGHS Card. During the period of non issue of card pensioners and their respective families do not avail any benefit of health care. Also period for health care reduces with age. Therefore, charges specified in the letter quoted are logical and this must be followed strictly by all ADs all over India.
13. **Points for which no suitable action is taken till 14 April 2011:**
- ❖ No suitable action is taken on points at serial no. 2 to 5 and additional Points raised during conference. It is not understood why a government office should ask pensioners' association to prepare case for "*for delegating powers to local head to appoint Specialist*"
14. You are requested to take suitable action on all points to resolve difficulties face by pensioners.

Yours Faithfully,

Copy to:-

1. President, AICGPA, CHQ Pune for information.
2. Members for information (To be read in Monthly meeting).
3. .

(Madhav Bamne, President, AICGPA, PC Branch)