DRN-4756082

Financial Ombudsman Service

The complaint

Mr V complains about the way Western Provident Association Limited (WPA) handled a claim he made on a Flexible Health Elite private medical insurance policy.

Mr V is represented by Mr V1.

What happened

Mr V holds a personal private medical insurance policy. On 28 August 2023, unfortunately, Mr V suffered an accident and was admitted to an NHS hospital as an emergency, through A&E. After his condition stabilised, Mr V1 contacted WPA on 30 August 2023 to ask about transferring Mr V from an NHS bed to a private bed.

In line with its process, WPA required Mr V's treating doctor to complete an NHS transfer form before it could confirm cover. It emailed both Mr V and Mr V1 a copy of the form on the same day.

However, Mr V wasn't able to find a doctor to complete the form. And therefore, Mr V remained in an NHS bed until he was discharged from hospital on 1 September 2023. WPA paid Mr V NHS hospital benefit in line with the policy terms.

Mr V1 thought that by requiring a treating doctor to complete an NHS transfer form, WPA was placing unreasonable barriers on its policyholders obtaining the private treatment they'd paid for. He considered the form to be cumbersome and pointless. He felt WPA should simplify and streamline its process. He also stated that the transfer form had taken six hours to arrive. He asked us to look into Mr V's complaint.

Our investigator didn't think WPA had treated Mr V unfairly. She explained that we couldn't tell a financial business to change its processes. And she didn't think it had been unfair for WPA to ask for the NHS transfer form to be completed to allow it to assess whether or not a claim would be covered, ahead of Mr V potentially incurring costs.

Mr V1 disagreed. In brief, he felt WPA needed to ensure its processes weren't so onerous on the NHS and on its policyholders that they couldn't be satisfied.

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 Mr V, I don't think WPA has treated him unfairly and I'll explain why.

The relevant regulator's rules say insurers must handle claims promptly and fairly. And the regulator's principles say that financial businesses must provide support which helps its customer meet their needs. I've taken these rules into account, along with other relevant

considerations, when deciding whether I think WPA treated Mr V fairly.

First, I was sorry to hear about Mr V's accident and admission to hospital. I don't doubt what a worrying time this was for him and for his family and I do hope he's now made a good recovery.

It's also important that I make clear our role. We're not the industry regulator. So we can't tell a financial business to change its policies or procedures. What we can do is consider whether we think a financial business has done something wrong which has caused an individual consumer to lose out or to suffer material distress and inconvenience. So, I've gone on to consider whether I think WPA acted unreasonably in the specific circumstances of this complaint and if so, whether it caused Mr V material trouble and upset.

I've looked carefully at the terms of Mr V's policy, as these form the basis of the contract between Mr V and WPA. Page two states that the policy works alongside the NHS and doesn't replace it. The policy says that the NHS is best equipped to provide treatment in an emergency. In my experience, most, if not all, private medical insurance policies won't cover unplanned, emergency treatment.

Page three goes on to say:

'Once the acute condition is stabilised, typically after 24 hours, you may wish to transfer (to a private hospital or private unit of an NHS hospital) to receive private eligible treatment which must be arranged by a Specialist and be at your own request.'

In my view, WPA's contract terms make it clear both that a private transfer must be at a patient's request and arranged by a Specialist. So before it agreed to authorise Mr V's transfer request, I think it was reasonably entitled to be satisfied that Mr V's acute condition had been stabilised; that Mr V had asked for the transfer; and that Mr V's treating specialist had arranged the transfer.

It's a general principle of insurance that it's for a policyholder to provide enough evidence to show they have a valid claim on their policy. In this case, Mr V needed to provide WPA with enough medical evidence to show he had a valid private medical insurance claim.

Having considered the NHS transfer form WPA has shown it emailed to Mr V1 at 4pm on 30 August 2023; I can see it asks for the information I've set out above. The form also requests information about Mr V's diagnosis; treatment plan; whether his condition was stable and details of the receiving specialist.

I don't think it was unfair or unreasonable for WPA to request the information before cover for the transfer could be confirmed. I think the form asked relevant questions which would allow WPA to assess and potentially confirm cover. And I also think Mr V's treating doctor was in the best place to complete the form, based on their knowledge of his condition and treatment. While I'm sorry to hear Mr V1 struggled to find a doctor to fill out the form, I think WPA sent it promptly to allow Mr V to start the potential transfer process. Nor do I think WPA acted unreasonably by wanting to ensure Mr V would be covered for any private costs he incurred ahead of being transferred to a private facility. So it follows that in the circumstances of this case, I don't find WPA placed unfair barriers to Mr V receiving private treatment or dealt with his claim in an unreasonable way. As such, I don't think I could fairly make any award against WPA.

WPA says it paid Mr V NHS hospital benefit of £800 for his admission. This appears to be in line with the available benefit of £200 per night for admissions of over three nights' duration. As Mr V was an inpatient for four nights, it appears that WPA has settled Mr V's claim in

accordance with the policy terms.

Mr V1 told us that it took WPA six hours to send the transfer form, although he said this wasn't his main complaint point. Generally, we would expect standard forms to be sent without a delay. But in this case, I don't think any potential delay in sending the form made a material difference. That's because the form wasn't completed by Mr V's doctor in any event and so I don't think any delay in sending the form led to a delay in a transfer being actioned.

Overall, whilst I appreciate Mr V's strength of feeling about this complaint, I don't think WPA has done anything wrong which it needs to put right.

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 Mr V to accept or reject my decision before 31 July 2024.

Lisa Barham
Ombudsman