DRN-5937716

The complaint

Mr B is unhappy with the service he received from AXA PPP Healthcare Limited trading as AXA Health when he claimed on his private medical insurance policy. He's also unhappy with the sale of the policy.

What happened

Mr B is unhappy with the service he received from AXA when he needed emergency treatment. This was carried out via the NHS. Mr B wanted to be admitted on a private basis, but AXA wouldn't authorise the admission by Mr B's preferred consultant. There were various discussions about alternative consultants and Mr B being transferred to an alternative facility. Ultimately, Mr B was discharged.

Mr B complained to AXA about the limitations on his cover, which he says means the policy was mis-sold. He also complained that AXA hadn't helped him to find a suitable specialist who could admit him as a private patient. In their final response letter AXA said they'd incorrectly told Mr B he wouldn't be covered for a private ambulance transfer. However, they said this wasn't something they could arrange, and they'd tried to assist Mr B with details of alternative consultants. Unhappy, Mr B complained to the Financial Ombudsman Service.

Our investigator looked into what happened and ultimately partly upheld the complaint. She explained that an ombudsman had previously considered Mr B's complaint about the sale of the policy. However, she thought AXA ought to pay £300 compensation as AXA hadn't fairly considered Mr B's circumstances and had provided him with poor service during the time he was in hospital.

Mr B didn't agree as he wanted AXA to change the policy to a 'non guided' plan before it renewed. AXA didn't agree as they said they'd fulfilled their responsibilities and the plan didn't provide support for emergency treatment. They explained they'd provided information about available specialists which were covered under the plan and that they don't have details about which specialists can authorise admissions. Furthermore, they said it was the treating team to determine if a patient can be transferred and they didn't get involved in the transfer process. So, they asked an ombudsman to review the complaint.

In October 2025 I issued a provisional decision. I said:

> I'm very sorry to see the circumstances which led to Mr B making a claim. It's clear that he was very unwell and experienced a serious medical emergency which led to his admission to hospital unexpectedly.
>
> **Customer service issues**
>
> AXA has a responsibility to handle claims promptly and fairly. The relevant policy term says:
>
> > You chose the guided option. This means we will give you a choice of hospitals you can use. As long as your treatment is covered and you're

> having it with a specialist we've helped you chose, we'll pay the bill in full.

The terms also say:

> If you are having eligible inpatient or day patient treatment, we'll cover the cost of an ambulance to another hospital or medical facility as part of your treatment, it needs to be medically necessary for you to travel in an ambulance. We'll only cover the cost if the treatment you need to travel for is eligible treatment.

I'm not upholding this aspect of Mr B's complaint because:

- Mr B's policy isn't designed to cover emergency treatment. That's very common in the private medical insurance industry and reflects that, typically, private facilities aren't in a position to offer emergency care in the same way that NHS facilities are able to. That's also reflected in the wider policy terms.

- Mr B was seriously unwell and admitted as an inpatient in an NHS hospital. AXA incorrectly told Mr B that there was no cover for the ambulance transfer. But, based on the information I've been provided with, I'm not satisfied that this negatively impacted Mr B. It's not AXA's responsibility to arrange the transfer to a private hospital and there's no persuasive evidence that it was something that was medically necessary or that eligible treatment could be offered. So, I'm not persuaded the incorrect information being provided directly or indirectly led to Mr B not being able to access private care, particularly given the circumstances of his admission which related to a serious medical emergency.

- I'm satisfied that AXA responded appropriately in the circumstances of the claim. I think they reasonably assisted Mr B to try and assist him to access the benefits available under the policy, in line with the policy terms.

- It's not for AXA to determine a consultant's availability to offer appointments and AXA doesn't hold information about which consultants are able to admit patients to specific hospitals. I don't think that's unreasonable and it's also in line with standard industry practice.

- In any event, Mr B had access to care and the option to utilise his NHS cash benefit where applicable. Therefore, I'm not persuaded that any of AXA's actions ultimately caused Mr B any detriment.

The sale of the policy

An ombudsman at the Financial Ombudsman Service has previously made a final decision about the sale of the policy. She concluded the policy wasn't mis-sold. My role is to focus on the circumstances of this complaint and, in the circumstances of this case, it's not appropriate for me to reconsider the same complaint points made by Mr B in relation to the previous complaint.

