

The complaint

Mr and Mrs J are unhappy with the assistance they received from AWP P&C SA under their travel insurance policy ('the policy') whilst abroad, after Mr J was hospitalised and needed emergency medical treatment.

All reference to AWP includes its medical assistance team and other agents.

What happened

Mr and Mrs J were abroad when Mr J became very unwell and required emergency medical care. He was admitted to hospital and AWP was contacted for assistance on 2 October 2024. He was diagnosed with a malignant and aggressive brain tumour.

It was agreed that Mr J required surgery and that the preferred option was to repatriate Mr and Mrs J back to the UK so that Mr J could have the surgery he needed on the NHS, and so that he and Mrs J could be supported by their friends and family.

Mr and Mrs J ended up being repatriated back to the UK around 13 October 2024.

Mr and Mrs J are unhappy with the assistance they received from AWP and the way in which repatriation was handled. That includes:

- poor communication and being given inconsistent and incorrect information;
- unnecessary delays requesting information and repatriating Mr and Mrs J back to the UK;
- arranging readmission to a UK hospital which was over 100 miles from where they lived; and
- arranging for Mr and Mrs J to fly back to the UK in economy class.

In its final response letter dated December 2024, AWP accepted that it should've provided better service to Mr and Mrs J. It accepted that there were communication issues, that it didn't adequately explain the repatriation process and its representatives didn't provide proactive updates. It apologised and offered £400 compensation.

After Mr and Mrs J brought their complaint to the Financial Ombudsman Service, AWP offered an additional £200 compensation. Mr and Mrs J didn't think a total of £600 compensation adequately compensated them for the impact of AWP's errors.

Our investigator looked into what happened and upheld the complaint. He recommended AWP pay £1,000 total compensation to Mr and Mrs J. He also thought it would be fair and reasonable for AWP to consider a claim under the curtailment section of the policy on the basis that their holiday was effectively cut short on 2 October 2024 because Mr J was hospitalised, and Mrs J had to remain at the hospital with him.

AWP accepted this recommendation. Mr and Mrs J disagreed and raised further points in reply, including providing further documentary evidence. Having considered this further information, our investigator revised his opinion and recommended AWP pay £1,300 total compensation to Mr and Mrs J.

AWP accepted this. Mr and Mrs J say that further compensation is warranted given the significant impact AWP's errors had on them. So, this complaint has now been passed to me to consider everything afresh 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.

That includes AWP's regulatory obligations (including its obligation to handle insurance claims promptly and fairly) and good industry practice.

I appreciate what happened abroad would've been very upsetting and worrying for Mr and Mrs J. I have a lot of empathy for the situation they found themselves in and I can understand why they're so upset and annoyed with the medical assistance they received whilst abroad. Mr J was very unwell, and they were both situationally vulnerable.

I've considered all the points Mr and Mrs J have made (along with all the other evidence). I won't respond to each of these. I hope they understand that no courtesy is intended by this. Instead, I've focussed on what I think are the key issues here. The rules that govern the Financial Ombudsman Service allow me to do this as we are an informal dispute resolution service. If there's something I've not mentioned, it isn't because I've overlooked it. I haven't. I'm satisfied I don't need to comment on every point to fulfil my statutory remit.

Medical assistance whilst abroad and repatriation arrangements

AWP accepts that there were errors when providing assistance to Mr and Mrs J abroad and arranging repatriation.

Arranging medical repatriation can take time. It typically involves the insurer's medical team and the treating hospital agreeing a repatriation plan, locating suitable flights back to the UK, obtaining updated medical reports and co-ordinating readmission to a hospital in the UK and this is dependent on bed availability. Further, in this case, a medical escort was required to travel to where Mr and Mrs J were staying and then escort Mr J when travelling back to the UK.

When the decision was taken to repatriate Mr and Mrs J back to the UK so that Mr J could have surgery on the NHS, I'm satisfied AWP should've explained the repatriation process, the likely timeframes and what information was needed and why. Had AWP done this, I think this would've prevented some of the anguish, frustration, upset and confusion it subsequently caused.

Having listened to the calls between Mrs J and AWP's representatives whilst abroad, I do think some of the calls should've been handled better. There were times when Mrs J was given unclear and inconsistent information. Some of the calls should've also been handled more empathetically and Mrs J didn't receive call backs as promised, meaning she had to chase AWP for updates. I think this unnecessarily exacerbated an already very worrying situation for Mr and Mrs J and caused inconvenience (especially to Mrs J as she was the one who was in contact with AWP). I can also understand why Mrs J began to lose faith in what was being said from different representatives. I accept this would've also caused

unnecessary worry when she was reasonably relying on AWP to assist with repatriating Mr and Mrs J back to the UK.

I've seen a medical report from the treating hospital dated 7 October 2024, reflecting that Mr J was fit to fly by commercial airline with a medical escort or by air ambulance. It also reflects that a receiving hospital with neurosurgery and oncology departments must be located in the UK.

Up until a fit to fly certificate is issued to the insurer, I wouldn't usually expect the insurer to start looking to book flights back to the UK or to finalise repatriation plans.

