

The complaint

Mrs V is unhappy with the medical assistance provided by Inter Partner Assistance SA ('IPA') on her travel insurance policy ('the policy').

All references to IPA include its medical emergency team. And although Mrs V is being represented in this complaint, I've referred to her throughout my decision as she's the policyholder.

What happened

Whilst on holiday, in a European country, Mrs V was admitted to hospital and was diagnosed with having had a stroke. She missed her return flight to the UK and once she was deemed fit to fly, IPA arranged for her to be repatriated to the UK, by stretcher, on an indirect flight - which included one stopover.

Mrs V is unhappy with the medical assistance received by IPA including delays arranging her repatriation home, the standard care in the public hospital she'd been admitted to whilst abroad and that she wasn't repatriated by air ambulance.

IPA issued two final response letters, accepting some service errors. It offered Mrs V £300 compensation in total for poor customer service. However, it maintained that repatriation by stretcher on a commercial flight was medically supported and appropriate.

Unhappy, Mrs V complained to the Financial Ombudsman Service. Our investigator upheld her complaint. She recommended IPA pay Mrs V £3,500 for distress and inconvenience (inclusive of the offer of £300 compensation already made to her by IPA). IPA disagreed. So, Mrs V's complaint has been passed to me to consider everything afresh and 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.

IPA has an obligation to treat customers fairly. It must also handle insurance claims fairly and promptly.

For the following reasons, I uphold Mrs V's complaint.

Repatriation

Section B of the policy terms and conditions (entitled 'Emergency medical and other expenses') says the following is covered:

With the prior authorisation of the Emergency Assistance Service, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate you to your home if it is medically necessary. These expenses

will be for the identical class of travel utilised on the outward journey unless the Emergency Assistance Service agree otherwise.

‘Medically necessary’ means reasonable and essential medical services and supplies, ordered by a medical practitioner exercising prudent clinical judgement, needed to diagnose or treat an illness, bodily injury, medical condition, or its symptoms, and that meet generally accepted standards of medical practice.

So, although the decision how and when to repatriate is ultimately a decision taken by IPA, I’m satisfied that decision must be fair and reasonable in all the circumstances. For the following reasons, I don’t think the repatriation plan decided on by IPA was fair and reasonable.

- The medical report of the treating hospital dated 5 May 2023 (which I’ll refer to as the “fit to fly report”) states that Mrs V wasn’t able to walk without assistance and can’t be in a sitting position for long periods of time. It concludes that Mrs V is “clinically stable and fit to fly with medical assistance on an air ambulance if possible”.
- I’m satisfied from reading IPA’s contact notes that leading up to the fit to fly report being sent, it had been internally reviewing possible repatriation plans subject to receiving confirmation from the treating hospital that Mrs V was fit to fly.
- On 4 May 2023, so a day before receiving the fit to fly report, it’s reflected that quotes had been obtained regarding the cost of repatriating on a commercial flight by stretcher and by air ambulance. There were different options for the air ambulance, all of which were significantly more than the cost of the commercial flight home with stretcher. It’s reflected that: “likely go with AA”, which I’m satisfied is reference to air ambulance.
- After receiving the fit to fly report, IPA decided to proceed with a repatriation plan by stretcher, on a commercial flight with medical escort. I’ve seen nothing from IPA’s medical team from the time to explain why repatriation by air ambulance was disregarded in favour of this option.
- The contact notes support that there was availability to repatriate Mrs V by air ambulance around that time. I’m satisfied that the available evidence suggests flight time by air ambulance would’ve been a few hours. Instead, IPA opted to proceed with an alternative repatriation plan which involved a total travel time of over 13 hours, including road travel to an airport a significant distance from where she was staying (around 170 miles), two (indirect) flights, one stop over and having to wait for the availability of medical escorts to travel to be with Mrs V to accompany her back on a commercial flight. Further, Mrs V had to wait several days to be booked onto the commercial flights.
- The contact notes reflect that Mrs V’s son was asking for Mrs V to be transferred from the public hospital she was in due to the standard of care she was receiving. I can understand why IPA was focusing on repatriation rather than transfer but it doesn’t look like that consideration was taken into account when considering the repatriation plan and acting in the best interests of Mrs V in this particular case. The medical evidence supports that she’d had a stroke, had difficulty mobilising and understandably, wanted to return to the UK, and be admitted to a hospital there to continue with rehabilitation.
- I accept that the treating hospital didn’t say repatriation by air ambulance was compulsory. However, I’ve seen nothing from IPA’s medical team from the time to explain why repatriation by air ambulance wasn’t medically necessary – or why it had changed its position from 4 May 2023 that air ambulance was likely. I don’t think

IPA's decision to proceed with an alternative repatriation plan was fair and reasonable in the circumstances of this particular case or medically supported from the time.

