

Call me

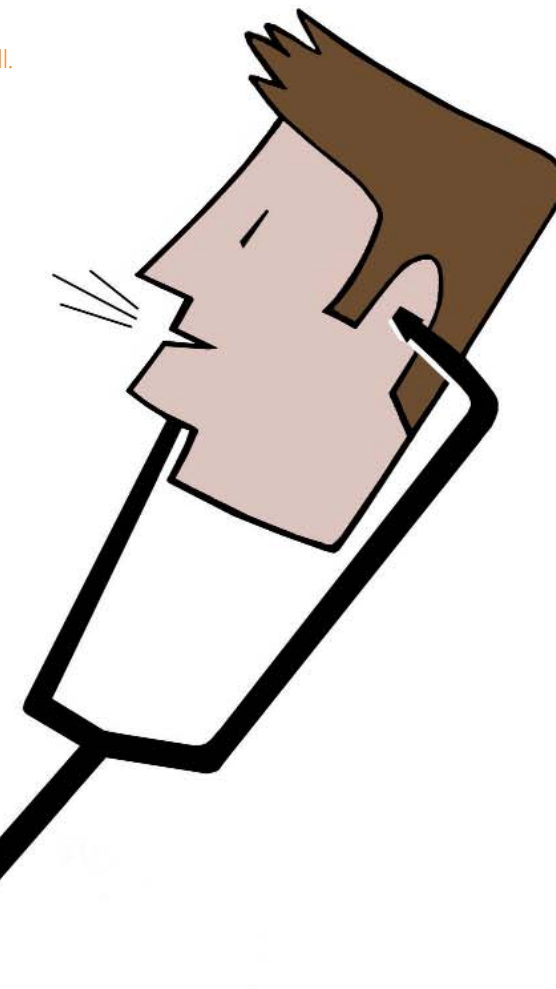
If you didn't know Norwich Union Healthcare runs a round-the-clock GP Helpline, you're missing out on a key benefit. Our investigative reporter, **Mark Irving**, dons a few disguises and puts the system to the test



Norwich Union Healthcare tips

■ You can call the Norwich Union Healthcare GP Helpline on **0870 600 0871***. You only need to quote your policy number to get access to expert medical advice and assistance, 24 hours a day, 365 days a year. All you pay for is the cost of the call.

*Calls may be monitored and/or recorded.



It hasn't quite been *Kind Hearts and Coronets*, the Alec Guinness comedy where he plays eight members of the same family, but pretending to be four different people over a week has required a certain amount of thespian confidence on my part. The aim of this has been to put the Norwich Union Healthcare 24-hour GP Helpline to the test by making four calls at different times of the day and night over a week, with examples of the sort of concerns that typify the range of enquiries that the helpline gets. When you call this number, you're asked to choose whether you wish to speak to a doctor or a nurse. But how does this system work? How quickly would I get connected? What sort of advice would I be given? Here is what happened:

Call one: I'm a 42 year-old male insurance executive calling at 10.21pm on a Friday. I choose the doctor option. I complain of severe and continuing headaches over a three-week period. The doctor asks me if I'm a smoker, how long my working day is (I say it's about ten hours) and whether I bring work to bed. Am I eating properly? I

say I am but maybe losing a bit of weight. Are you passing lots of urine, he responds. Is there any history of diabetes in my family? I can't think of any. It sounds worrying, I say. Isn't diabetes a serious illness? It's manageable, the doctor says, trying to reassure me. Ninety-nine per cent of people are okay with the right treatment. He adds that it might be best to have a full health check, which can take up to an hour. The results are usually available in a few days. In the meantime, stay off sugar.

Call two: In two months' time, my girlfriend is going to the Dominican Republic to work for three months and would like to know which vaccinations she should be having.

The call is made on Sunday at 11.50am and I choose the nurse option. She checks her records and comes up with the following vaccination recommendations: typhoid, hepatitis A (easily contracted through hand and mouth – be careful with personal hygiene and use bottled water), malaria (go for regime C, which translates as 300mg of chloroquine taken weekly, one week before travel and throughout the stay, plus for four

weeks after leaving). Make sure, says the nurse, that her tetanus and polio are up to date. For high-risk travellers, a group that includes people staying more than three weeks, she should consider protecting against diphtheria, rabies and hepatitis B, which is prevalent in rural areas (the latter needs three injections over six months, but having two beforehand is probably good enough). She suggests my girlfriend makes an immediate appointment with her GP or practice nurse. Throughout, she has been referring to the MIMS medical drugs advice database, which is updated monthly.

Call three: I'm a 26 year-old male bodybuilder from Bolton, calling at 3pm on a Wednesday. I want to know if my hayfever medication (Piriton) will affect the bodybuilding aids I'm taking.

He tells me that the Piriton should mix alright with them. I tell him I'm on a fairly heavy course and casually ask him whether it's safe to be taking them. He says it's okay, as long as my blood pressure and weight are checked regularly, say every couple of months. He says he doesn't approve of such aids being taken for this purpose –

they're artificial and "not the most sensible thing". He asks why I don't consider working out in the gym "normally", thus avoiding these substances. His tone of voice, while polite, suggests he wants to be helpful but is unhappy to hear I'm on such a course.

Call four: I'm calling on Tuesday morning at 8.30am because I'm worried about my wife. She is nearly three months pregnant and has been experiencing some bleeding.

I ask the male nurse what we should do about the bleeding she'd had the previous

evening and whether this is anything to be concerned about. He says that while he thinks such incidents are not uncommon in early pregnancy, this area is beyond his knowledge and he transfers the call through to a doctor. I'm told with apologies that the line is experiencing "technical difficulties" but that I will be called back within 30 minutes. The return call is in fact made within five minutes. The doctor is very clear and helpful, stating that it is indeed not unusual for some women to experience up to two days of light bleeding during early pregnancy but that my wife should see her GP within 36 hours. He says it is difficult for a doctor to make a precise diagnosis without seeing her in person. He asks how long the bleeding has been and how heavy. If it continues and there are clots appearing or she is in discomfort or having severe cramps, then I should take her to her regular GP or the out of hours GP service. A&E is not, he gently advises, the best place for a woman in these circumstances and can be upsetting. She might, he adds, need to have an ultrasound scan done to assess how the baby is.

Medical advice: a doctor's view of working on the GP Helpline

"Callers should tell us if they have, or are suffering from, any significant illnesses such as diabetes or heart disease and what medication they are taking. It's helpful to know if they have seen any other doctors and if they have any particular worries, for example, do you think this is cancer or am I infectious?"

"If I am not sure what is wrong with the patient I will say so and try to explain why. I would then advise callers to either seek emergency treatment at the local A&E if I considered them to be at risk of serious illness, or to return to their GP."

"It can be difficult to diagnose particular conditions over the phone – such as viral illnesses and rashes. A doctor should always try to exclude serious illness such as meningitis or a heart attack and judge how unwell the caller is."

"Callers have been very grateful to be able to speak to a GP so quickly. I often work at weekends on the helpline and this can be a difficult time for patients to reach their own GPs. We have lots of time to listen on the helpline and to go through a caller's concerns. Many callers want reassurance or advice about whether they should see their own GP or to visit an A&E department."