

The complaint

Mrs T complains about Vitality Health Limited's decision to turn down her claim for physiotherapy under her private medical insurance cover.

What happened

Mrs T held private medical insurance cover with Vitality. In December 2022, Mrs T asked Vitality to authorise physiotherapy, following her cancer treatment. Vitality turned down the claim.

In 2024, Mrs T complained to Vitality about its decision to turn down her claim. Vitality looked at things again and accepted that it had wrongly turned down the claim. Mrs T advised Vitality she no longer needed physiotherapy, and so Vitality offered Mrs T £250 compensation for making the wrong claims decision. Unhappy with Vitality's offer, Mrs T brought a complaint to this service.

Our investigator initially thought Vitality's offer of £250 compensation was fair. However, Mrs T then provided further evidence which we sent to Vitality. After considering this, Vitality increased its offer of compensation to £350, which our investigator thought was reasonable.

Mrs T didn't accept our investigator's findings, and so the matter has been passed to me for a 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.

It's not in dispute that Vitality ought to have accepted Mrs T's claim for physiotherapy in December 2022. Vitality says it would have covered 12 sessions, though it says it's unlikely it would have covered more than that, given the policy excludes rehabilitation cover. I've therefore considered the impact to Mrs T as a result of Vitality's decision to wrongly turn down her claim.

Mrs T believes that Vitality's refusal to accept her claim for physiotherapy significantly affected her recovery from chemotherapy. I've considered the medical evidence she's provided about this.

I've read a letter from Mrs T's haematology consultant dated November 2024. This says that Mrs T underwent intensive chemotherapy in 2022, and that many patients suffer from some physical deconditioning, and that physical exercise and rehabilitation will be important for Mrs T moving forwards to optimise her quality of life. She said the NHS are not able to routinely offer physiotherapy, but she was in no doubt that it would be beneficial for Mrs T.

As Vitality has pointed out, the information from Mrs T's consultant doesn't set out the likely impact to Mrs T as a result of *not* undergoing physiotherapy in 2022. Instead, she has referred to this treatment as being beneficial for Mrs T going forwards.

Mrs T's GP wrote a letter in October 2024 to say that in the autumn of 2022 Mrs T had a significant amount of chemotherapy and reported weakness after this. The GP thought she would have benefited from physiotherapy assessment and treatment.

Mrs T says that following the chemotherapy treatment, she experienced neuropathy, weakness and loss of muscle. She thinks that physiotherapy would have helped her gain strength and mobility and that therefore she would have been able to recover sooner than she did.

Whilst Mrs T may well have benefited from physiotherapy at the time (as her GP says), the difficulty here is that we simply don't know what impact the 12 sessions of physiotherapy would have had on Mrs T's recovery. So I can't reasonably conclude that Vitality's error caused Mrs T to experience her symptoms for longer than she otherwise would have done, had she undergone the physiotherapy.

In these circumstances, whilst I recognise my decision will disappoint Mrs T, I think Vitality's compensation offer of £350 is reasonable in the circumstances to reflect the distress she experienced from having her claim wrongly turned down.

My final decision

My final decision is that I uphold this complaint and require Vitality Health Limited to pay Mrs T £350 compensation.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs T to accept or reject my decision before 24 February 2025.

Chantelle Hurn-Ryan
Ombudsman