

## **The complaint**

Ms S complains about the way that Great Lakes Insurance SE handled a repatriation claim she made on a travel insurance policy.

Ms S is represented by Ms S1.

All references to Great Lakes include the actions of its agents.

## **What happened**

Ms S was abroad on holiday when she was unfortunately knocked over by a driver. She sadly suffered severe head injuries and was admitted to intensive care. A medical expenses claim was made on Ms S' behalf, which Great Lakes accepted. It also agreed to pay for an air ambulance to repatriate Ms S back to the UK.

Great Lakes' medical assistance company liaised with Ms S1, who told Great Lakes that she had arranged an admission for Ms S in the appropriate ward at a local hospital. So Great Lakes arranged an air ambulance repatriation based on those arrangements and Ms S was flown back to the UK on 3 July 2023.

However, during the air ambulance flight, the medics were told that the specialist ward was at capacity and there was no bed available for Ms S. So the medical crew were told to take Ms S to A&E for admission.

Ms S was taken to A&E and unfortunately, had to wait around 24 hours to be seen. She was later transferred to another NHS hospital for ongoing treatment.

Ms S1 was very unhappy with the way Great Lakes had handled Ms S' repatriation. In brief, she felt Great Lakes should never have flown Ms S back to the UK before it had confirmed a bed would be available for her. Ms S1 said Ms S had been caused significant upset as a result of remaining in A&E over a prolonged period and that it hadn't been safe for her. So Ms S1 asked us to look into this complaint.

Our investigator didn't think Ms S' complaint should be upheld. He didn't think Great Lakes had any responsibility for the NHS treatment Ms S had received once she'd been repatriated to the UK. And he was satisfied that Great Lakes had only been made aware, mid-flight, that a specialist bed was no longer available for Ms S. Therefore, he didn't think Great Lakes needed to take any action.

Ms S1 disagreed and so the complaint's 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.

Having done so, whilst I'm sorry to disappoint Ms S, I don't think Great Lakes has acted

unfairly or unreasonably and I'll explain why.

First, I was very sorry to hear about the circumstances that gave rise to Ms S' claim. It's clear that she suffered very serious injuries and I don't doubt what a very worrying and distressing time this must have been for Ms S and for her family.

The relevant regulator's rules say that insurers must handle claims promptly and fairly. And that they must provide policyholders with reasonable guidance to help them make a claim. I've taken those rules into account, along with other relevant considerations, when deciding whether I think Great Lakes handled this claim fairly.

I've first considered the policy terms, as these form the basis of the contract between Ms S and Great Lakes. The Emergency Medical and Repatriation Expenses section of the policy states that Great Lakes will pay a policyholder's medical expenses in the case of a medical emergency, and, if necessary, the costs of repatriating a policyholder to the UK. The evidence indicates that Great Lakes has covered both Ms S' medical costs and the air ambulance costs. So it seems it has met its policy liability. And Ms S1 hasn't complained about the way Great Lakes handled Ms S' claim while she was abroad.

It seems the key issue for me to decide is whether I think Great Lakes acted reasonably when it arranged Ms S' air ambulance repatriation. The available evidence indicates that on 1 July 2023, Ms S1 told Great Lakes that she'd spoken with a doctor in the specialist ward and that they'd informed her a bed would be made available for Ms S. Great Lakes was also given the relevant doctor's name and contact details for the hospital. I don't think it was unreasonable for Great Lakes to rely on this information, although I agree it might have been helpful if Great Lakes had contacted the hospital itself to confirm this arrangement prior to Ms S being collected from hospital and repatriated.

However, I need to bear in mind that even if Great Lakes had made such enquiries before booking the air ambulance, I can't say with any certainty – or even that it's most likely – that there would have been a specialist bed available for Ms S. I say that because even if a bed had been intended and agreed for Ms S ahead of travel, Great Lakes had no control over the clinical priority the NHS hospital attached to particular patients. Emergency situations can arise which impact upon pre-planned admissions and this is something Great Lakes simply can't control. It's highly possible that even if Great Lakes had confirmed bed availability prior to making the air ambulance arrangements, the specialist NHS ward may still have reached capacity while Ms S was in transit.

The available evidence shows that the treating hospital abroad had confirmed Ms S was fit to fly some days earlier. And it doesn't appear that the treating doctor felt Ms S needed oxygen during the flight. So Great Lakes' medical team had decided, on 30 June 2023, that even if no ward bed was available, Ms S could safely be admitted through A&E. Therefore, on balance, I don't think there seems to have been evidence of a medically identified risk to Ms S in being admitted via A&E if it was ultimately necessary. As such, I don't think there's enough evidence to show that there was a clinical risk to Ms S if she had to wait in A&E for a bed or that Great Lakes ought to have been aware of such a risk.

I'm also persuaded by the evidence Great Lakes has provided to show what happened during the repatriation flight. The email trail between Great Lakes and its emergency medical assistance company does indicate that it wasn't until midway through the flight that the medics accompanying Ms S learned that there was no bed available for her. On that basis, I don't think I could fairly find that Great Lakes arranged the air ambulance without taking into account Ms S' clinical needs or without her best interests in mind. I'd add too that I haven't seen any compelling medical evidence which indicates Ms S' condition was adversely impacted by her wait in and admission via A&E.

Overall, I sympathise with Ms S' position because I do appreciate what a difficult time she's been through. I can entirely understand why her family wanted Ms S to be admitted as soon as possible to the most clinically appropriate ward for her for ongoing treatment. But as the investigator said, Great Lakes isn't responsible for clinical decisions made by the NHS or the way it treats patients. And based on all I've seen; I don't think Great Lakes acted unfairly or inappropriately when it arranged Ms S' air ambulance repatriation. So it follows that I don't find Great Lakes needs to do anything more.

### **My final decision**

For the reasons I've given above, my final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms S to accept or reject my decision before 6 June 2024.

Lisa Barham  
**Ombudsman**