

The complaint

Mrs T complains that Western Provident Association Limited ("WPA") hasn't accepted a claim under a private health insurance policy.

What happened

Mrs T has been represented by Mr T throughout the complaint. Mr T also acted on Mrs T's behalf when taking out the policy and making a claim. For simplicity, any reference to Mrs T also includes actions and arguments made by Mr T.

Mrs T took out a private health insurance policy on 7 July 2023, provided by WPA. The policy was underwritten on a moratorium basis. This meant that treatment for pre-existing medical conditions Mrs T had in the five years prior to taking out the policy were excluded from cover for at least the first two years.

The policy also had a 14-day deferment period during which there was no cover for any symptom or condition arising during that time. So, this was between 7 and 20 July 2023 (inclusive).

Mrs T was diagnosed with an acute blood cancer on 28 September 2023. She was treated on the NHS. Mrs T made a claim to WPA for the NHS hospital cash benefit under her policy. She also said she may need to make a claim to WPA for anything not covered by the NHS. Mrs T also initially called WPA and asked to see a consultant but this was never authorised.

WPA declined the claim as it said Mrs T's condition was pre-existing as per the policy terms and conditions. In short, WPA said Mrs T had a progression of symptoms that led to her diagnosis on 28 September 2023. And she had first seen a GP about her symptoms on 7 July 2023 – the day she bought the policy.

Mrs T didn't think WPA had shown that it was more likely than not that her symptoms before taking out the policy, and in the first 14 days of the policy being live, related to her diagnosed condition. Unhappy with WPA's position, she brought a complaint to our service.

One of our investigators looked into what had happened. She first thought the complaint should be upheld. She thought the most persuasive evidence was a report from Mrs T's treating consultant who had said it was unlikely the symptoms Mrs T had on 7 July 2023 related to her condition. But after reviewing further information from WPA, she changed her opinion. In short, our investigator thought WPA had done enough to show that it was more likely than not that Mrs T's symptoms, that started before taking out the policy, related to her condition.

Mrs T didn't agree with our investigator's findings. As no agreement was reached, the complaint has been passed to me to decide.

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.

Industry rules set by the regulator (the Financial Conduct Authority) say insurers must handle claims fairly and shouldn't unreasonably reject a claim. I've taken these rules, and other industry guidance, into account when deciding what I think is fair and reasonable in the circumstances of Mrs T's complaint.

Firstly, both parties have provided extensive comments in support of their position. I've considered everything, but I'm only required to address those that I consider to be material to the outcome of the complaint. So, my findings are significantly less detailed than those provided by the parties. This isn't meant as a discourtesy, it simply reflects the informal nature of our service.

The policy terms set out the moratorium underwriting as follows:

"If you have moratorium underwriting you will not be eligible to claim for at least two years, for any condition(s) which you had during the five years before your Policy starts or which occurred in the first 14 days after you joined us. We call these pre-existing conditions."

The policy terms define "pre-existing conditions" under "What Is Not Covered" section:

"Pre-existing conditions – subject to the underwriting of your Policy

- *Any condition, disease, illness or injury, whether symptomatic or not. This includes:*
 - *Anything for which you have received medication, advice or treatment; or*
 - *Where you have experienced symptoms, whether the condition has been diagnosed or not, before the start of your cover; or*
 - *Any symptoms or condition, whether diagnosed or not, which occurs in the first 14 days of cover, unless agreed and accepted by us in writing in advance."*

So, I need to decide if WPA acted fairly and reasonably when it declined Mrs T's claim by saying her condition was pre-existing as per the above policy terms. That is, if it's more likely than not that Mrs T experienced symptoms of her diagnosed condition in the five years before 7 July 2023, or at any point up until 20 July 2023 (inclusive). I think the key evidence here are Mrs T's medical records, as well as opinions provided by medical professionals.

Mrs T had an appointment with her GP on 7 July 2023, so on the day the policy started, and the notes say the following:

*"History: 3 months postural dizziness, racing heart and sweatiness after meals, occasional mild headaches, anxiety [sic], feeling low, temperature sensitivity.
[...]
1st intentional weight loss [...]
worried might have a fatal condition.
no exertional Sx. [meaning: "symptoms"] [...]
recent healthy lifestyle after Sx. started but not feeling better.
would like bloods inc. menopause screen"*

Mrs T had blood tests carried out on the same day. A follow up appointment was on 25 July 2023, and the notes say the following:

“History: f/u bloods and Sx.

Sx. improved but ongoing decreased energy and non swollen but achy hands. “less in control of my emptions” – wondering if menopause.

ALT a bit raised, no Sx. or RFX of disease other than overweight (now improving)

PV raised – had ear infection at the time.

