

The complaint

Mrs B and Mr H have private medical insurance cover with BUPA Insurance Limited ('Bupa'), and complain about the service they received from Bupa when they wanted to claim for their daughter's treatment. I'll call their daughter 'Miss B'.

What happened

Miss B was investigated by a specialist with regards to potential reactions to foods, but no specific cause was found. As Miss B was experiencing a significant phobia of food as well as anxiety, it was thought she needed to see a psychologist.

Miss B had treatment with a psychologist recognised by Bupa. However, as her symptoms continued, Mrs B and Mr H wanted her to be treated by a psychologist who specialised in food allergies. They said they were aware of two psychologists with this specialism, but neither were recognised by Bupa.

Bupa allowed one of the psychologists (Dr J) to apply for recognition, and then authorised a claim for Miss B to see Dr J. But Mrs B and Mr H were unhappy with the process, and the length of time it took. They were also unhappy about the service they received from Bupa at this time.

Bupa issued its final response. It accepted that it should have provided Mrs B and Mr H with a better service and apologised for this. It pointed out that its clinician team isn't customer facing and only speaks with clinical providers, and also confirmed that a non-recognised provider isn't covered under the policy. Bupa paid £350 compensation for its poor service. Unhappy with this, Mrs B and Mr H brought a complaint to this Service.

Our investigator didn't recommend the complaint be upheld. He noted Bupa couldn't speed up the recognition process. However, he agreed that Bupa hadn't provided Mrs B and Mr H with a good level of service, though he thought the £350 that Bupa had paid them was reasonable compensation.

Mrs B and Mr H didn't accept our investigator's findings, and said he hadn't addressed the fact that their daughter was steered towards a 'general psychologist' by Bupa rather than a specialist.

The matter has therefore been passed to me for a 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.

- Mrs B and Mr H wanted their daughter to see a psychologist with a particular specialism in food allergies. However, they were only aware of two psychologists with this specialism, and neither were recognised by Bupa. Though Bupa was able to give the names of recognised psychologists who were qualified to treat Miss B's

symptoms of phobia and anxiety. So I don't agree with Mrs B and Mr H that Bupa couldn't provide an appropriate specialist, even though I can of course appreciate why they wanted their daughter to have more specialised psychological treatment.

- When Miss B's symptoms continued after seeing a psychologist recognised by Bupa, Mrs B and Mr H spoke with Bupa about other options. They said that Bupa had previously allowed Miss B to see a non-recognised specialist, and wanted Bupa to do so again. However, Bupa refused to do so.
- I can see that Bupa did previously authorise treatment (an initial consultation, minor diagnostics, and a follow-up consultation) with a non-recognised specialist. I don't know why Bupa did so, but that decision was up to Bupa. However, under the policy terms, Bupa is only required to authorise treatment with a recognised specialist.
- Bupa wasn't accepting applications from psychologists to be recognised at the time, but it made an exception here, so that Miss B could see Dr J. I think that was reasonable.
- Mrs B and Mr H are unhappy about the length of time it took Bupa to recognise Dr J. However, this was outside of their contract of insurance and was a matter between Bupa and Dr J. So I can't comment on Bupa's recognition process, or how long this took.
- Bupa acknowledged that the service it provided could have been better. There were times when it didn't call Mrs B and Mr H back, and it didn't properly manage their expectations in respect of the recognition process. I see that it gave Mrs B and Mr H unrealistic timeframes for this. I think this was poor. Mrs B and Mr H were really worried about their daughter's health, and Bupa ought to have given them the correct information, and kept them updated. Though it seems much of the frustration on Mrs B and Mr H's part centred around Bupa's recognition process and that its clinician team weren't customer facing. And as I've said, I can't comment on this.
- Overall, I think Bupa's apology and compensation payment was reasonable in the circumstances, and reflected the impact to Mrs B and Mr H caused by Bupa's poor service.

My final decision

My final decision is that I don't uphold this complaint, as I'm satisfied that BUPA Insurance Limited has paid reasonable compensation for its poor service.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs B and Mr H to accept or reject my decision before 2 January 2024.

Chantelle Hurn-Ryan
Ombudsman