

## The complaint

Mrs I is unhappy as she says that Great Lakes Insurance UK Limited didn't give her an appropriate level of assistance when she sustained an injury abroad.

## What happened

Mrs I sustained an injury to her face whilst she was on holiday when she fell and her glasses broke. She sought treatment at a local hospital and was unhappy with the treatment she received. Mrs I contacted Great Lakes as she wanted a second opinion at a private hospital.

Great Lakes declined this request as they didn't think it was medically necessary. Mrs I also complained about the customer service, including delays and lack of responses. Great Lakes offered Mrs I £80 compensation but maintained that a second opinion hadn't been required.

Our investigator looked into what happened. She didn't think Great Lakes had acted unreasonably and that the offer was fair. Mrs I didn't agree and asked an ombudsman to review her complaint. She said that glass was later found in the wound and that a second opinion would have identified this. She also explained that she'd not been x-rayed to rule out further injury. So, the complaint was passed to me to make a decision.

In July 2024 I issued a provisional decision. I said:

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

The relevant rules and industry guidelines say that Great Lakes has a responsibility to handle claims promptly and fairly.

I'm partly upholding this complaint and I intend to direct Great Lakes to pay Mrs I a total of £250 compensation. I say that because:

- Mrs I's accident occurred the day before she contacted Great Lakes for assistance. So they didn't have the opportunity to provide her with guidance about the facility she used.
- Mrs I's stitches had been in place for some time by the time she contacted Great Lakes. Given that the stitches were already in place I don't think it was unreasonable for Great Lakes to rely on their medical team's assessment that a further review was not medically necessary at that time.
- I'm sorry to hear that glass was found in the wound on Mrs I's return home. She has raised concerns about the lack of x-ray. Great Lakes isn't responsible for the care provided by the public hospital and they weren't able to offer any guidance during Mrs I's visit to the hospital as they were unaware of the incident.

- In any event, I've also listened to a later call between Mrs I and Great Lakes which took place before she returned home. In that call Great Lakes asked about a CT scan and Mrs I said she would wait until she returned home.
- There were times when it was clear that the initial conversation with the assistance company was frustrating for Mrs I. I think the call handler could have more clearly explained to Mrs I what her options were. Although he mentioned the option to 'pay and claim' it wasn't clearly explained that Mrs I could seek treatment privately and try and recover her costs at a later time (but there was no guarantee it would be covered by the insurer at this stage). I also don't think the call handler showed much empathy and didn't satisfactorily address the questions Mrs I was asking about getting a second opinion.
- During the initial conversation it was also suggested to Mrs I that she'd need to get a police report for her broken glasses. I think that was unreasonable given that Mrs I had tripped and fallen. I think that caused her some avoidable frustration particularly when she was in pain and worried about her injury.
- I can understand why Mrs I felt the call was unsatisfactory and that she didn't get much support initially. I think the options could have been more clearly explained to her. I think this caused her unnecessary worry at an already difficult time and when she was in pain. She asked her daughter to take over the call on her behalf. So, I think it did have an impact on Mrs I whilst she was abroad.
- However, I can't fairly conclude Great Lakes have caused Mrs I ongoing avoidable distress and inconvenience. Great Lakes did ask about a CT scan whilst she was still abroad and Mrs I said she would wait until she was home. And, in any event, Mrs I had received medical treatment already by the time she contacted her insurer. So, they didn't have the opportunity to give guidance at that stage about where Mrs I should go for treatment.

#### Putting things right

Taking into account the handling of the initial call I do think Great Lakes should pay Mrs I a total of £250 compensation (inclusive of the £80 already offered) to reflect the impact on her as I think the first call caused her avoidable distress and inconvenience.

Great Lakes accepted my provisional decision. Mrs I made some further comments. In summary she said:

- She didn't contact Great Lakes as her priority was to stem the blood loss. The issue with the suturing only became apparent the next day. Great Lakes showed a total lack of understanding or empathy.
- The stitches could have been removed and re-sutured at the point she did contact Great Lakes.
- An x-ray would have highlighted the glass which was in the wound which was found on her return to the UK.
- It was difficult to communicate with the first call handler. She felt the public should be made aware that they may not be able to speak to someone based in the UK.

So, I need to make a decision.

### **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've taken into account Mrs I's further comments, but they haven't changed my thoughts about the overall outcome of the complaint.

I can entirely understand why Mrs I sought treatment before calling Great Lakes. However, I think the point remains that they weren't in a position to support Mrs I with treatment, including where to attend for treatment and whether the actions of the treating doctor were in line with what they'd expect. And, in any event, they aren't responsible for the level of care and treatment provided by the hospital.

I appreciate that Mrs I had concerns the following day and that's what prompted her to seek support. I agree the call wasn't handled as well as it could have been for the reasons outlined in my provisional decision. However, I don't think it was unreasonable for Great Lakes to rely on their medical team's guidance, given that the wound had been treated and stitched. I think they've provided a reasonable explanation for their actions.

It's possible that an x-ray would have identified the glass at an earlier point but I think this is something that the treating hospital is most likely responsible for. I do think Great Lakes could have given Mrs I better guidance about her options when she called but I've taken this into account when awarding Mrs I compensation for the distress and inconvenience caused.

Finally, I do empathise with what Mrs I has said about communicating with the call handler. I acknowledge this was difficult at times. However, I can't direct Great Lakes to change their processes. But I hope it reassures Mrs I to know that the Financial Ombudsman Service expects Great Lakes to apply the learning from any decision that we make.

### **Putting things right**

Great Lakes should pay Mrs I a total of £250 compensation (inclusive of the £80 already offered) to reflect the impact on her as I think the first call caused her avoidable distress and inconvenience.

### **My final decision**

I'm partly upholding Mrs I's complaint and direct Great Lakes Insurance UK Limited to put things right in the way I've outlined above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs I to accept or reject my decision before 30 September 2024.

Anna Wilshaw  
**Ombudsman**