

23 April 2026

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Kia ora Helen

Follow up to meeting 14 April 2026 re Paediatric pain services and ACC

Thank you for meeting with us to discuss paediatric pain services, and other issues pertaining to pain services and Specialist Pain Medicine Physicians (SPMPs) throughout the country. You kindly agreed to follow up specific issues with Starship hospital and, in lieu of a Clinical Reference Group, the potential to join the Expert Advisory group for Paediatrics currently being explored, both of which we appreciate.

In response to your requests for further information please find attached:

- Mamaenga Roa: Model of Care for people living with chronic pain – developed by HNZ with clinical and consumer input but never implemented.
- A proposed overview of a national pathway for SPMP-led pain services, with clear eligibility criteria for initial assessment and progression in line with the ACC proposal for SPMP-led services sent previously as an example of what ‘better’ would look like. The small number of those needing specialist attention would be quickly identified and appropriately treated, improving efficiency and outcomes. Requiring each district to have a SPMP-led pain service would address the major obstacle to effective pain management we discussed with you: lack of specialist leadership in pain medicine, and lack of employment opportunities to retain the SPMPs we have.

We take this opportunity to draw your attention to Australia’s [National Strategic Plan for Pain Management](#), supported by newly developed clinical care and [health practitioner education standards for pain management](#) which FPM, ANZCA delivers.

Further information

The most current evidence of need for pain services is highlighted by the latest [National Health Survey \(2024/2025\)](#) with 27.5 % of the population reporting chronic pain, consistent with the [numbers diagnosed](#); and 22% aged 12-18 years reporting chronic pain.

Recently the [Rare Disorders White Paper](#) based on their 2025 Survey found that “*the range of treatments people reported taking were mainly focused on reducing pain or inflammation, not treatment of the rare disorder itself*” underlining the impact that pain has on lifelong treatment costs. **Sapere Research Group** undertook the first study of the cost of chronic pain in New Zealand [The Problem of Chronic Pain and Scope for Improvements in Patient Outcomes](#) (2018) for FPM. The findings of Australia’s latest [National Pain Survey 2025](#) which the high costs of diagnosis delays and lack of access to specialist pain care are also likely to be relevant to Aotearoa.

Pain is mainly managed by GPs with 'specialist' services variously provided and staffed regionally, but, as with Starship, these are not generally SPMP-led or consistently available. (A [tertiary pain service](#) is identified on Health NZ's website, but only Bay of Plenty is listed.)

SPMP Workforce

We agreed that there was a lack of reliable information about the management of pain in Aotearoa in terms of location, staffing, leadership, and patient need and the SPMP workforce is poorly and underutilised. To that end, we are undertaking an **employment survey** of FPMFANZCAs in Aotearoa to give a snapshot of specialist pain services and workforce capacity, the results of which will be shared with you.

ACC Pain Management services

With respect to ACC's pain management services, we advised that the new tender which excluded SPMP input and leadership was predicated on transferring tertiary level clients with persistent pain to the public hospital system. The revised tender has just been released, and we are meeting with ACC to discuss this next week.

Standardised Data

Finally, in relation to the discussion on SMOMED CT, we have recently been in touch with Health NZ Standards who advised that a SNOMED for Paediatrics working group was started this year focusing on findings/disorders to enhance the New Zealand General Paediatrics and Child Developmental SNOMED CT reference sets. They suggested that it might be possible to utilise this working group to develop a new set for the FPM case, which sounds promising.

Nāku noa, nā



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