

The complaint

Mr R is unhappy that Vitality Health Limited took too long to confirm cover under his private health insurance policy ('the policy').

What happened

The details of this complaint are well known to both parties, so I won't repeat them again here. The facts are not in dispute, so I'll focus on giving the reasons for my 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.

Vitality has an obligation to handle insurance claims fairly and promptly. It accepts that it unreasonably delayed accepting Mr R's claim. Vitality offered £150 compensation to Mr R in addition to waiving the excess payable under the policy in the sum of £100. I know he'll be disappointed but, for the reasons set out below, I'm satisfied compensation totalling £250 fairly reflects the distress and inconvenience Mr R experienced because of Vitality's unnecessary delays.

- The policy was underwritten on moratorium basis, which started in November 2021 (and renewed in November 2022). Given the terms of the policy, I don't think Vitality acted unreasonably by wanting to obtain further information from Mr R about his symptoms and then, medical information from his GP to assess whether the claim was covered under the policy.
- I think it promptly requested information from his GP, and updated Mr R to tell him that this had been done. I don't think it was unfair of Vitality to tell Mr R that the information might be more quickly obtained, if he also contacted his GP directly.
- Vitality first requested Mr R's medical information towards the end of November 2022. I make no finding on whether Vitality reasonably ought to have chased Mr R's GP for medical information before receiving the GP's response, towards the end of December 2022. Even if Vitality ought to have chased the GP in the circumstances of this particular case - given the nature of the claim being made – the evidence from both parties reflects that Mr R didn't contact Vitality during December for an update. So, even if Vitality ought to have chased which might have led to the medical information being received sooner, I don't think Mr R was put to any inconvenience during that time.
- Once the medical information from the GP was received, I'm satisfied Vitality promptly approved cover including for initial investigation and diagnosis. However, it didn't contact Mr R until early February 2023 to confirm – and that was after Mr R had chased Vitality for an update towards the end of January 2023. Vitality accepts it's error.

- Vitality has apologised to Mr R, said feedback will be provided and any training issues addressed. It's also offered Mr R £150 compensation and offered to waive his excess of £100 in respect of the approved medical investigations. I accept that it would've been very upsetting for Mr R to learn that investigations had been approved weeks before Vitality communicated this to him, particularly in the circumstances he found himself in. But, overall, I'm satisfied that the offer made by Vitality in recognition for what went wrong fairly reflects the distress and inconvenience he experienced.
- I know Mr R feels very strongly that those with private medical insurance shouldn't have to chase medical professionals or their insurer, particularly when faced with a potentially serious medical condition needing treatment. And he's concerned that others may have their lives put at risk by Vitality. However, I'm looking at the circumstances of his individual complaint.
- Mr R also says investigations into his symptoms would've happened sooner on the NHS. It's possible they would've. However, for the reasons set out above, I'm satisfied that the offer made by Vitality to put things right is fair and reasonable in this case. Mr R also says he was anxious and in pain whilst he waited for Vitality to confirm cover under his policy. However, I think I would've reasonably expected Mr R to have contacted Vitality for an update before the end of January 2023 if he was in significant discomfort and anxious about the delay in confirming cover. So, on a balance of probabilities, I don't think it would be reasonable for me to award further compensation to reflect pain and suffering – or unnecessary anxiety during that time.

Putting things right

Mr R didn't accept Vitality's offer, so it hasn't been paid to him. I direct Vitality to:

- pay Mr R £150 compensation to reflect the distress and inconvenience he experienced;
- waive the excess of £100 for the approved claim. If the excess has already been paid by Mr R, Vitality should reimburse this to him.

My final decision

I partially uphold Mr R's complaint. Vitality Health Limited should put things right as set out above. Under the rules of the Financial Ombudsman Service, I'm required to ask Mr R to accept or reject my decision before 22 June 2023.

David Curtis-Johnson
Ombudsman