

The complaint

Miss B, Mrs B and Mr B complain about the way that Inter Partner Assistance SA (IPA) handled a medical assistance and repatriation claim Mrs B made on their travel insurance policy.

As this complaint concerns how Mrs B and Miss B dealt with IPA though, I've referred mainly to them.

What happened

The background to this complaint is well-known to both parties. So I've simply set out a summary of what I think are the key events.

Miss B, Mrs B and Mr B were on holiday abroad in July 2023. Unfortunately, Mrs B became very unwell and was admitted to hospital on 7 July 2023. She underwent treatment for a number of symptoms, including pneumonia and acute kidney injury. Miss B got in touch with IPA's medical assistance team to make a claim on the policy.

IPA accepted the claim and agreed to provide cover, although it seems there were initially difficulties in setting-up the claim details. It appears that on 13 July, the treating doctor suggested that Mrs B would be fit to fly back to the UK, either commercially with a medical escort or by air ambulance. However, it seems that Mrs B's condition deteriorated and so repatriation plans had to be put on hold. During this time, Miss B told IPA that the hospital was treating Mrs B poorly.

On 18 July 2023, Mrs B's treating doctor confirmed she was fit to fly. And so IPA began to arrange repatriation via a commercial flight with a medical escort for Mrs B. IPA contacted Mrs B's local hospital in the UK to arrange a bed for her following the planned repatriation. It seems the UK hospital told IPA that an intensive care bed would be available for Mrs B on or after 25 July.

While arrangements were being made, Miss B called IPA a number of times for updates. It seems that on one occasion, after a call was dropped and one of IPA's call handlers made inappropriate comments about Miss B. At this point, IPA offered Miss B £250 compensation but it appears this was never paid.

Repatriation ultimately took place on 26 July 2023 and Mrs B was admitted to hospital in the UK. There was subsequently some delay in the majority of the claim costs being settled.

Miss B and the family were very unhappy with the way IPA had handled the claim and they complained. IPA offered to pay Miss B and Mrs B £100 compensation. But remaining unhappy with IPA's position, Miss B, Mrs B and Mr B asked us to look into this complaint.

Our investigator didn't think IPA had handled this claim fairly. She felt there'd been an unreasonable delay in IPA arranging repatriation for Mrs B after 18 July 2023 and that it could have made attempts to repatriate her sooner. She also thought Miss B had been put to time and trouble in her dealings with IPA. But she didn't think she could fairly find that Mrs B

could definitely have been repatriated any earlier than she was. On that basis, she recommended that IPA should pay Miss B and Mrs B total compensation of £400.

IPA agreed and it paid additional compensation of £300. But Miss B and Mrs B disagreed with the investigator's findings and so the complaint was passed to me to decide.

I issued a provisional decision on 13 December 2024, which explained the reasons why I thought IPA should pay Mrs and Miss B total compensation of £750. I said:

'First, I'd like to reassure Miss B and Mrs B that while I've summarised the background to this complaint and their submissions to us, I've carefully considered all that's been said and sent. I was sorry to hear about how unwell Mrs B became while she was on holiday and about the impact her illness has had on her and her family. I don't doubt what a difficult time this has been for them.

The relevant regulator's rules say that insurers must handle claims promptly and fairly. And that they must give policyholders reasonable guidance to help them make a claim. I've taken those rules into account, amongst other relevant considerations, to decide whether I think IPA handled this claim fairly.

I can entirely understand why Mrs B wanted to be repatriated as soon as possible and how upsetting the situation surrounding her hospitalisation must have been. However, when dealing with claims of this nature, IPA needs to ensure that any arrangements it makes for a policyholder are safe and in line with relevant medical opinion.

IPA's notes show that there were some difficulties in initially setting-up this claim. While Mrs B first appears to have been admitted to hospital on 7 July 2023, IPA's notes begin four days later and it seems the original case file was opened in error. This makes it very difficult for me to understand exactly what happened during the first few days of Mrs B's admission and what information IPA had about her condition at that time.

It's clear that Mrs B was being treated for symptoms including acute kidney injury (for which she was receiving dialysis) and pneumonia. While there's a suggestion that Mrs B might have been fit to fly on 13 July 2023, it seems her treating doctor later concluded that she wasn't fit to fly at this point because she needed further dialysis. IPA's medical team reviewed the medical evidence (as I'd reasonably expect it to do) and concluded that Mrs B wasn't fit to be repatriated to the UK at that point. I appreciate Miss B says she was told that dialysis could be arranged during an air ambulance repatriation. But I haven't seen enough persuasive evidence to indicate that she was told this by IPA or that it was felt to be the most appropriate course of action by the relevant medical practitioners.