Mr B argues, in summary, that the more recent circumstances demonstrate that the 'guided option' policy is increasingly unsuitable for him. I appreciate that Mr B feels strongly that this is the case, and I have a lot of empathy with what he's said particularly as he's had a serious health condition. However, I've seen no compelling evidence that the more recent circumstances lead to the conclusion that the policy was mis-sold. I'm persuaded that the claim was fairly assessed in line with the relevant terms. Whilst that led to an outcome which was unsatisfactory to Mr B, I'm

not persuaded it means the policy was mis-sold.

AXA didn't respond to my provisional decision. Mr B made several further representations and asked to discuss his complaint with me. In summary he said:

- This was a new complaint and must be assessed independently on its facts and merits
- The concept of 'guided support' was misrepresented during the sales call
- He was no longer receiving emergency care and private care could have been arranged had AXA supported him
- AXA failed in their duty to help him access care
- He received no help from AXA despite contacting them multiple times – he was sent details for 21 different consultants. The help that AXA promised wasn't there.
- The misinformation about the ambulance did negatively impact him as this was a key reason he was unable to receive private care.
- AXA later provided retrospective approval for the consultant he paid privately to see and a message from AXA indicated the treatment was eligible.

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.

I'm aware that Mr B wanted to discuss his complaint with me. But I'm satisfied I have enough information to determine what's fair and reasonable in all the circumstances. That includes all the information considered by our investigator and contact between Mr B and her. I've reviewed all of the available evidence and have considered it impartially and independently.

Whilst I'm sorry to disappoint Mr B I'm not upholding his complaint. I say that because:

- I've determined the outcome of Mr B's complaint based on the available evidence and taking into account what's fair and reasonable.
- I can't reconsider Mr B's complaint about the sale of the policy, for the reasons I explained in my provisional decision. However, his representations about the contents of the call in response to my provisional decision haven't changed my thoughts about the overall outcome of this complaint. I don't think that AXA acted unreasonably by sending Mr B details of consultants they considered may be able to help. That's common industry practice and I don't think it was unreasonable in the circumstances of this case.
- Mr B says he was no longer receiving emergency treatment but remained in hospital as an inpatient with no defined care plan or urgent interventions. It's for Mr B's treating team, and Mr B, to decide whether discharge from hospital is appropriate. Whilst I appreciate that Mr B didn't want to remain at the NHS hospital I think, on the balance of probabilities, it's unlikely he'd have been kept in an NHS hospital if it wasn't medically necessary to do so. And, in any event, the admission stemmed from an emergency and, for the reasons I outlined in my provisional decision, that's not something that Mr B's policy is designed to cover.

- I appreciate that Mr B did receive details of various consultants from AXA and how frustrating that would have been for him. But, as I set out in my provisional decision, AXA wasn't in a position to know which consultants were able to admit him to specific hospitals. I'm not persuaded that's unreasonable in the specific circumstances and it's also likely, in my experience, to reflect the level of service Mr B would have received from other insurers, as that's common industry practice. Overall, I'm not persuaded AXA's level of service was unreasonable or failed to reflect the cover available under the policy.

- Mr B's further representations about the ambulance transfer haven't persuaded me it's fair and reasonable to uphold the complaint. I appreciate that he felt in what he's described as a 'catch 22' situation. But a private medical insurance policy doesn't cover every eventuality. Mr B's circumstances were complex as he'd been admitted for a serious medical issue for emergency treatment. I appreciate that Mr B may have been able to access eligible private treatment had he located a consultant, and if the NHS had approved the transfer. But the evidence I've seen hasn't persuaded me that's most likely to have been the case. In such circumstances where it's not possible to access treatment, as an NHS facility is being utilised, the policy provides an NHS cash benefit.

- I've reviewed the email Mr B has referred to which was sent on the 6 December 2024. The email does refer to some treatment being eligible. However, I also think that needs to be read within the context of Mr B being told in the same email that they couldn't agree to admission by a named consultant and AXA providing details of consultants practising at the relevant hospital. It also needs to be viewed within the context of other discussions with AXA throughout the time Mr B was admitted, including those about his existing treating consultant. So, this hasn't changed my thoughts about the overall outcome of Mr B's complaint as I'm not persuaded AXA acted unreasonably.

My final decision

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr B to accept or reject my decision before 9 December 2025.

Anna Wilshaw
Ombudsman