

The complaint

Miss N has complained about the claim assistance service offered by Healthcare Clarity Limited.

What happened

The details of this matter are well known to both parties and it serves no purpose for me to repeat them here. In summary Miss H contacted Healthcare Clarity as she required treatment under her healthcare policy. In accordance with its Claims Assistance service, it liaised with Miss H's insurer on her behalf. Miss H wanted treatment as soon as possible and spoke to Healthcare Clarity on numerous occasions. She feels she didn't get the help she needed, and that Healthcare Clarity delayed her treatment.

Our investigator didn't find that Healthcare Clarity had done anything wrong. Miss H appealed.

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.

Firstly I'm aware I've summarised the background to this complaint and haven't included sensitive medical details. No discourtesy is intended by this. Instead, I've focused on what I find are the key issues here. Our statutory function is to resolve complaints quickly and with minimum formality and our rules allow me to take this approach. It simply reflects the informal nature of our service as a free alternative to the courts.

Having done so, and although I recognise that Miss H will be disappointed by my decision, I agree with the conclusion reached by our investigator for the following reasons:

- It is very clear how frustrating and stressful the experience of trying to arrange private consultations and treatment was for Miss H. I accept this impacted Miss H's mental health. But I'm satisfied that Healthcare Clarity was trying to assist Miss H. Miss H feels that she wasn't given assistance – or that any help she was given was misguided. Ultimately, because she couldn't find a consultant to treat her, she had her treatment on the NHS. I do appreciate that things didn't go as Miss H could rightly expect, but I don't find that this the fault of Healthcare Clarity.
- In early March 2023 Healthcare Clarity explained to Miss H that if she did receive a cancer diagnosis the insurer would appoint a specific oncology claims handler who would be her point of contact. This didn't happen when it should have, and I understand why Miss H feels that Healthcare Clarity failed to provide her with a service. I appreciate that Miss H feels Healthcare Clarity hindered rather than helped her attempts to get consultations and treatment. But ultimately, I don't find it is to blame for the insurer failing to appoint a specialist adviser to her case sooner than it did.

- Miss H complained that following her surgery she had a call with an operative, I'll call K, at Healthcare Clarity whereby she was told that the delay was her fault. I've listened carefully to the calls with K following Miss H's surgery and I haven't heard such an accusation being made.
- Miss H feels that Healthcare Clarity didn't assist her and suggests that it shouldn't offer this service as in her case it didn't help at all. Despite my natural sympathy for the position she was in, desperate for private treatment and calling and emailing very frequently in order to get an answer, it is not for this service to tell financial businesses how to operate. Overall I don't find that she was mis-advised by Healthcare Clarity or that the service it provided delayed her treatment.

My final decision

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

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss H to accept or reject my decision before 10 January 2024.

Lindsey Woloski
Ombudsman