

## **The complaint**

Mrs P is unhappy the how BUPA Insurance Limited (BUPA) has handled her claims under her private medical insurance policy.

## **What happened**

Mrs P contacted BUPA in May 2023 with a view to booking an appointment for an x-ray. She used BUPA's online GP service. Instead of being referred by a GP for the x-ray, she was referred by a pharmacist. When she tried to book the appointment with the hospital, they said she wasn't on their system. She contacted BUPA in June 2023 and she was told she needed to get a GP referral.

Since this initial contact, Mrs P has had numerous calls with BUPA and was given conflicting information. She says she's had long call wait times, her emails were not being answered and no-one was listening to her to help sort out the issues she was having. She says BUPA has not handled her claim well at all and it wasn't until she contacted the Chief Executive's Office that she was taken seriously.

Mrs P made a complaint to BUPA. It looked at her complaint and issued a final response in June 2023 and then again in August 2023. The second final response addressed her complaint points. BUPA said it apologised for the errors it made and offered her £250 compensation for the distress and inconvenience she's suffered. BUPA said feedback would be given to those concerned so it can improve the service it provides to its members.

Unhappy with BUPA's response, Mrs P brought her complaint to this service. She says she would like BUPA to give her free cover of 6 months' premiums as a resolution. Our investigator looked into it and said she was satisfied that BUPA had put things right in the way we would expect. She said the £250 compensation offered by BUPA in its second final response fairly and reasonably reflects the overall impact of the errors it identified and apologised for.

Mrs P disagreed and asked for the complaint to be referred to an ombudsman. So, it's been passed to me.

In summary Mrs P said she feels 6 months free BUPA membership would be fair for the inconvenience she's suffered. She's been a BUPA member for over 40 years and the £250 compensation she's been offered only effectively covers just over a months' premium which she doesn't think 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.

The insurance industry regulator, the Financial Conduct Authority ('FCA'), has set out rules and guidance for insurers in the 'Insurance: Conduct of Business Sourcebook' ('ICOBS').

ICOBS says that insurers should act honestly, fairly and professionally in accordance with the best interests of their customers, and that they should handle claims promptly and fairly.

It's important to point out that we're an informal dispute resolution service, set up as a free alternative to the courts for consumers. In deciding this complaint I've focused on what I consider to be the heart of the matter rather than commenting on every issue or point made in turn. This isn't intended as a discourtesy to Mrs P. Rather it reflects the informal nature of our service, its remit and my role in it.

It's not in dispute that BUPA made errors and the customer service it provided was poor. The issue in dispute is the compensation that BUPA has offered and how it has put things right for Mrs P on this complaint. So, this is what I'll be considering here.

I've carefully reviewed all of the information provided by both parties. I can see that it took BUPA a few months to get to grips with the issues Mrs P was facing and it was only when a second review took place of Mrs P's complaint that it seems her complaint was understood.

Our role is to review what's happened and to see whether a business has done what's expected to put things right in such situations. While BUPA did take a while to understand the issues on Mrs P's complaint, I can see the second final response covers each of her complaint points and explains where the issues arose and what went wrong. BUPA apologised for these errors and also offered £250 compensation in recognition of those.

There's no doubt that the service provided by BUPA in handling Mrs P's claim was poor due to the lack of communication, the confusion in communication and the lack of updates. But I'm satisfied that BUPA has dealt with Mrs P's complaint as we would expect. I can see that it has also communicated to the relevant areas by way of feedback with a view to improving its service.

I acknowledge that the situation must have been very challenging, and the service Mrs P received could have been a lot better. But overall, I think BUPA has dealt with Mrs P's complaint fairly and reasonably. I think the compensation it has offered of £250 is also fair and reasonable in the circumstances.

While I appreciate that Mrs P wants six months of free cover as a resolution, I don't think that's fair. She has made a claim on the policy and therefore has had benefit of the cover so I don't think it would be fair for BUPA to also waive any of the premiums on her policy.

Overall, I think BUPA has addressed Mrs P's complaint in the way we would expect and the £250 is fair compensation for what happened.

It follows that I don't require BUPA to do anything further except that if Mrs P accepts my final decision, then to make the payment of £250 to Mrs P within 28 days of her accepting it.

### **My final decision**

For the reasons given above, my final decision is that I don't uphold Mrs P's complaint about BUPA Insurance Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs P to accept or reject my decision before 30 November 2023.

Nimisha Radia  
**Ombudsman**