

The complaint

Mr D is unhappy that BUPA Insurance Limited (BUPA) declined his private medical insurance claim.

What happened

Mr D has a private medical insurance policy with BUPA, who is also the underwriter.

Mr D had treatment under the NHS. He called BUPA on 9 January 2024, following the treatment and asked for home nursing care under his policy. He wanted a district nurse to visit him at home and help with his dressings.

He called BUPA in January 2024, and it informed him that he didn't have cover for this under his policy.

BUPA issued its final response and said it hadn't identified any concerns with the service provided in the calls made on 9 January 2024 and 12 January 2024. While Mr D was unhappy that he was informed he had no cover for home nursing on his policy, the advisor provided accurate information and the appropriate checks were carried out to check the eligibility of the claim.

It also said Mr D's policy does include home nursing in certain circumstances, but he would have needed to be eligible and have authorisation for private in-patient or day care treatment through one of its recognised hospitals or facilities at first. BUPA confirmed further consultations/tests could still be supported going forward under the policy. However, it couldn't provide cover for the home nursing in this instance.

Mr D brought his complaint to this service. Our investigator didn't uphold the complaint. She thought BUPA had handled the calls appropriately and that there was no cover for home nursing based on what happened.

He disagreed with our investigator's findings and asked for the complaint to be referred to an ombudsman. So, it's been passed to me.

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.

The insurance industry regulator, the Financial Conduct Authority ('FCA'), has set out rules and guidance for insurers in the 'Insurance: Conduct of Business Sourcebook' ('ICOBS').

ICOBS says that insurers should act honestly, fairly and professionally in accordance with the best interests of their customers, and that they should handle claims promptly and fairly.

Policy terms and conditions

On page 18 of Mr D's policy document, under the section '*Benefit B6 Home Nursing after Private Eligible Treatment as an In-Patient*', it states:

'Included Eligible Treatment

Home Nursing where:

- [...]'
- *It starts immediately after you leave a Recognised Facility*
- [...]

Has the claim been declined fairly?

Mr D wanted authorisation for home nursing following treatment he had under the NHS. Having considered the terms and conditions of Mr D's policy, I'm satisfied that he has no cover in the circumstances of what happened.

The policy terms are clear in that home nursing care is only covered after a policyholder leaves a '*Recognised Facility*' following private eligible treatment as an in-patient. While Mr D says he had treatment in a recognised facility with a recognised consultant, this was carried out under the NHS. The treatment wasn't first authorised as eligible by BUPA and therefore there is no cover available for home nursing.

I don't agree that BUPA has denied Mr D of necessary medical treatments covered under the policy. He requested authorisation for home nursing, but he simply isn't eligible in this instance because he had the treatment under NHS care. To be eligible, he was required to have received in-patient treatment at a recognised facility under private care as part of this policy. And to do this, he would have needed authorisation from BUPA initially. Mr D didn't do this and so there is no cover for the home nursing that he requested.

Service provided in the telephone calls

I've listened to the call recordings that took place on 9 January 2024 and 12 January 2024.

Mr D called on 9 January to inform BUPA that he had a procedure under the NHS. But wanted a referral for a district nurse to come and visit his home for support in changing the dressings until he was healed. The advisor explained that there was no cover for this under his policy. Mr D was unhappy, and the advisor continued to explain what support would be available under his policy going forward. Even though the advisor informed Mr D that he didn't have cover, she still sent him a claim form asking for further information. Based on the information Mr D had provided to her, I don't think she needed to do this, but in doing this, she ensured that the information had been looked at fairly and against the policy terms and conditions. I don't think the advisor treated Mr D inappropriately or unprofessionally in this call.

On 12 January 2024, the BUPA advisor called Mr D and confirmed again that cover wasn't available under his policy. She explained that although the consultant he used for his treatment was BUPA recognised, as he had the treatment under NHS care, he wouldn't have cover for the home nursing. While the advisor tried to explain why Mr D wasn't covered, the call did end suddenly but I don't think this was intentional from either side. I don't think the advisor acted inappropriately or unprofessionally in this call either.

Having considered both calls, I'm not persuaded that the service BUPA provided wasn't to

the standard expected. The crux of the issue was that Mr D didn't have cover for home nursing and he believed he should have the cover regardless of what the terms and conditions require. The advisor explained a few times that there was no cover and Mr D wasn't happy because he wanted her to authorise the home nursing. So, unless she accepted the claim, I can't see that Mr D would have been happy or satisfied. But this isn't how a policy works. Certain terms and conditions and criteria need to be met for cover to be eligible and in this case, Mr D's request for home nursing didn't meet the requirements under his policy. BUPA still considered the information Mr D provided and reviewed this. However, he still wasn't eligible for the home nursing care.

Mr D says the claim being declined has had significant adverse effects to his health, well-being and his recovery process. He is seeking compensation for the distress and inconvenience caused for this. I understand that this was difficult for Mr D as he needed support with his dressings. However, he wasn't eligible for cover for this under his policy and BUPA explained this to him.

Conclusion

I've carefully considered all the information. I'm sorry to disappoint Mr D but I'm satisfied that BUPA has considered his claim in line with the policy terms and conditions and it has done so fairly and reasonably. I'm satisfied Mr D has no cover for home nursing care in the circumstances of this complaint.

I also think the service provided by BUPA on the two calls was appropriate and professional. The advisor correctly informed Mr D he wasn't eligible for home nursing care. I don't think the service provided was below the level that should be expected. So, I don't think BUPA needs to pay any compensation for this.

It follows that I don't require BUPA to do anything further.

My final decision

For the reasons given above, I don't uphold Mr D's complaint about BUPA Insurance Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr D to accept or reject my decision before 12 September 2024.

Nimisha Radia
Ombudsman