DRN-5543518

The complaint

Mr H complains about how AXA PPP Healthcare Limited handled a claim under a private health insurance policy.

What happened

Mr H is covered by a health insurance policy, which is provided by AXA. He had two appointments with AXA Doctor at Hand service provided by Doctor Care Anywhere ("DCA") on 23 September 2024 – one for cardiology, and the other for therapy. AXA received the referral from the first appointment, but not from the second one.

Mr H chased AXA about the referral for therapy on 26 September 2024, but AXA incorrectly thought he was asking about the cardiology referral. He sent AXA further emails on 27 and 30 September 2024 about the matter. Mr H then called AXA on 30 September 2024 to arrange counselling or therapy but the call was cut off and no one called him back. He emailed and spoke with AXA again on 1 October 2024, and AXA authorised therapy without waiting for the referral, and it sent Mr H names of specialists.

Mr H wasn't happy with the names AXA had provided. One primarily treated children, and Mr H couldn't get an appointment with the others. AXA then sent him another list of specialists on 3 October 2024 after checking their availability, and Mr H was able to start treatment.

Mr H is unhappy about the delay in starting treatment. He says this was due to how AXA handled everything. And during this time Mr H had to go to A&E due to his symptoms, which he believes could have been prevented had there been no delays.

AXA said it hadn't received the referral from DCA, as they issued an open referral which Mr H needed to send to AXA himself. AXA said that if DCA didn't explain this clearly, Mr H should complain to them directly.

AXA said that there was nothing in its records to show one of the therapists primarily treated children, but it apologised for including them in the initial list. It also explained that therapist availability was beyond its control but again apologised. AXA also apologised that no one called Mr H back after the call was cut off. And it sent Mr H a cheque for £50 to apologise for any distress and inconvenience caused for the trouble Mr H had in accessing the help he needed. Unhappy with this, Mr H brought a complaint to this Service.

One of our investigators looked into the complaint. Having done so, she didn't think there was anything else AXA needed to do, to put things right.

Mr H 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 out by the regulator (the Financial Conduct Authority) say insurers must handle claims fairly and promptly. I've taken these rules, and other industry guidance, into account when deciding what I think is fair and reasonable in the circumstances of Mr H's complaint.

Firstly, AXA's role as a health insurer is to authorise treatment in line with the policy terms and conditions. DCA is a third-party service AXA's policyholders can use for virtual GP appointments, which Mr H did. But any service provided by DCA isn't AXA's responsibility. It's unfortunate that the referral wasn't sent to AXA. But AXA wasn't able to authorise treatment until this was done. In any event, after Mr H chased AXA about the therapy referral first on 26 September 2024, it authorised the treatment and sent Mr H names of specialists without waiting for the referral on 1 October 2024.

AXA's records didn't show one of the therapists primarily treated children, and this is information the specialist needed to share with AXA. AXA also isn't responsible for the availability of the specialists it recommends. But when Mr H wasn't happy with the first list of specialists, AXA contacted the specialists in the second list it provided to ensure they were accepting new patients. This isn't something health insurers usually do, so I'm satisfied AXA acted fairly and reasonably here to help Mr H start the treatment he needed.

I'm sorry to hear that Mr H had a health emergency before he could start therapy. But I don't think this is something I could fairly hold AXA responsible for, or that this was something AXA could have reasonably foreseen. AXA has apologised for the trouble Mr H had to go through to access treatment, and that no one called him back after the call on 30 September 2024. It also took steps outside its normal processes to contact specialists to ensure they were available to prevent any further delays, and it paid Mr H £50 for the distress and inconvenience caused.

I'm sorry to disappoint Mr H, but having considered everything, I think what AXA has done in the circumstances of this complaint is fair and reasonable.

My final decision

My final decision is that I don't uphold Mr H's complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr H to accept or reject my decision before 19 September 2025.

Renja Anderson
Ombudsman