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Faculty of Pain Medicine
Australian and New Zealand
College of Anaesthetists

25 August 2026

To: Dr Dale Bramley, Chief Executive, Health New Zealand
Dame Helen Stokes-Lampard, Chief Medical Officer, Health New Zealand
Ms Audrey Sonerson, Chief Executive, Ministry of Health, Director General of Health
Mr Mark Darrow, Board Chair Health New Zealand

From: Faculty of Pain Medicine Aotearoa New Zealand, Australian and New Zealand College of Anaesthetists

Subject: Urgent concerns regarding chronic pain services, specialist pain medicine capacity, and paediatric pain care in Aotearoa New Zealand

Tēnā koutou,

We are writing to seek urgent national action to strengthen chronic pain services, improve access to multidisciplinary care, better utilise specialist pain medicine physicians, and establish a sustainable national approach to paediatric pain care.

The Faculty of Pain Medicine Aotearoa New Zealand writes to express serious concern about the current state of chronic pain services in Aotearoa New Zealand.

Access to multidisciplinary chronic pain services remains inadequate, specialist pain medicine physicians (SPMPs) are significantly under-utilised, and paediatric pain services remain fragile. These shortcomings are contributing to poorer patient outcomes, increased pressure on the health system, and widening inequities.

Chronic pain is one of New Zealand's leading causes of disability, affecting more than one million people and placing a substantial burden on individuals, whānau, communities and the economy. It is associated with poorer physical and mental health, reduced workforce participation, greater healthcare utilisation and significant inequities for Māori, Pasifika, women and people experiencing socioeconomic disadvantage. The economic cost has been estimated at $13 to $14.8 billion annually and is expected to increase as the population ages.

These concerns are not simply matters of service preference or professional advocacy. They raise core issues of patient rights, system performance, and public stewardship. The Code of Health and Disability Services Consumers' Rights requires services to be delivered with reasonable care and skill, to minimise harm and optimise quality of life, and to support continuity of care. When timely multidisciplinary assessment and specialist referral are unavailable, those principles are placed at risk.

The downstream effects of under-resourced chronic pain care are extensive. Chronic pain contributes to disability, reduced workforce participation, unemployment, welfare dependence, sleep disturbance, psychological distress, repeated health service use, and in some cases harmful opioid exposure. New Zealand reporting has also highlighted that more hospital-based multidisciplinary pain clinics were regarded as necessary to stem the rising cost and impact of chronic pain, and that the specialist workforce was far below what was needed. These system failures increase pressure on general practice, emergency care, surgical pathways, imaging, mental health services, and income support systems, while leaving patients trapped in cycles of untreated or undertreated pain.

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The under-utilisation of Specialist Pain Management Physicians (SPMPs) is especially concerning because pain medicine is a recognised vocational scope in Aotearoa New Zealand, with a defined role in the biopsychosocial assessment and management of people with complex pain. Indeed, SPMPs are the ONLY medical specialty specifically trained in pain management. ANZCA's position statement on rights to pain management further states that "clinicians should consult or refer to appropriate specialists when pain management falls outside their own scope, that chronic pain services should provide timely access to reasonable pain management modalities, and that institutions should establish referral networks that facilitate, and certainly do not inhibit, access to adequate pain management as close to home as possible".

Specialist Pain Management Physicians are uniquely trained to assess and manage complex pain using a biopsychosocial approach. Working within multidisciplinary teams, they provide diagnostic clarification, coordinate evidence-based care, optimise medication and procedural management, and support functional recovery. Contemporary pain care standards reinforce that effective pain management depends on coordinated multidisciplinary systems supported by clinicians with appropriate expertise.

Evidence from the NSW Agency for Clinical Innovation demonstrates that multidisciplinary specialist pain services improve pain, function and quality of life while reducing unnecessary investigations, emergency presentations and inappropriate opioid use. Under-utilising the SPMP workforce is therefore both clinically counterproductive and economically short-sighted.

The position for children and young people is particularly concerning and requires urgent national attention. Starship's Paediatric Pain Service demonstrates what comprehensive paediatric pain care should look like: specialist medical leadership combined with psychology, psychiatry, occupational therapy, physiotherapy, nursing, and structured support for children, teenagers, and whānau with complex pain. However, due to staff shortages, we remain concerned about this service's sustainability. Yet the very fact that this service stands out so distinctly illustrates how limited and fragile paediatric pain provision remains nationally. ANZCA's rights to pain management statement is explicit that infants, children, and youth have a right to developmentally appropriate pain assessment and management, and that timely referral to specialist paediatric pain services should be considered for those with complex or chronic needs.

The lifelong implications of poorly managed paediatric chronic pain are profound. Pain in childhood and adolescence disrupts schooling, social development, family life, sleep, mental health, identity formation, and functional independence at a critical life stage. When timely specialist care is unavailable or materially delayed, the system not only fails a vulnerable population in the present, but risks entrenching long-term disability, healthcare dependence, and social exclusion into adulthood. That outcome is inconsistent with both good clinical practice and the rights-based obligations of the health system.

We therefore recommend that Health New Zealand and the Ministry of Health jointly commit to the following actions:

1. **Develop and fund a national chronic pain strategy,** in conjunction with the Faculty of Pain Medicine, that recognises chronic pain as a major long-term condition with health, workforce, and equity implications. Fellows of the Faculty of Pain Medicine, together with multidisciplinary colleagues, have developed a National Pain Strategy for Aotearoa New Zealand. We do not see this as a faculty strategy, but as the starting point for a collaborative process. We invite Health New Zealand, the Ministry of Health, ACC, consumer organisations, Māori health leaders, primary care, allied health, and others who work with populations with chronic pain, to work with us to refine, operationalise and implement the strategy. Together, we have an opportunity to develop a coordinated national approach to chronic pain that improves prevention, early intervention, equitable access to evidence-based care, workforce capability, research and service planning, ultimately improving outcomes for the more than one million New Zealanders living with chronic pain.
2. **Increase investment in publicly funded multidisciplinary chronic pain services**, including more equitable regional access and stronger referral pathways.

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3. **Expand the training pipeline, recruitment, and service utilisation of SPMPs** so that their expertise is available where clinical complexity warrants it.
4. **Establish a specific national plan for paediatric chronic pain services**, including service delineation, workforce development, and access standards beyond a single tertiary centre.
5. **Monitor chronic pain access and outcomes through an equity lens**, particularly for Māori, Pasifika, rural communities, children and young people, and socioeconomically disadvantaged populations.

The current level of unmet need represents a significant health system failure with substantial human, social and economic consequences. New Zealand has an opportunity to improve outcomes through coordinated national leadership, sustained investment in multidisciplinary services and better utilisation of the existing specialist pain medicine workforce. The Faculty of Pain Medicine stands ready to work collaboratively with Health New Zealand, the Ministry of Health and other stakeholders to support this work.

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6. PS45-Rights-to-pain-management-(pilot).pdf
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Nāku noa, nā

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