

The complaint

Mrs F complains about the way that BUPA Insurance Limited handled a claim she made on a group private medical insurance policy. She considers that BUPA wrongly disclosed her personal information to her employer during the claim process.

What happened

Mrs F is insured under her employer's group private medical insurance policy.

In March 2023, Mrs F contacted BUPA to make a claim on the policy. She wanted to make an appointment with a particular mental health specialist. It seems BUPA told Mrs F that it wasn't aware of the specialist and that she should speak to her employer. In the meantime, a referral to another specialist was arranged.

It appears that Mrs F told her employer about BUPA's response to her claim. So Mrs F's employer sent BUPA an email, which queried BUPA's position regarding the particular treating specialist. It passed on Mrs F's details to BUPA to help BUPA look into things.

BUPA told Mrs F's employer that Mrs F's referral hadn't been for treatment which was provided by that particular specialist – and that Mrs F had been helped to make her referral. It didn't provide the employer with any information about what Mrs F's referral had been for, or the specialist she'd been referred to.

Mrs F felt that BUPA had wrongly disclosed her personal medical information to her employer during the course of the claim and she complained.

BUPA issued a final response to Mrs F's complaint which said there was no record of it speaking with her employer. So Mrs F asked us to look into her complaint.

Subsequently, BUPA told us that it had found the emails between it and Mrs F's employer on a different system. However, it felt that the email contact had been initiated by Mrs F's employer after Mrs F had told her employer about her initial claim. And it maintained that none of Mrs F's personal medical information had been disclosed to her employer.

Our investigator didn't think Mrs F's complaint should be upheld. He felt BUPA had been entitled to respond to Mrs F's employer's query, given the employer was the policyholder. And he didn't think BUPA had disclosed any personal medical information to Mrs F's employer. So he didn't think BUPA had done anything wrong.

Mrs F disagreed and so the complaint's been passed to me to decide.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so, whilst I'm sorry to disappoint Mrs F, I've decided not to uphold her complaint and I'll explain why.

First, I'd like to reassure Mrs F that while I've summarised the background to her complaint and her submissions to us, I've carefully considered all she's said and sent us.

It's also important that I make it clear that as much of Mrs F's complaint is centred on whether or not BUPA disclosed personal information and therefore, whether it breached data protection laws, it may be more appropriate for these issues to be investigated by the Information Commissioner's Office (ICO). Mrs F indicated that she'd told the ICO what had happened, but it isn't clear whether or not she's made a formal complaint to it. Or if she has, what outcome the ICO reached.

The relevant regulator's rules say that insurers must handle claims promptly and fairly. In this case, it's clear - from BUPA's notes and from the emails between BUPA and Mrs F's employer - that BUPA's initial claims handler had been confused about the treating specialist Mrs F had initially wanted to see. I don't doubt that this was frustrating for Mrs F. However, it also appears that BUPA was able to assist Mrs F with the referral she had at this point. And BUPA went on to cover the cost of Mrs F's appointment with an appropriate specialist in May 2023. So I think that, overall, BUPA was able to handle Mrs F's claim in a fair and prompt way and that Mrs F was able to benefit from the policy.

It's clear that during the course of the claim, Mrs F approached her employer because BUPA had indicated that it wasn't aware of the particular treating specialist she wanted to see. So I find that Mrs F's employer became aware, from then onwards; that Mrs F was seeking treatment from BUPA - and broadly, what kind of treatment Mrs F wanted, given the particular specialist's area of expertise. Mrs F's employer approached BUPA to clarify its position on the particular specialist Mrs F had wanted to see and it passed on Mrs F's details to BUPA. Given Mrs F's employer is the policyholder, I don't think it was unreasonable for BUPA to respond to the employer's query to provide clarity about its position on that particular specialist.

Having looked carefully at the whole email chain between BUPA and Mrs F's employer, I don't think BUPA did anything wrong when it handled the claim. It simply confirmed that Mrs F had been given a referral and that the particular specialist she'd wanted to see wouldn't have been suitable for her. As I've explained, I think the employer was already aware that Mrs F was seeking treatment and that treatment with that particular specialist hadn't been authorised. And BUPA didn't tell the employer what Mrs F's referral was for or to whom it had been made. As such, I think it handled the claim in a reasonable way.

I acknowledge that BUPA's final response incorrectly told Mrs F that there was no record of any contact between it and her employer. I don't doubt that this caused Mrs F some frustration. However, I don't think this error is likely to have caused Mrs F material distress and inconvenience which would lead to me to make an award of compensation. I'm satisfied that BUPA provided us with full information to allow me to make a fair and reasonable assessment of the complaint. So I don't think Mrs F has lost out as a result of any errors in BUPA's initial investigation.

Overall, despite my natural sympathy with Mrs F's position, I find that BUPA handled her claim fairly and reasonably. So I'm not directing BUPA to take any action.

My final decision

For the reasons I've given above, my final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs F to accept or reject my decision before 1 November 2023.

Lisa Barham
Ombudsman