However, in the circumstances of this case, and given the condition Mr J needed treatment for, I do think AWP should've identified earlier that it's likely it would require information from Mr J's GP to verify the claim. It's common for travel insurers to want to review the medical history before verifying a claim to check things like whether the medical treatment being claimed for is related to a pre-existing medical condition and therefore might not be covered under the policy.

Consent was given to contact Mr J's GP's surgery later in the day on 3 October. And I think this information should've reasonably been requested from the GP on 4 October (a Friday). It doesn't look like this was requested until 7 October (Monday) and the information was provided on 8 October. I'm satisfied that upon receipt of the GP information, AWP promptly reviewed the information and confirmed cover on the same day.

Having listened to the calls from around the time between AWP's representatives and Mrs J, I'm satisfied that it was through Mrs J's efforts to contact the GP surgery which most likely led to the information being provided by the GP surgery. However, from what I've seen, I'm satisfied that AWP had requested this information.

It's not unusual for a family member to help chase up information requested from the GP and this does often result in the information being provided more quickly. Mrs J says that AWP should've told her that it was awaiting information from the GP earlier and she could've chased this up then, leading to the information being provided more quickly.

However, even if the information had been requested from the GP surgery earlier, on the balance of probabilities, I think the earliest the information would've been available was 7 October because of the weekend. So, cover would've likely been confirmed a day earlier and around the same time as the medical report confirming the basis on which Mr J was fit to fly.

This would've prevented unnecessary time Mrs J spent speaking with AWP's representatives about the GP records and becoming frustrated about the information she was given – which, having listened to the calls – should've been clearer.

It would've also prevented her being asked to sign a disclaimer to cover medical costs if it turned out that Mr J wasn't covered under the policy, on the basis that it could take "several weeks" for the information to be provided by the GP. Although a request like this isn't unusual when repatriation for further medical treatment is required and so as not to delay matters, I accept this request would've been upsetting for Mrs J considering AWP hadn't mentioned anything to her about having to sign a disclaimer previously. And it most likely would've been avoided here.

I'm also satisfied that AWP arranged for Mr J to be readmitted to a UK hospital which was over 100 miles from where he and Mrs J lived. During the calls I've listened to, AWP's representative accepts that this was its error. It provided the wrong postcode. As such, Mr

and Mrs J's more local hospital wouldn't accept Mr J as a patient as he wasn't in their catchment.

I can understand why Mrs J became so upset about hearing of this error and that Mr J was due to be admitted to a hospital in the UK which was so far from where she lived, with no local support and her having to either travel long distances each day to and from the hospital or to find somewhere local to stay. One of the reasons why Mr and Mrs J wanted to return to the UK for surgery was to have an infrastructure of support around them when Mr J was in hospital after recovering from the surgery he needed. And without that support, he may as well have had the surgery in the country he was in and not delayed the treatment he needed. This would've been very frustrating, frightening and distressing for Mr and Mrs J.

I also think this delayed repatriation whilst AWP tried to arrange readmission to two local hospitals to where Mr and Mrs J lived.

However, from my research, I'm satisfied that there were many other hospitals closer to where Mr and Mrs J lived that AWP could've also contacted to see if they had bed availability for Mr J. There's no evidence that AWP did this.

On the balance of probabilities, I'm satisfied that had AWP done so, it's likely that Mr J would've been admitted to a hospital closer to where he and Mrs J lived. Not only would this have prevented the worry of how they were going to manage once back in the UK and Mr J in a hospital so far away from home but would've also likely prevented what happened after they returned back to the UK – which I'll address later in my decision.

If these errors hadn't occurred, I'm satisfied that it's likely that the claim would've been verified and the repatriation plan finalised earlier than it was, and Mr J would've been ready to be repatriated.

I accept that there are still other variables such as whether earlier and suitable flights would've been available to travel back to the UK and whether a medical escort would've been available to travel to be with Mr J to accompany him back home at an earlier date.

There were around six days between the date on which I think the claim should've been verified and Mr J being repatriated home. Mr J had also been certified fit to fly by the treating doctor around six days before the date he was repatriated. Given my experience and the country Mr J was being repatriated from (and the likely frequency of flights), I think it's reasonable to assume that if the errors hadn't occurred, Mr and Mrs J would've travelled back to the UK at least two days earlier than they did.

Had this happened, Mrs J – for example - wouldn't have had to sleep on an uncomfortable chair for as long she did whilst Mr J was in hospital. And I'm satisfied that it would've ensured an overall smoother and less stressful experience for Mr and Mrs J.

I think that extends to the arrangements relating to the flight back to the UK.

I accept that the medical reports dated around 7 and 9 October 2024 from the treating doctor refer to Mr J being repatriated by commercial airline with a medical escort or by air ambulance. There was also mention at the outset about a possible air ambulance. However, in light of the medical evidence, I don't think AWP has acted unreasonably by arranging repatriation by commercial flight.

Mrs J has consistently said that the treating doctor had said to her that Mr J should fly in first / business class. The medical reports dated around 7 and 9 October 2024 are silent on that.

