

complaint

Mr B complains about BUPA Insurance Limited's decision to decline benefit for inpatient care required following an approved day-patient admittance for a gastroscopy.

background

Mr B contacted BUPA in March 2014 to authorise a gastroscopy. BUPA authorised the procedure on a day-patient basis advising Mr B that if inpatient care was required the hospital would need to call with clinical information.

Mr B attended for the procedure on 17 March 2014. Unfortunately a return of a previous condition was determined during the procedure.

The hospital contacted BUPA the following day for authorisation for a three night inpatient stay. BUPA did not authorise the stay during this call and Mr B called BUPA later the same day from his hospital bed. Further to this call the stay was authorised.

Mr B complained to BUPA about its initial decision further to the hospital's call to BUPA. He has said that BUPA refused funding and was negligent in wanting him discharged from hospital.

BUPA told Mr B that it had pre-authorised a gastroscopy as a day-patient procedure and asked that the hospital contact it if there was a clinical need for an overnight stay. BUPA also said that when the hospital contacted it on 18 March 2014 it had advised that if the reason for any stay related to HIV, it would not be covered. The complaint was then reviewed by one of our adjudicators.

The adjudicator considered that BUPA had been incorrect to say it would decline to pay for an inpatient stay if it related to HIV. He was, however, satisfied that Mr B was aware the procedure had been authorised as a day-patient procedure and that he had been told the hospital would need to call with clinical details if an inpatient stay was required.

The adjudicator considered that Mr B was caused distress by BUPA incorrectly advising the hospital that there was a policy exclusion relating to HIV. He recommended that BUPA make a payment of £350 to Mr B in recognition of this.

BUPA did not agree to the adjudicator's recommendation. It acknowledged it had incorrectly told the hospital that the HIV exclusion would apply with regard to Mr B's inpatient stay. However, it said it would still have required further information when the hospital called for authorisation. It also said it had not declined benefit, but the hospital had advised it would call BUPA back with further information, which it did not do prior to Mr B's call and authorisation being given.

Mr B initially accepted the adjudicator's assessment on the basis that BUPA act on requests for a qualified oncology nurse as a nominated case worker and that discussion about his care between BUPA and hospitals should only be between qualified nurses and doctors. He also asked that BUPA be put on notice that if his HIV status was again raised as a reason to decline treatment he would initiate court action.

The adjudicator told Mr B that it was outside of the scope of the ombudsman to tell a business what qualifications its staff should have. He advised Mr B his request regarding a nominated caseworker was being considered under a separate complaint with this service.

Mr B was not willing to accept the adjudicator's assessment in full and final settlement of this complaint without the above caveats. He also said he was upset that his HIV status had been disclosed by BUPA to a member of staff at the hospital who was not medically qualified.

As neither BUPA nor Mr B have accepted the adjudicator's recommendation this complaint has been passed to me to review afresh.

my findings

I have only included a brief summary but I have considered all the available evidence and arguments to decide what is fair and reasonable in the circumstances of this complaint.

Mr B initially contacted BUPA on 4 March 2014 to request pre-authorisation for a gastroscopy. He advised that a two or three night inpatient stay for IV therapy would be required if "anything was found".

BUPA provided an authorisation number the following day. In its email, it told Mr B:

"I have authorised a gastroscopy under [doctor] on a day-patient setting, the authorisation number is: XXXXX. If admission is required then the hospital will need to call the Oncology Support team to authorise with clinical details."

Mr B has confirmed that previous gastroscopies have not led to inpatient stays and I am satisfied that BUPA's authorisation for initial day-patient admittance was reasonable and in line with Mr B's request.

Unfortunately, a return of Mr B's condition with associated ulceration was discovered during the procedure and Mr B was admitted overnight.

The hospital called BUPA on 18 March 2014 to request authorisation for a three night hospital stay. During this call the hospital advised BUPA that Mr B was on certain medication and that he was at risk of developing a reaction to this.

Although this cannot have come as a surprise to BUPA, as Mr B's oncologist had confirmed on 14 March 2014 that a three night stay was needed because of a previous reaction to drugs, BUPA asked whether Mr B had had a reaction on this occasion. Unfortunately the member of staff could not contact the ward during this call and advised she would contact the ward and call BUPA back. During the call BUPA advised the hospital that, if the stay was related to HIV, it would not be covered.

Mr B called BUPA directly later the same day and BUPA subsequently provided the required authorisation. Prior to the call with Mr B, BUPA had not been made aware that he had been diagnosed with a return of his condition, or the complication of stomach ulceration.

I am satisfied that BUPA was incorrect in advising the hospital that treatment relating to HIV was not covered. It has also subsequently been confirmed by BUPA that the policy's HIV exclusion does not apply to Mr B. However it is difficult for me to know how the advice that treatment for HIV would not be covered affected the hospital in its attempt to seek authorisation for Mr B's inpatient stay.

Although Mr B disputes this, it seems that the hospital told BUPA it would speak to the ward and call BUPA back. Unfortunately it had not done so by the time Mr B called himself. When authorisations

for further treatment or inpatient stays are required it is, in my understanding, general practice for hospitals to call with clinical information and this indeed this is what was agreed between BUPA and Mr B prior to his admission.

Given the reasons for Mr B's admission, having been told cover related to HIV would not be provided by BUPA, I understand that the hospital told Mr B that BUPA would not authorise his hospital stay. Mr B was able to speak with BUPA three to four hours after the initial call from the hospital and, further to his conversation with BUPA, the required inpatient stay was authorised. There is no evidence to suggest that his care had been interrupted.

I appreciate that BUPA is likely to have wanted further clinical details before authorising an extension to the pre-authorised stay. Nevertheless the incorrect information it provided to the hospital initially led to Mr B being advised that his inpatient stay would not be funded. Mr B was able to contact BUPA to resolve the matter the same day; I have listened to the call and there is no doubt that he was distressed at the possibility of being discharged mid-treatment. So although there was only a delay of a few hours before his stay was authorised, I am satisfied that this caused him unnecessary distress, trouble and upset at what must have been a very difficult time for him.

Although the error made by the BUPA staff member was later rectified, it does seem to me that there should have been some flag on Mr B's file to notify any staff member unfamiliar with his case of his policy cover. BUPA has now confirmed that an alert has been added to the policy registration in order for advisers to be aware that the exclusion does not apply to Mr B's policy. Had this simple action been taken sooner, it seems to me that the distress caused to Mr B on this occasion could have been avoided.

In recognition of the distress and upset caused to Mr B, I consider that a compensatory payment is warranted and I am satisfied that a payment of £350 is fair and reasonable in the circumstances.

I have also considered Mr B's submission that he is unhappy that his status was disclosed to a non medical member of staff at the hospital. The hospital contacted BUPA, as Mr B was aware it would, to provide clinical details. It follows that, in such calls, medical history is likely to be disclosed. It is foreseeable that delays might ensue if BUPA refused to speak to staff from the hospital unless they were medically qualified. Nevertheless if Mr B does want to request that future contact be on this basis only, he should take this up with BUPA directly. However in the present circumstances I cannot conclude that Mr B has suffered in any way by this disclosure other than as discussed above.

my final decision

My final decision is that I uphold this complaint in part. I require BUPA Insurance Limited to make a payment of £350 to Mr B for the distress caused by the handling of his claim.

I make no further award against BUPA Insurance Limited.

Lindsey Woloski
ombudsman