- In response to our investigator's view, IPA's medical team has provided additional comments to support the decision taken. I've taken into account what's been said but, for the reasons I'll go on to explain, I'm not convinced by the points made. I've also placed more weight on the medical opinion from the time as I think that's more relevant. That includes IPA not being able to provide me with detailed medical analysis from its medical team from the time to support the repatriation plan it ended up pursuing.
- IPA's medical team has more recently said that Mrs V no longer required medical treatment, making repatriation for rehabilitation feasible. And from both a medical and clinical perspective, Mrs V was stable, eliminating the need for an advanced or highly equipped medical team during transportation. However, I don't think this reasonably explains why repatriation by air ambulance was disregarded at the time, in favour of the alternative repatriation plan which involved a total travel time of over 13 hours, two (indirect) flights, one stop over and, ultimately, a delay of several days to repatriate her back to the UK.
- It also said that due to Mrs V's mobility limitation resulting from the stroke, repatriation on a stretcher was considered the most direct and expedient option. Further, air ambulance offered no medical advantages for Mrs V's condition and repatriation. For reasons set out above, I'm not persuaded that's right.

Other delays and service issues

It looks like it did take a number of days for IPA to obtain the initial medical report it needed from the treating hospital and medical records from her GP. I'm satisfied that it was proactively chasing these, so I think these delays were largely outside of IPA's control.

Although, I'm satisfied that there were times when IPA may have more promptly considered the information they received, ultimately, I don't think this had any impact on Mrs V. That's because the fit to fly report wasn't provided until 5 May 2023. By that time, I'm satisfied that cover had been verified (around 28 April 2023) so any delays with considering the medical information up until that point didn't delay the repatriation process.

When agreeing to provide assistance to repatriate Mrs V back to the UK, I don't think IPA acted unreasonably by saying it needed to ensure that she was fit to fly before making arrangements to do so. I'm satisfied that's standard industry practice. And until it was medically confirmed that she was fit to fly, it wouldn't know or be able to assess – for example - whether it was safe for Mrs V to fly home, any risks involved or if she needed any specific assistance. From IPA's contact notes, I'm satisfied that it was proactively chasing the treating hospital for the fit to fly report and the delay in providing the report was outside of its control.

In its final response letter dated June 2023, IPA accept that:

- having reviewed the communications which took place with Mrs V's family before repatriation, it didn't provide adequate updates. It accepts that it could've been more forthcoming with the information provided to prevent any level of uncertainty. And that would've avoided Mrs V's family having to contact IPA for updates.
- on arrival at the airport in the UK, there was no airside ambulance booked to assist Mrs V off the plane. And that this was its error by not passing on the appropriate instructions to the appropriate third parties to ensure support was provided. It also

accepts that this caused a significant delay in (Mrs V says over three hours – which I've got no reason to doubt) departing the plane.

- it emailed Mrs V on 30 May 2023 to see if repatriation went well. This was after Mrs V complained on 16 May 2023 setting out concerns with the repatriation process. IPA accepts this was a further example of poor communication.

I'm also satisfied that there were other issues which occurred on the repatriation back to the UK which – although IPA says was outside of its control – either wouldn't or are most unlikely to have occurred if Mrs V had been repatriated by air ambulance (which I think reasonably should've happened in the circumstances of this case).

That includes:

- Mrs V not being able to attend the medical facility during the stopover as part of the indirect flight home because it was closed for refurbishment.
- being uncomfortable on the indirect flight home and not adjusting her seatbelt.

The impact on Mrs V

I'm satisfied that IPA's errors in this case had an extreme short-term impact on Mrs V. I accept that her repatriation was much longer and more uncomfortable than it reasonably ought to have been in the circumstances of this case. I'm satisfied that she was put to unnecessary and severe distress, upset and inconvenience at an already worrying time for her, when she was already vulnerable. I'm also satisfied that having to wait hours longer on a plane for an ambulance, when she was already unwell and having endured a long and difficult repatriation back to the UK, left her in an undignified, worrying and distressful situation.

I'm satisfied that £300 doesn't fairly reflect the impact on Mrs V. I'm satisfied that compensation in the sum of £3,500 is reasonable to reflect the distress and inconvenience she experienced because of IPA's errors in this case.

It's important to clarify that the family members who had contact with IPA aren't named beneficiaries under the policy and so they aren't eligible complainants in respect of the complaint I've been asked to decide. They hadn't entered into a contract of insurance with IPA. So, I don't have any power to direct IPA to pay them any compensation for distress and inconvenience they've personally experienced because of what IPA reasonably ought to have done better here. However, I'm satisfied that the communication failings IPA accepts occurred in this case, would've also impacted Mrs V as she would've been waiting for updates. I'm satisfied, a lack of communication about what was going on would've upset her at an already difficult time. And I've factored that into the compensation amount I'm directing IPA to pay.

Putting things right

I direct IPA to pay Mrs V £3,500 (three thousand, five hundred pounds) compensation for distress and inconvenience (inclusive of the total sum of £300 it's already offered in its two final response letters).

My final decision

I uphold Mrs V's complaint and direct Inter Partner Assistance SA to put things right as set out above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs V to accept or

reject my decision before 12 January 2024.

David Curtis-Johnson
Ombudsman