In the circumstances of this case, I'm satisfied that AWP should've reasonably checked with the treating doctor, given the serious nature of Mr J's condition and the risk of experiencing a seizure during the flight. Mrs J has since provided signed documents from the treating doctor reflecting that Mr J was fit to fly on a commercial airline with medical escort but the box next to 'business class' has been marked. I think that's consistent with what Mr J was saying and although AWP might not have received those documents at the time, if it had made reasonable enquiries with the treating doctor, I'm satisfied this would've been confirmed.

Mr and Mrs J also ended up being repatriated on an indirect flight, meaning they had to wait at another airport for a connecting flight for several hours. During one of the phone calls I've listened to, Mrs J mentions that there's a direct flight with another airline with availability. I've seen no evidence that this possibility was explored other than the representative saying that there could be reasons why that flight wasn't suitable and that's why it wasn't offered.

Given the nature of the airline, I think it's unlikely that the direct flight would've had business class seats. However, a direct flight (if indeed available) would've prevented Mr and Mrs J having to take two flights back to the UK and a wait at the transferring airport.

Alternatively, an indirect flight in business class would've provided a better experience for Mr J given his condition and been in line with the recommendation of the treating doctor.

So, either way, I'm satisfied that AWP reasonably ought to have made different flight arrangements for Mr and Mrs J. Had it done so, their travel back to the UK would've been smoother and less distressing.

Mr and Mrs J says that when they arrived at the UK hospital, it wasn't aware of his intended arrival for admission. Fortunately, there was one bed available, but they say the doctor was unhappy as that bed had been arranged for another patient. Having considered the evidence, I'm satisfied that AWP made the UK hospital aware of Mr J's arrival. So, I don't think it would be fair and reasonable to hold AWP responsible for what happened upon arrival at the UK hospital.

Mr J was discharged a couple of days later without having surgery and he became an out-patient of a hospital much closer to where he lived. Surgery ended up taking place shortly after. Fortunately, this meant that Mr and Mrs J did have the support network in place when Mr J required the surgery and was recovering from it. But I do accept that the real and significant worry that this would not be case would've impacted Mr and Mrs J. I've considered this when thinking about what a fair compensation amount would be.

I know Mr J ended up having surgery later than the date he is likely to have had surgery if he'd stayed abroad, however, the parties wouldn't have known this at the time of arranging repatriation. I'm also satisfied that if the surgery was time critical, Mr J is likely to have had surgery shortly after returning to the UK, rather than being discharged and the surgery taking place at a later date. I've seen no persuasive medical evidence that the delay in treatment was caused by AWP arranging for Mr J to be readmitted to the UK hospital which was over 100 miles away from where he lived as part of the repatriation plan. Nor have I seen medical evidence that there's been a detrimental impact on Mr J's health because of a delay in surgery. In any event, I don't think it would be fair for AWP to be responsible for the clinical decisions made by the NHS after Mr J returned to the UK.

Given the overall impact on Mr and Mrs J attributable to AWP's errors (as set out above), I don't think total compensation in the sum of £600 offered to them by AWP is fair.

I'm satisfied that £1,300 more fairly reflects the distress and inconvenience Mr and Mrs J experienced because of what AWP did wrong.

Curtailment and daily benefit

Under the medical emergency section of the policy, there's provision for AWP to pay Mr and Mrs J £10 for "every 24 hours towards meal expenses for the nominated person who stays/travels with you".

AWP accepts it didn't pay this benefit so I think it should assess a claim for this benefit under the policy towards the meal expenses for Mrs J who stayed with Mr J whilst in hospital abroad.

The policy also provides cover for curtailment. It says (and subject to the remaining terms of the policy):

We will pay you up to £5,000 for your proportion of irrecoverable unused travel and accommodation costs (including excursions and other pre-paid charges) which have been paid or are contracted to be paid together with any reasonable additional travel expenses, due to any of the following necessary and unavoidable events:

- The death, bodily injury or illness, as certified by a doctor, of you...

And:

Note: If you are cutting short your trip, payments will be calculated on a pro-rata basis taking into consideration unused accommodation and excursions.

Mr and Mrs J's holiday wasn't cut short in the sense that they returned back to the UK before their original return date.

However, in the circumstances of this complaint - and because Mr J was hospitalised and Mrs J remained with him in hospital until after the date on which they'd originally booked to return to the UK – I think it would be fair and reasonable for AWP to treat the trip as effectively curtailed from 2 October 2024 because of Mr J's illness and consider a claim under that section of the policy.

Putting things right

I direct AWP to:

- pay Mr and Mrs J total compensation in the sum of £1,300 for distress and inconvenience (less the £600 it's offered, if already paid).
- assess a claim for the £10 daily benefit under the medical emergency section of the policy.
- assess a claim for curtailment under that section of the policy on the basis that it's fair and reasonable to treat Mr and Mrs J's trip as effectively curtailed because of

Mr J's illness from 2 October 2024.

My final decision

I uphold this complaint to the extent set out above and direct AWP P&C SA to put things right as set out above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr and Ms J to accept or reject my decision before 26 December 2025.

David Curtis-Johnson
Ombudsman