

The complaint

Ms W is unhappy with the delays she experienced when Vitality Health Limited considered her claim.

What happened

Ms W has private medical insurance with Vitality. She made a claim in October 2022 for her frozen left-side shoulder. Ms W said that Vitality took too long to consider her claim as she didn't receive a decision until March 2023. Ms W said she'd chased Vitality several times throughout that period, yet her requests for contact went unfulfilled. Ms W said she was left suffering with symptoms of pain and reduced mobility unnecessarily and she'd like to be fairly compensated for that.

Vitality accepted it'd caused delays. It also recognised the overall service she received was below expectation. It offered £100 compensation as an apology.

Our investigator didn't think that was fair. She recommended Vitality increase its award to £300.

Vitality accepted her recommendation, but Ms W didn't. She said the compensation wasn't enough considering the impact this had on her overall health. She explained the delays were excessive and because of that, she had to make difficult decisions in her personal life which has caused extreme distress. And so, it's 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.

Having done so I've decided to uphold this complaint, but I won't be increasing the compensation beyond the award recommended by our investigator. I say that because I think £300 compensation is fair in the circumstances. I'm aware Ms W had to make some difficult personal decisions which I'm very sorry to hear about.

Although I appreciate her choices, I don't think it's something that was reasonably foreseeable. It's also not something Vitality is responsible for. I accept that Vitality caused unnecessary delays whilst handling Ms W's complaint, but I'm satisfied £300 compensation is fair. I'll explain why.

Ms W first got in touch with Vitality in October 2022. At that point Vitality should've sent her a claim form, but I note this didn't happen for almost seven weeks. Ms W had to call Vitality in December because she'd not heard back from it since raising her claim and it was only then that Vitality realised its mistake. It's not in dispute there were delays here. To be clear I think they were unnecessary and unfortunate and I acknowledge the impact Ms W said this had on her, but I think £300 is fair because I consider it to be a relatively minor error and fair reflection of the distress and inconvenience caused.

Vitality has a responsibility under the insurance conduct of business sourcebook (ICOBS) to make sure it doesn't decline claims unfairly. It must also ensure it doesn't cause delays unnecessarily. And so, I've considered whether Vitality met its obligations under ICOBS. I'm satisfied Vitality didn't do that because it caused delays in this particular case.

Ms W explained she was left suffering with pain during that time and I wanted to acknowledge that too. I'm aware that she was prescribed painkillers to help alleviate her symptoms and whilst that wasn't ideal for her, I'm satisfied her symptoms were being managed throughout that time. In addition, I've not seen any persuasive medical evidence to support her testimony here that she experienced distressing levels of pain.

I've seen a letter from the orthopaedic surgeon which explained Ms W needs surgery, but it doesn't explain anything about the on-going pain she referred to in her complaint. However, I note the orthopaedic surgeon said her pain symptoms were improving but with some residual discomfort August 2022.

I also noted there was a second delay once Ms W sent her claim form. Vitality received Ms W's additional supporting medical evidence on 20 January 2023. But it wasn't until 7 February that it made the decision to accept Ms W's claim. This is a delay of almost two weeks, and I consider it unnecessary. Ms W also called Vitality during that time on 31 January, as she'd not heard back from it. I think given the previous issue, I understand why Ms W may have felt anxious about whether Vitality was progressing her claim correctly.

Ms W made additional arguments about the other shoulder now needing the same treatment, however, I disagree with the connection she attempted to make here. Ms W said because Vitality took so long to arrange treatment for her left-side shoulder, this has now caused the same injury in the right-side. I should say there's no medical evidence which says that's the reason and so I don't find that argument particularly persuasive in the circumstances.

I think Vitality agree the service offered could have been better. It also accepted the delays were unnecessary as it agreed with the investigator's recommendation. I think Vitality has done enough to put things right and so I'm not increasing the compensation award beyond £300 because I think it fairly reflects the level of distress and inconvenience caused.

My final decision

I'm upholding this complaint and Vitality Health Limited must pay Ms W £300 compensation for the overall distress and inconvenience caused by delaying her claim unnecessarily.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms W to accept or reject my decision before 13 September 2023.

Scott Slade
Ombudsman