

12 March 2026



Pain Management Portfolio Team
via email painmanagement@acc.co.nz

Launa Steel
Health Partner & Clinical Advisor
via email launa.steel@acc.co.nz

Re: Concerns regarding ACC Pain Management Contract Changes

Tēnā koutou

The NZSA is a professional medical society that represents and supports our community of medically registered anaesthetists and specialist pain medicine physicians (SPMP) in Aotearoa New Zealand throughout their careers, from trainee to retired.

We are writing to share our significant concerns about the proposed changes to ACC-funded pain management services. The draft contract signals a material erosion of clinical standards, reduced access to specialist care, and a shift away from outcome-driven service design.

Erosion of Clinical Standards

The pain management service model reflected in the draft ACC Pain Management Contract moves service provision away from recognised domestic and international standards of practice including those specified within Te Whatu Ora and the NICE guidelines.

Under the community service contract, medical assessment becomes optional rather than a core component of safe pain practice. This conflicts with the principles of safe pain practice: early, appropriate medical assessment to ensure diagnostic clarity, identify red flags, rationalise medication use, and coordinate interdisciplinary care.

The draft contract also removes the requirement that the assessing physician be an SPMP at the community level. SPMP input is confined to tertiary-level service delivery, or at the discretion of the community core interdisciplinary team. We believe that this approach will directly impact on patient outcomes. Early specialist input serves to prevent deterioration, over-investigation, and ineffective or harmful treatment pathways for patients.

Furthermore, medical oversight is reduced across all service levels, and the required qualifications for medical practitioners are unclear. In the tertiary service, the medical role may be filled by either an SPMP or a “suitably qualified and experienced medical specialist,” with no additional context provided about the scope of practice or required qualifications for this role. Again, this is a move away from recognised international standards that promote the role of SPMPs in pain management within a multi-disciplinary context.

In addition, non-clinical ACC staff would determine whether a client requires a pain management programme. Current delays and inappropriate declines already occur despite interdisciplinary triage; this service model may result in further reduced access and timeliness of care.

Geographic Inequity

The service structure promoted in the draft contract favours large public hospital tertiary services (e.g., TARPS) and undermines the viability of community-based tertiary specialist services. Clients outside major centres will face reduced access to intensive pain management programs.

The NZSA supports community-based pain programmes, from primary to tertiary levels to facilitate patient access, engagement, timely follow-up, and maintenance of their pain condition.

Patient Impacts

There are several risks with the new pain management service model that we wish to highlight including:

- Delayed recognition and/or incorrect diagnosis of chronic pain conditions, such as CRPS
- Inappropriate treatment plans or medication-related harm
- Unnecessary or absent investigations and interventions
- Suboptimal post-surgical pain escalation and de-escalation planning
- Increased reliance on fragmented care and trial-and-error approaches
- Inconsistent standards across regions and providers.

In addition, rather than encouraging SPMP engagement, the proposed model may further discourage specialist participation, reducing access to best-practice care.

To address the risks and potential impact on patients and the wider community, NZSA requests that ACC consider the following actions:

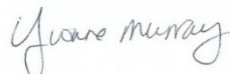
- Delay the implementation of the new pain management service model to allow for comprehensive consultation with all stakeholders on the risks and impacts of the changes
- Share with stakeholders the clinical framework that supports the changes to service provision and its alignment with the recognised standards within Aotearoa and globally
- Develop pathways for early assessment of patients by SPMPs
- Prospective auditing of delays, adverse events, and outcome deterioration, particularly for CRPS and post-surgical pain cases.

We welcome the opportunity to discuss these concerns further and work collaboratively with ACC on a pain management service model that aligns with clinical standards and supports best outcomes for patients.

Ngā mihi,



Dr Jonathan Panckhurst
President
New Zealand Society of Anaesthetists
– Ngā Ringa Tauwhiro o Aotearoa



Dr Yvonne Murray
Chair, SPMP Network
New Zealand Society of Anaesthetists
– Ngā Ringa Tauwhiro o Aotearoa