Plan: needs 2nd part of fsh and 1m f/u of other bloods.”

Further blood tests relating to menopause were carried out on 8 August 2023, which came back normal. Mrs T also spoke to a nurse on 7 August 2023 about a sore ear on returning from holiday, and the soreness was radiating to her jaw. It was also noted on 8 August 2023 that Mrs T *“has been experiencing headaches and fatigue”*.

Mrs T received a referral for an optometrist on 22 August 2023 following a consultation with the following notes:

“Having Head aches there is low levle [sic] pain most of the time for the last 2 months GP has been doing blood tests all come back normal but the HA can get worse and become a sharp pain when leaning down or running upsteairs [sic].”

These notes also say that *“PX saw GP as suffering with headaches, vision distorted”*.

The next GP notes are from 13 September 2023 which say the following:

“History: duty – 5 months of strange symptoms, body feels heavy and tired, [shortness of breath on exertion], google says tingling chin could be cancer, reassurance++, fu with [...] booked on Tuesday”.

And the notes from the follow up appointment on 19 September 2023 say the following:

“History: list of Sx, 5 Mmonths [sic] of fatigue, reduced appetite, some weight loss, ear infections, thigh aches, some sweats at night bu [sic] afebrile, intermittent alteranting [sic] RUQ then LUQ pain, [shortness of breath] on stairs.”

Blood tests were requested again, which were taken on 20 September 2023. This concluded that the full blood count report was abnormal which led to urgent further tests.

An inpatient discharge summary from the hospital on 21 September 2023 sets out in the clinical summary the following:

“Feeling unwell for several months, extreme tiredness, no appetite and dizzy no LOC.”

Mrs T saw a specialist on 22 September 2023 and their report includes the following:

“[Mrs T] gives a history of feeling unwell for the last 3 months with steadily increasing lethargy and shortness of breath on exertion and loss of appetite. She has lost approximately 1 ½ stone over this timeframe.”

Following further tests, Mrs T was unfortunately diagnosed with an acute blood cancer on 28 September 2023.

Mrs T called WPA on 11 October 2023 as she wanted to see a consultant privately. WPA noted Mrs T had had some blood tests in August, and it asked for reasons for these. Mrs T explained she thought she was perimenopausal. She said she had been feeling a little bit tired, didn't have any major symptoms but didn't feel quite right.

Following this, WPA requested Mrs T's medical records and declined the claim as it considered her diagnosed condition to be a pre-existing condition as per the terms of the policy. WPA said Mrs T's symptoms started before she joined WPA.

To dispute WPA's decision, Mrs T provided a letter from her specialist on 14 December 2023, which said the following:

"I understand that she presented to her GP on 7th July 2023 with non-specific symptoms. We received a full blood count on 7th July 2023, which showed no evidence of [her condition]. Given the aggressive and acute nature of this type of blood cancer, and in the context of a normal blood count in July, I think it is unlikely that the symptoms that she presented to her GP with in July were related to [her condition]."

WPA sought advice from its Chief Medical Officer ("CMO"), who also consulted WPA's oncologist advisor. Following this, WPA maintained its position to decline the claim as it considered the progression of Mrs T's symptoms to have preceded the start of the policy.

The NHS website lists the main symptoms of Mrs T's condition as follows:

- feeling tired or weak
- bleeding or bruising easily or for no reason
- looking more pale than usual
- getting ill a lot or taking longer than usual to recover from illnesses
- a high temperature
- swollen glands (usually in the neck, armpits and groin)
- pain in the bones or joints
- loss of appetite or losing weight without trying
- shortness of breath
- a swollen tummy – your tummy may feel painful, uncomfortable or full

Less common symptoms are listed as follows:

- a headache
- being sick
- blurred vision
- fits (seizures)
- a cough
- a swollen and red face, neck, arms or hands
- swollen veins in the neck or chest

Other symptoms than the above, set out in other sources, include dizziness, palpitations, repeated infections, night sweats or abnormal sweating and malaise.

In summary, WPA has said – after consulting its CMO and oncologist advisor – the following in support of its position:

- Mrs T's blood cancer, and other blood cancers, are difficult to diagnose. It referred to a few medical journals to support its position. In WPA's view, Mrs T's experience of displaying a range of non-specific symptoms over a period of several months is typical for those eventually diagnosed with her condition.
- Mrs T's symptoms on 7 July 2023 included dizziness, unusual sweatiness, racing heart (similar to palpitations), headaches and feeling low. WPA considers these to be

broadly consistent with the symptoms of early stage of her condition. WPA also says that no other diagnosis or explanation has been given for these symptoms, and Mrs T feared she was seriously ill.

