

The complaint

Miss H has complained about the service she received from Vitality Health Limited when she made a claim under her private medical insurance policy.

What happened

Miss H says Vitality Health Limited delayed in referring her claim to a specific oncology team. She felt that this delayed her treatment and may have resulted in her having additional surgery. Vitality upheld the complaint, apologised, and offered £500 in compensation. Our investigator thought that was fair. Mrs 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.

The relevant regulator's rules say that insurers mustn't turn down claims unreasonably. So I've considered, amongst other things, the law, the terms of the insurance contract and the available medical evidence, to decide whether I think Vitality treated Miss H fairly.

The background to this matter is well known to the parties, so I won't repeat it here. Vitality admit that it should have referred Miss H's claim to an oncology case manager sooner than it did. It says the referral should have been on or around 12 May 2023 when the insurance intermediary advised that Miss H had undergone treatment on the NHS but required further surgery. Instead, the referral wasn't made until 9 June 2023. However, I agree with the conclusion reached by our investigator and find that the referral should have been made when Miss H emailed her insurance intermediary on 16 March 2023 with a clinical report confirming her diagnosis. This was sent within the hour to Vitality. If it was in any doubt that Miss H wanted private treatment, it should have sought to clarify.

The question I must then consider is whether this error caused a delay in Miss H getting to see a consultant and having treatment. I don't underestimate how stressful this process was for Miss H – she was desperately trying to arrange private medical treatment as soon as possible. Family members had had poor experiences with NHS care and it was most important to her to have private treatment. But I'm not persuaded that the error on the part of Vitality made a significant difference. I say this because Vitality authorised a claim for Miss H to see a specialist for an initial consultation where the treatment pathway would be arranged. Miss H was given a list of names to contact to arrange an appointment. I can see it transpired that Miss H needed to see a surgeon, but she hadn't been referred to a surgeon at that time. Vitality has confirmed that even if she had been referred to the oncology team and allocated a case manager, she would have been given the same list of specialists. It is worth saying too that Vitality has no control or influence over consultant availability.

There is no doubt that this was an incredibly stressful time for Miss H and I do accept that she would have felt some comfort in having a dedicated contact in Vitality's oncology team. Particularly given her positive experience once she had a contact in place. But on the evidence before me I can't say this would have meant that things moved more quickly for her

in terms of her surgery.

Miss H has provided details regarding the impact of delay on people with her condition. I accept the evidence is correct and recognise that is particularly upsetting for Miss H given the delays she faced in getting to see the correct physician the having treatment. But for the reason given above I don't find that Vitality was responsible for these delays. I understand Miss H's claim that had she had the surgery done privately, as she wanted, she wouldn't have needed to have two surgeries. I understand the logic of her thinking, but I've seen no evidence to support this.

My final decision

Vitality has already made an offer to pay £500 in compensation to settle the complaint and I find this offer is fair in all the circumstances.

So my decision is that Vitality Health Limited should pay Miss N £500, if it hasn't already done so.

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