

## **The complaint**

Mr and Mrs W complain about BUPA Insurance Limited's service when Mrs W made a private medical insurance claim.

## **What happened**

Mr and Mrs W have private medical insurance with BUPA. In November 2022 Mrs W was told she had a life threatening condition.

On 15 November 2022 Mrs W called BUPA to ask for its assistance in progressing her treatment. Mr and Mrs W said BUPA provided a claim pre-authorisation number and referred her to a consultant, asking her to call directly to make an appointment. Mrs W called the private hospital and was told the consultant didn't have an available appointment for up to five months.

Still on the 15 November, Mrs W called BUPA back and waited on hold but couldn't get through to speak to someone. As the private hospital had said it would need a referral letter, while Mrs W was calling BUPA Mr W called and spoke to the NHS doctor who'd seen Mrs W the day before. The doctor said he would refer Mrs W within his NHS hospital department and she was contacted that day to ask her to attend an MRI the next day.

Later in November 2022 Mrs W was told she should have surgery and she had three separate surgeries ending in January 2023. Mrs W had all her treatment through the NHS.

At the end of January 2023 Mr and Mrs W complained to BUPA about its response to Mrs W's call to it on 15 November 2022, BUPA's recommended consultant and its failure to meet its membership benefits.

BUPA accepted it had given Mrs W poor service when she had to wait a long time on hold to contact it by phone and said it was working to improve that issue. BUPA asked Mr and Mrs W to contact it to give more details about why they were unhappy with the consultant it recommended and about its failure to meet membership benefits so it could investigate those matters. But it said if the complaint was about the service Mrs W received from BUPA's recognised consultant Mr and Mrs W needed to contact the consultant's provider.

Mr and Mrs W complained to us. In summary they said:

- BUPA provided poor advice and no support to Mrs W at the most vulnerable time in her life. BUPA's response and lack of action meant it avoided paying for her treatment and gave the responsibility of care and cost to their family, the health service and ultimately the tax-payer.
- They weren't seeking any financial compensation for themselves but they wanted BUPA to assess what the cost of Mrs W's medical treatment would have been and pay a significant portion of the costs to the departments of the NHS hospitals where she was treated.

Our investigator said she didn't think BUPA had acted unreasonably. It did what was required at the start of the claim and Mr and Mrs W didn't contact BUPA again to ask for more assistance.

Mr and Mrs W disagree and want an ombudsman's decision. In summary they added:

- Mrs W's mother died of a related condition so they wouldn't apologise for taking the NHS treatment route the doctor offered on 15 November which gave Mrs W the best chance of survival, rather than waiting on hold for BUPA to answer Mrs W's call.
- Where was their 'indemnity' for: travel costs to appointments; Mrs W's cost to stay in hospital; Mrs W's medication while in recovery; both of their absences from work; Mr W's accommodation and living costs related to Mrs W's hospitalisation.

### **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.

Mr and Mrs W have been through a very difficult time and I'm sorry to read the impact Mrs W's illness had on them and their family.

In Mr and Mrs W's response to our investigator's view they raised the issue of specific costs they incurred due to Mrs W's illness. I've no evidence that they've made a claim for those costs on their policy with BUPA. If they want BUPA to pay those costs they need to make a claim so BUPA can assess the costs claimed against what's covered by the terms of the policy. If Mr and Mrs W and BUPA can't reach agreement about those costs then they will need to first complain to BUPA about that matter and can ultimately make a separate complaint to us. I'm not making any finding about whether BUPA should pay those costs to Mr and Mrs W in this decision.

In this decision I have to decide whether BUPA gave fair and reasonable service. I don't uphold the complaint as I think BUPA gave fair and reasonable service, apart from it having long call waiting times which BUPA accepts. I'll explain why.

The relevant regulator's rules say that insurers must handle claims promptly and fairly.

When Mrs W phoned BUPA on 15 November 2022 to ask for assistance with her treatment BUPA gave her a claim authorisation code, details of a recognised consultant and asked her to arrange an appointment direct. I think BUPA's actions were reasonable. Its role as the medical insurer was to give Mrs W an authorisation code for treatment covered and the name of a local BUPA recognised consultant with the relevant medical specialism. An insurer wouldn't usually make the appointment for the policyholder direct with a consultant and I don't think BUPA acted unreasonably in asking Mrs W to make the appointment.

The consultant BUPA suggested didn't have availability to see Mrs W for the next five months. That timescale would have been a shock for Mrs W given her condition. But I don't think BUPA is responsible for a consultant's availability and if the first consultant it suggests isn't available in an appropriate timescale BUPA could reasonably understand that Mrs W would call it back. Mrs W did phone back BUPA but, because of its long call waiting times, while she was on hold Mr W was able to speak to the NHS doctor Mrs W had seen the day before who suggested she be treated through the NHS.

In Mrs W's circumstances it's completely understandable that when the NHS doctor suggested he refer her for treatment through his NHS department, and she was then quickly contacted to make an appointment for the next day, she took that route. But as she didn't get to speak to BUPA to tell it that its suggested consultant's availability wasn't suitable BUPA didn't know about the problem. If Mrs W had told BUPA about the problem it's very likely it would have suggested another consultant. It was frustrating for Mrs W to wait on hold to speak to BUPA but as BUPA wasn't told about the problem it couldn't do anything to fix the problem.

Mr and Mrs W say it's indicative of the level of care and service that BUPA provided that after Mrs W's initial phone call to BUPA on the 15 November 2022 it didn't give Mrs W a follow up call or email to give support. It's not usual practice for insurers to do a follow up

unless the policyholder makes them aware of issues they're having. BUPA didn't know Mrs W had any issues with the information it gave her about the consultant. And after 15 November Mr and Mrs W didn't call BUPA to ask for assistance. So I don't think BUPA acted unreasonably in not contacting Mrs W.

I understand that Mr and Mrs W's focus was on her medical treatment she was having through the NHS and all the emotional and physical impact they've described. But as they didn't contact BUPA after 15 November until their complaint, which was after Mrs W's treatment, I can't hold BUPA responsible for not doing more for Mr and Mrs W. I'm not requiring BUPA to take any action in respect of this complaint.

### **My final decision**

I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr W and Mrs W to accept or reject my decision before 15 September 2023.

Nicola Sisk  
**Ombudsman**