IPA's records indicate that Mrs B was found to be fit to fly commercially by her treating team on 18 July 2023. On that basis, I don't think I could fairly or reasonably find that IPA could or should have repatriated Mrs B before that date.

Nonetheless, I can see from IPA's notes that Miss B did raise concerns with it on a number of occasions about the standard of care and the treatment Mrs B was receiving from the hospital. While I understand that IPA isn't responsible for the actions or inactions of a third-party hospital, I do think it ought to have given more consideration to the concerns Miss B had raised. The records don't indicate that IPA considered sending an agent to the hospital to check things out or that it considered moving Mrs B to another hospital. It doesn't seem to have considered Miss B's concerns at all on this point – and when I asked for information from IPA about what steps it took, it failed to respond. Miss B has provided some evidence to support the concerns she's raised and I do think IPA ought reasonably have done more to ensure Mrs B was receiving appropriate care.

It appears that the delay in repatriating Mrs B after 18 July 2023 was largely due to the fact that the UK hospital said it couldn't provide an intensive care bed until 25 July 2023 – seven days later. I'm mindful that IPA can't control the availability of NHS beds and its notes show that it did take steps to contact the UK hospital on a number of occasions. I also appreciate that the organisation of a commercial flight and clearance to fly from the airline; the organisation of ground ambulances; and transporting a medical escort to Mrs B abroad would always likely have taken at least a couple of days. I don't think reasonably IPA could have repatriated Mrs B any sooner than 20 or 21 July 2023.

However, it doesn't appear that IPA attempted to get in touch with any other UK hospitals which might have been able to take Mrs B earlier than 25 July 2023 or that it considered trying to organise an admission via A&E following her arrival back in the UK. Given Miss B's clear concerns about Mrs B, I think it would have been reasonable for IPA to have looked into arranging potential other options. IPA has provided an email setting out repatriation guidance it says comes from the NHS which states that patients must be admitted to the hospital nearest to their postcode and that there can be no admission via A&E. But, despite us asking for the provenance of this information more than once from IPA, it hasn't been provided. So it isn't at all clear where this guidance has come from or that it's NHS approved. I'd add that in my experience, travel insurers can and do repatriate patients via UK A&E and not always to their nearest hospital.

As such then, it isn't at all clear to me that IPA attempted to arrange Mrs B's repatriation as promptly as it could or should have done. Nor is it clear that Mrs B couldn't have been returned to the UK at least a few days earlier, which would likely have alleviated some of her distress and inconvenience.

I've also borne in mind the number of calls Miss B had to make while Mrs B was in hospital to obtain updates. I don't think IPA took appropriate or reasonable steps to ensure she was kept updated as to what was going on. I find this likely caused both Miss B and Mrs B unnecessary frustration and upset. And IPA appears to accept that one of its call handlers acted in an inappropriate way when they thought Miss B was no longer on the line. Given the situation the family were in, I think this is likely to have added to Miss B's overall worry and upset. I'd add too that there do seem to have been unnecessary delays of around three months in settling the claim, which led to Miss B having to chase things up further.

Taking all of these factors together, I find that IPA's handling of this claim has caused Miss B and Mrs B significant, unnecessary distress and inconvenience during an already very worrying time for them. I think it could have ensured the claims journey was far smoother and I think it could have done more to ensure Mrs B was receiving appropriate care.

Therefore, I currently find that total compensation of £750 (less any compensation IPA has already paid) is a fair, reasonable and proportionate award to reflect the impact of its mistakes on Miss B and Mrs B.'

I asked both parties to send me any further evidence or comments they wanted me to consider by 27 December 2024.

Neither Miss B and Mrs B nor IPA responded by the deadline I gave.

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, as neither party has provided any further evidence or comments, I see no

reason to change my provisional findings.

So my final decision is the same as my provisional decision and for the same reasons.

My final decision

For the reasons I've given above and in my provisional decision, my final decision is that I uphold this complaint.

I direct Inter Partner Assistance SA to pay Miss B and Mrs B total compensation of £750 (less any compensation it's already paid).

Inter Partner Assistance SA must pay the compensation within 28 days of the date on which we tell it Mrs B and Miss B accept my final decision. If it pays later than this it must also pay interest on the compensation from the deadline date for settlement to the date of payment at 8% a year simple

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss B, Mrs B and Mr B to accept or reject my decision before 7 February 2025.

Lisa Barham
Ombudsman