- There's no indication in the specialist's letter on 14 December 2023 that they had reviewed Mrs T's medical records in any detail, as they said "*I understand*" when referring to her "*non-specific symptoms*". And there's no mention of the symptoms recorded in Mrs T's medical records in September 2023 that she'd experienced in the previous five months.
- The medical article Mrs T has provided said that diagnosis was "*unlikely in the presence of a normal [full blood count] but [this] will not always be abnormal in all cases [...], as some patients may not yet have marrow suppression*". WPA says that the absence of an abnormal full blood count cannot be relied on as proof that Mrs T's symptoms didn't relate to her condition.
- There is no medical evidence to support that Mrs T's specific condition develops aggressively within four to six weeks, as stated by Mrs T on several occasions. WPA says that it's an established medical opinion that there can be an extended period of time between early symptoms and diagnosis, which is supported by the medical journals it referred to.
- The medical notes on 25 July 2023 aren't as clear as they could be, but WPA says these support its position. It says Mrs T's symptoms hadn't resolved, they improved, which is consistent with her condition. WPA referred to a medical journal which described symptoms being "intermittent". These notes also refer to "*ongoing decreased energy and non swollen but achy hands*" and WPA thinks it's likely these symptoms were ongoing from the previous appointment on 7 July 2023.
- The medical notes on 13 and 19 September 2023 show that Mrs T had been experiencing several symptoms, related to her condition, for five months. A specialist's report on 22 September 2023 set out that Mrs T had been experiencing symptoms for the last three months, and a hospital discharge summary on 21 September 2023 referred to Mrs T feeling unwell for several months.
- Overall, WPA's CMO considers it likely that Mrs T's condition started around May or June 2023, based on her medical records. It considered the following symptoms to be related to her condition: dizziness, racing heart (similar to palpitations), unusual sweatiness, headaches, feeling low (similar to poor mood, generally unwell or malaise), fatigue, weight loss, loss of appetite, shortness of breath and aches (thighs and hands).

In summary, Mrs T has said the following in response to WPA's comments, in support of her position:

- None of the symptoms she experienced on or prior to 20 July 2023 could be related to her condition. She accepts she experienced headaches and dizziness, but these are only related to her condition when the central nervous system ("CNS") is impacted. But this was never the case with her as demonstrated by more comprehensive blood tests. So, Mrs T says these symptoms can't have been related to her condition. Mrs T also says she'd experienced these symptoms previously, so it's unlikely they're related to her condition.

- The medical sources WPA has quoted aren't specifically about Mrs T's condition, rather, these refer to blood cancers more widely. These also state that the symptoms reported in the article "*have much more likely benign alternative explanations*". So, she says it's more likely that this applied to her symptoms on 7 July 2023 and any other symptom that is difficult to differentiate from other benign conditions.
- The new symptoms Mrs T reported on 25 July 2023 started on that date. The reference to ongoing symptoms referred to those reported on 7 July 2023 but decreased energy and achy hands were new symptoms that started on that date. Overall, Mrs T doesn't think WPA has done enough to show that it's more likely than not that her symptoms on or before 20 July 2023 related to her condition.
- One of Mrs T's specialists said the condition she had develops in four to six weeks. This would mean Mrs T's condition started around mid-August 2023.
- The retrospective notes referring to a five-month history of symptoms have been incorrectly interpreted to mean all symptoms described had been present for five months. Many symptoms first arose only on the day those notes were written. Mrs T says this is supported by the contemporaneous medical records.
- Mrs T knew the importance of ensuring she would report all her symptoms when visiting a GP. And she thinks it's unlikely GP records would exclude symptoms that were reported during a visit.
- The specialist who wrote the letter on 14 December 2023 was one of the principal consultants responsible for Mrs T's treatment since 28 September 2023. So for WPA to suggest they had limited information of Mrs T's medical history should be rejected.
- Mrs T has a history of feeling anxiety about medical issues, which explains her comment on 7 July 2023 about worrying she had a fatal condition. No significance should be placed on this statement.

I've only set out short summaries of both parties' key arguments, but I've considered everything they've said. I'll now set out my findings on Mrs T's complaint.

There's no clear or definitive timeline set out in the medical evidence how quickly Mrs T's condition usually develops. But it's not in dispute that it's an aggressive type of blood cancer. NHS website says it usually develops quickly and symptoms appear quite quickly over a few weeks. One of the medical articles Mrs T has sent us says that "*symptoms of [the condition] usually begin slowly before rapidly getting severe*".

It's not in dispute that the contemporaneous medical records show from 25 July 2023 onwards that Mrs T reported symptoms related to her condition – namely, decreased energy and achy hands. Fatigue/feeling tired and pains in the bones and joints are listed as the main symptoms of Mrs T's condition. However, the key issue in dispute is if Mrs T experienced symptoms relating to her condition prior to this – on or before 20 July 2023.

