DRN-5420404

The complaint

Mrs C has complained about the way Vitality Health Limited handled a claim she made on a private medical insurance (PMI) policy.

What happened

Mrs C first contacted Vitality in early November 2023, having received a GP referral for a urology consultation. It became apparent that her health issues were complex and she was also subsequently referred on to a gynaecologist. She felt very unsupported throughout the treatment period and found the process very complicated. In the first instance, Vitality offered Mrs C £50 compensation and flowers, which she declined. In its complaint final response letter, it accepted there had been some poor service in that it should have asked for a report, at the point she was referred to a gynaecologist, to better understand the type of consultant she needed to see. However, it later said that this would only have delayed the process.

I wrote a provisional decision earlier this month in which I explained why I was minded to uphold the complaint and award £300 compensation for distress and inconvenience.

Vitality responded to say that it had now sent Mrs C a cheque for £300. No response was received from Mrs C.

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.

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As stated in my provisional decision, when looking at the treatment journey and claims process, it's important to distinguish between the role played by Vitality and that played by the clinicians whose care she was under.

I've previously set out why I thought the problems and delays between 1 December 2023 and 26 February 2024 stemmed from the consultant's office.

Mrs C had complained about not being offered consultants who were more locally based. However, overall, I thought it was reasonable that Vitality generally did searches within 15 miles of a policyholder's address. In this case, I also thought it was reasonable that it increased that search area to 25 miles when there were issues with locating a consultant with the necessary specialism.

I was satisfied that there was evidence of some poor customer service, particularly in the way that Mrs C was spoken to over the phone on occasion. However, I concluded that the main issue was in Vitality not agreeing for her to see an off-list specialist. Mrs C had been referred to a particular specialist on 26 February 2024 with an appointment set up for the

next day. However, she was told she couldn't attend that appointment because the specialist wasn't on the approved list. This caused her a great deal of upset and trouble in having to ring round a new list of options.

However, I had seen from Vitality's own notes that it recognised that it should have allowed her to go off-list due to the nature of her illness requiring a highly skilled specialist. It sought permission to do so on 6 March 2024, by which time Mrs C was already under the care of a different specialist.

So, if Vitality had told Mrs C on 26 February 2024 that it agreed for her to go off-list, she could have attended the planned appointment with the specialist she'd been referred to on 27 February 2024. In that case she would have avoided the stress of being told she couldn't see the consultant's preferred specialist. She would also have avoided all the time and trouble she took in ringing round trying to find alternative provision, having to explain her situation from scratch each time.

Mrs C has been through a very difficult and distressing time and I do hope that she is on the mend.

As neither party made any substantive response, I see no reason to depart from the outcome I reached in my provisional decision.

My final decision

For the reasons set out above, I uphold the complaint and require Vitality Health Limited to pay £300 compensation for distress and inconvenience.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs C to accept or reject my decision before 21 April 2025.

Carole Clark
Ombudsman