

The complaint

Mr and Mrs M are unhappy with Vitality Health Limited's handling of their claim.

What happened

Mr and Mrs M have private medical insurance with Vitality. In November 2022, Mrs M claimed on the policy as she was experiencing pelvic pain. She sent additional medical information to Vitality on 9 December, however, didn't hear anything back. Mr and Mrs M called Vitality on 22 December and were told there were backlogs which accounted for the delay. During the call, it was agreed Vitality would send a list of suitably qualified consultants the same day, but they say that didn't happen. Mr and Mrs M said they had to call again on 9 January 2023 before the list was sent.

Mr and Mrs M said the delay in processing their medical information and sending the list of consultants meant they had to pay another excess charge because the treatment effectively spanned two policy years. They said had Vitality processed their claim sooner, and within the service level agreement, then this wouldn't have happened. They also said the gift box sent by Vitality wasn't a fair enough way to resolve their complaint.

Vitality accepted it was unable to assess their claim within the usual timescales, however, noted it was only two days out of service. It also accepted the list of consultants was sent incorrectly using an old system. It said that despite this, the second excess would most likely still have been charged as it was unlikely Mrs M would've received treatment prior to the new policy year beginning in February 2023. It felt the gift hamper was a fair way to resolve things.

Our investigator disagreed with Vitality about the hamper. He accepted Mrs M most likely wouldn't have been treated before the new policy year had commenced. But he thought the failure to send the consultant list on 22 December and the slight delay in assessing their claim warranted £100 compensation for the distress and inconvenience caused.

Mr and Mrs M accepted his recommendation, but Vitality didn't. It changed its position on whether the consultant's list was sent on 22 December. It said Mr and Mrs M should've checked their junk box as it was sure it'd been sent. It also said the service level agreements aren't guaranteed and that this may change in peak times. And so, it's for me to make a final decision on whether £100 compensation is fair.

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 it for the same reasons explained by our investigator. I also think the compensation recommended is fair. I'll explain why.

The crux of the issue here is whether Vitality sent the list of consultants on 22 December 2022. Mr M called Vitality because he'd not heard back after sending the medical information

completed by the GP on 9 December. Vitality explained it was experiencing some delays and I'm satisfied that's the case because this is supported by its case notes. I also saw it agreed to send the consultant list after the call. Vitality initially accepted this didn't happen because it'd attempted to send this information using an incorrect platform.

Vitality said it sent the gift hamper to acknowledge this and the delays with handling the claim. But it changed its position on that point following our investigator's opinion and explained Mr and Mrs M should've checked their junk mail folder as it was most likely there. I was surprised Vitality pivoted on that point given it's not shared any new evidence to support its argument here. Our investigator requested the new evidence it'd relied on, however, I've not seen that it shared this with us. And so, without any new evidence to persuasively demonstrate the list of consultants was shared, I'm more persuaded by Mr and Mrs M's testimony and I think it most likely wasn't sent.

I also note Mr and Mrs M had received other emails from Vitality without any issue and so I don't find that argument particularly persuasive as those emails weren't filtered by their junk mail folder.

I wanted to acknowledge Vitality's arguments about the delays handling the claim and I agree, in isolation, the time it took to assess the claim wasn't excessive. But I also think considered against the experience I've just explained, a compensatory award is fair in the circumstances. And I think £100 compensation is fair and reasonable.

My final decision

For the reasons I've explained, I'm upholding this complaint and Vitality Health Limited must pay £100 compensation for the overall distress and inconvenience caused.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr M and Mrs M to accept or reject my decision before 14 September 2023.

Scott Slade
Ombudsman