I've looked at the symptoms Mrs T reported on 7 July 2023. I can see that based on a medical source that Mrs T has provided, headaches and dizziness are listed as symptoms when the condition is impacting the CNS. And I accept this was never the case for Mrs T. However, I can also see that in another medical source Mrs T has provided, dizziness is listed under general symptoms, rather than those listed when CNS is impacted. WPA also considers Mrs T's symptom of racing heart to be similar to palpitations which is listed as a symptom in one of the sources.

Mrs T says the symptoms of decreased energy and achy hands first arose on the day these were reported, on 25 July 2023. However, I'm more persuaded by WPA's interpretation of the notes that these symptoms were ongoing as the full notes say "[symptoms] improved but ongoing decreased energy and non swollen but achy hands". I think this is supported by the medical records in September 2023 that refer to Mrs T reporting fatigue being one of the symptoms when the GP noted symptoms over a five-month period.

I appreciate several of the GP notes during the relevant time period can be open to interpretation. But I think Mrs T experiencing tiredness before 25 July 2023 is also supported by the phone conversation Mrs T had with WPA on 11 October 2023. WPA asked about the reason why Mrs T had blood tests in August 2023. She explained that she had been feeling a bit tired and not quite right, but she thought she was perimenopausal. Mrs T had already mentioned menopause on 7 July 2023, and the blood tests in August 2023 were a continuation of these tests. These referred to "*2nd part of fsh*".

I'm also mindful that Mrs T herself considered having had a five-month history of "strange symptoms" on 13 September 2023, and she told WPA on 11 October 2023 she'd gone to her GP as she hadn't felt "quite right". It was also noted on 7 July 2023 that Mrs T was worried about her health. I haven't seen any suggestion of any other diagnosis at any point, or that any of her symptoms were explained to have another reason other than her blood cancer diagnosis.

I've considered Mrs T's argument that some of the symptoms reported in the GP notes in September 2023 only arose on the date of those appointments, rather than were present for five months. But I don't think this is supported by those notes. These notes list several symptoms that are listed as main symptoms of Mrs T's condition – namely, fatigue/tiredness, shortness of breath, loss of appetite and pain in bones or joints (achy hands).

These are also supported by the specialist report on 22 September 2023 that referred to a three-month history of steadily increasing lethargy, shortness of breath and loss of appetite, and the hospital discharge notes on 21 September 2023 which refer to Mrs T feeling unwell for several months, extreme tiredness and no appetite.

I think it's more likely than not that these medical notes by different medical professionals, describing four separate visits, are a reasonable reflection of the symptoms Mrs T reported at the time. All of them described symptoms over several months – pre-dating the policy start date – and included several symptoms that are listed as the main symptoms of Mrs T's diagnosed condition. Overall, I think it's unlikely all these symptoms only arose on the date of those appointments.

I've considered the letter from Mrs T's specialist on 14 December 2023. However, the specialist said "*I understand*" when referring to the "*non-specific symptoms*" Mrs T reported to her GP on 7 July 2023. But the specialist didn't confirm which symptoms they had reviewed. The specialist focused on Mrs T's blood count being normal at this point. But as WPA pointed out, the medical article says a normal blood count doesn't necessarily mean the condition isn't present. The specialist also didn't comment on the fact that Mrs T reported a five-month history of strange symptoms in September 2023, and what those symptoms were.

I appreciate Mrs T says she would take care to report all symptoms at every appointment. So, if she experienced other symptoms on 7 July 2023, she would have reported them. But Mrs T has also argued that the GP notes in September 2023 are open to interpretation and some of the symptoms first arose on the date of those appointments, rather than over a five-

month period. However, the notes don't confirm any of the symptoms having only started on the date of the appointment.

Overall, when considering Mrs T's medical records as a whole, I'm persuaded that WPA acted fairly and reasonably when it said that it's more likely than not that Mrs T experienced symptoms of her condition on or before 20 July 2023. I say this because I'm persuaded that the symptoms Mrs T reported on 25 July 2023 related to her condition and were ongoing at that appointment, and four different medical notes from September 2023 referred to a history of symptoms (several of which are listed as the main symptoms of her diagnosed condition) over several months – meaning the start date of those symptoms pre-dated the policy start date.

So, this meant Mrs T's condition was pre-existing under the policy terms and conditions, and therefore excluded from cover. I'm sorry to disappoint Mrs T, but I don't think WPA did anything wrong when it declined her claim, for the reasons it did.

My final decision

My final decision is that I don't uphold Mrs T's complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs T to accept or reject my decision before 8 April 2025.

Renja Anderson
Ombudsman