

## **The complaint**

Miss F is unhappy with the service she received from AXA PPP Healthcare Limited.

## **What happened**

Miss F had a private medical insurance policy through her employer, underwritten by AXA. She made a number of claims and raised complaints as a result of AXA's errors.

AXA responded to each complaint, upheld her concerns, and offered compensation where it had made an error.

Unhappy, Miss F referred her complaints to the Financial Ombudsman Service.

Our investigator looked into the complaints but found that AXA's offers to resolve the complaints were reasonable overall.

Miss F disagreed and in summary, has made the following comments:

- The impact of AXA's poor service exacerbated her ill health
- She has been financially affected and disadvantaged due to AXA's errors and delays

And so the case has been passed to me for a final decision.

## **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, I don't think Miss F's complaints should be upheld. I'll explain why.

- The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim.
- I have carefully considered everything Miss F has said in detail. But in my decision, I will focus on what I consider to be key. I will summarise each of the complaints as the background is already well known to both parties.
- Miss F raised a number of complaints with AXA and AXA has issued separate final response letters for each complaint. Miss F's complaints with final response letters dated November 2021 and January 2022 have been dealt with in a separate decision.
- Both sides accept that the following compensation payments have been made: £50 for missing a referral for authorisation. £250 for an incorrect referral and not providing names of specialists. £150 for providing names of the wrong specialists and sending a text message to the wrong number. £350 for not accepting a referral and asking for

a new referral unnecessarily. In total, AXA has paid Miss F £800 compensation for the issues which occurred between October 2022 and March 2023.

- Miss F doesn't think the compensation amount offered is enough for the repeated errors, the delays caused to her treatments and the financial impact due to her being out of work whilst waiting for treatment.
- I will consider the overall impact on Miss F and consider whether the amount of compensation offered is fair and reasonable in all the circumstances. As set out on our website, our compensation guidelines say awards for over £750 should be considered where the impact of a business's mistake has caused substantial distress, upset and worry and there has been serious disruption and an impact felt over many months.
- Miss F raised complaints with AXA about issues she was unhappy with and AXA responded to each of the complaints individually and offered compensation amounts for each problem. Miss F has asked me to consider the overall impact on her which is why I have referred to the total amount above. I will now set out the factors I have considered for each of the complaints raised.
- In October 2022, Miss F asked for an online referral for treatment but this was missed by AXA. AXA accepted that this was missed due to human error and offered Miss F £50 compensation. I think this is reasonable as AXA authorised the treatment when Miss F called to chase weeks later. And so I think any impact was minimal and £50 is appropriate for the inconvenience and frustration Miss F would have felt in having to call for authorisation.
- Miss F was referred for counselling by her consultant. But AXA referred her to the wrong specialists which caused further distress and delays. In November 2022, AXA accepted that it referred Miss F to an incorrect company and should have provided her with details of specialists relevant to her specific need. It offered £250 compensation to recognise the distress and inconvenience caused to Miss F as a result of its error. I think this is a reasonable amount of compensation taking into account that Miss F's treatment was delayed and she would have been frustrated at AXA's error.
- AXA then provided details of male specialists rather than female specialists, as requested. When Miss F complained about this, AXA provided further names and details of specialists – but some were not providing treatment at the time. AXA also sent a message to an incorrect phone number and Miss F feels her personal details were shared with a third party. In January 2023, AXA accepted that it made errors and had entered her phone number incorrectly. But I haven't seen any evidence that the messages contained any personal details and the information Miss F received afterwards, included details of the specialists rather than anything else. So I think AXA's offer of £150 compensation for this issue was reasonable considering the matter was resolved by providing further details of specialists. I appreciate this would have been frustrating for Miss F but I think the compensation amount recognises this. And if a specialist isn't available, AXA cannot be held responsible for this. Additionally, AXA isn't expected to contact specialists on behalf of Miss F.
- Miss F received a referral from a psychotherapist but AXA said she needed a referral from a psychiatrist, which caused delays. It later concluded that the first referral should have been accepted. AXA's error caused a delay of around a month. But Miss F also had to repeat her trauma unnecessarily to a new specialist. AXA recognised this and offered a compensation amount of £350 in March 2023. I think this is

reasonable as AXA did offer an option for Miss F to avoid seeing a new specialist but she declined as she didn't think the specialist would call her back. AXA can't be held responsible if a specialist doesn't call back. But I do think AXA recognised that its repeat errors in relation to specialists would cause Miss F distress and inconvenience and so the higher award of compensation for these problems was appropriate and fair and reasonable in all the circumstances.

Overall, on each occasion detailed above when Miss F has made a complaint, I am satisfied that AXA has responded appropriately by offering compensation and authorising treatment or providing the correct information. I can't direct AXA to never make mistakes due to human error but I do expect it to resolve matters promptly which I am satisfied it has done.

I have considered the overall impact on Miss F but I don't think AXA are responsible for her financial loss as a result of time off work. She was off from work due to her ill health and I don't think the delays caused by AXA above are directly linked to her time off work. I am satisfied that the remedies provided by AXA are reasonable overall and in line with our guidelines and the compensation I would award. My decision is limited to the complaints and compensation referred to in this decision and the timeline of October 2022 to March 2023. So I won't be asking AXA to provide Miss F with further compensation.

### **My final decision**

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss F to accept or reject my decision before 27 December 2023.

Shamaila Hussain  
**Ombudsman**