

## **The complaint**

Ms S is unhappy with AXA PPP Healthcare Limited's handling of her claim.

## **What happened**

Ms S had private medical insurance with AXA. In May 2021, she contacted AXA to arrange a follow up/diagnostic mammogram having been told there were some anomalies with her breast screening mammogram. Ms S was diagnosed with ductal carcinoma in situ (DCIS) and needed surgery with reconstruction. Ms S ended up having her treatment on the NHS which she said was because AXA made several errors throughout the handling of her claim, as well as it taking too long to arrange appointments. She also said she felt abandoned by AXA because it left her to source her own potential surgeons privately.

AXA said there was some initial confusion around Ms S' diagnosis but this was caused by Ms S giving incorrect information. It also said it wouldn't recommend surgeons, rather, it'd give a list of those that specialise in her area of treatment and it'd be for Ms S to decide which specialist she'd prefer. AXA also said Ms S had a treatment path through the NHS and, on this occasion, the NHS was able to offer appointments more quickly. It accepted the overall service Ms S received could have been better and referred to it providing dates for potential surgery whilst she was away and so offered £100 compensation.

Our investigator said AXA made more errors and recommended it pay Ms S an additional £500 compensation to rectify the situation. She said AXA was unclear about the available dates for diagnostic treatment, in addition to it encouraging Ms S to go through treatment on the NHS. She felt the distress and inconvenience caused was significant, which is why she recommended a higher award.

AXA disagreed with the increased compensation. It said it'd increase its original offer by £150, making the total award £250. Ms S declined the offer saying it was derisory and highlighted AXA had saved thousands of pounds by not having to fund her diagnostic tests and treatment, both of which should have been covered by her policy.

I issued my provisional thoughts on this complaint as I reached a different outcome to that recommendation of our investigator. I accepted AXA had made some errors, but I didn't think it should pay as much compensation recommended by our investigator. I said £250 for the overall trouble and upset caused was fair. I noted AXA had already paid £100 and so it needed to pay an additional £150 in the circumstances.

AXA didn't respond to my findings, but Ms S did. She didn't accept my provisional thoughts and said, in summary, that the list of surgeons she was sent to choose from weren't suitably qualified. She explained she needed treatment from an oncoplastic surgeon, and that AXA didn't have access to the correct support nurses to complete the treatment. And so, it's now for me to make 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.

I've decided not to depart from my provisional findings for the same reason I've already explained. I agree AXA made some mistakes, however, I don't consider its actions to be consistent with such a poor level of service that would fairly justify an increased compensatory award. I think £250 for the overall distress and inconvenience is fair for the reasons I've explained. I'll now address the additional arguments made in response to my provisional decision.

#### The list of specialists suggested by AXA

Having carefully reviewed the list, I'm satisfied the specialists put forward by AXA were suitably qualified and held special interests in the area of cancer that affected Ms S. I accept this would've ultimately been subject to a conversation between Ms S and the suggested surgeon, but I see no obvious reason to conclude AXA made a mistake with its recommendations. As Ms S chose to have treatment on the NHS, there's nothing more I can helpfully add here as there's no persuasive evidence to suggest those surgeons were not suitably qualified. I also note AXA explained to Ms S that it's the specialist's responsibility to ensure its qualifications and bio is kept up to date and not AXA's. In any event, I'm satisfied those specialists recommended were suitable.

#### AXA not able to supply support staff

Ms S said that when she discussed her proposed treatment with the NHS specialist, she was told not to have the treatment privately. According to Ms S, she said that she was told AXA doesn't pay enough for the treatment to be carried out properly because there wouldn't be enough money to pay for the support staff. I should say that other than Ms S's testimony, I've not seen any evidence of this. And, therefore, I'm not persuaded by it. AXA, through its approved network has access to specialists that offer the treatment she needed.

The fees are commercially sensitive and so I won't disclose information about that here. But I'm satisfied it would've covered the treatment and those costs. AXA told Ms S that if there was ever to be a shortfall in treatment costs, then this would typically be discussed between the surgeon and the consumer. But this was a more general explanation and it reassured Ms S that wouldn't be the case in her circumstances. Ms S wasn't treated through AXA and so there's nothing more I can helpfully add here either.

#### **My final decision**

My final decision is that AXA PPP Healthcare Limited must now pay Ms S the remainder of her compensation for the distress and inconvenience caused. The total compensation due is £250.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms S to accept or reject my decision before 20 March 2023.

Scott Slade  
**Ombudsman**