He Kaupare. He Manaaki. He Whakaora.
Prevention. Care. Recovery.

Primary Care Market Engagements – 19 February 2025

Questions and answers

These questions were asked during the online engagement events and in the event pre-registration form. If you're unable to find an answer to your question, or have further questions, please submit your question via the relevant GETS notice.

Is ACC looking to have a consistent national approach for solutions or will it vary between regions?

We'll be looking to achieve consistency in outcomes but the solutions may vary by region. We might select multiple solutions to work on, which will all aim to achieve improved rehabilitation outcomes but they could be delivered at either a national or local level.

Will you consider ideas for new primary care pathways of care? For example, management of lower back pain.

We recognise the importance of consistent clinical pathways in reducing variation in service delivery and improving recovery outcomes. We are open to considering new ideas for primary care pathways, such as the management of lower back pain. We welcome suggestions for developing new care pathways for injury types that are at high risk of delayed recovery.

Will you consider ideas that require technology change? For example, updating the ACC18 and ACC45 forms to make them easier to use.

We're aware that the ACC18 form could be improved to make it easier for you to communicate with us and employers regarding your patient's work abilities or restrictions. This is something we've heard through our previous engagements with the sector, and we are open to your ideas on what needs to be changed.

What support can ACC offer to help patients with complex historical injuries navigate through the ACC process? This type of patient can take up a lot of time and resources for both practice and ACC staff.

We understand that our policies and processes can sometimes be difficult to navigate, especially for people with complex health and psychosocial concerns or those with diverse backgrounds. This can mean they are unable to get the help and support they need for their injuries.

We have free, independent navigation services available who can offer advice and guidance about an ACC claim. Anyone needing ACC-related support can contact any of the organisations directly to ask for help. Contact details for these services can be found on our website – just type 'navigation services' into the search bar or go to https://www.acc.co.nz/im-injured/resolve-an-issue/navigation-services.

Is ACC considering allowing other health professionals to write medical certificates? For example, physiotherapists, extended care paramedics, registered nurses.

We acknowledge that medical certification contributes to the challenges we're focusing on. Solutions that require legislative change take considerable time, resource and a different approach. At this stage, we're looking to work within our current legislative boundaries to solve issues and help drive improvement in our rehabilitation rates for injured New Zealanders.

Do you have a budget for the RFI initiatives?

We will evaluate all ideas based on the potential benefits they could achieve. Funding for delivery of solutions will be considered on a case-by-case basis.

Peer mentoring should be available to those who register as practitioners.

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

Could you give us an idea of what you see as the key areas you'd like to see improvement against (e.g. earnings related compensation? or other areas of spend) AND what timelines are you working toward to have interventions in place?

We're looking for ideas that will have a positive impact on return to work after an injury. By focusing on these ideas, we should be able to reduce the spend on weekly compensation and in turn this will help make the ACC scheme more sustainable for future generations.

The closing date for submission of ideas is 16 March 2025. After this, we will evaluate all submissions and aim to come back to the sector with an update in April. We will then work with the external reference group to help us decide which ideas we should develop further.

We are hoping that there will be some ideas we can progress at pace, while others may require a longer-term approach and timeframes will be confirmed at a later date.

When we certify a patient as fit for selected work, employers often pressure GPs/patients to change the medical certificate to fully unfit for work instead. What can ACC do to change this behaviour and support GPs / Nurse Practitioners?

This is something we've often heard from GPs/NPs over the last few years. We've recently worked with a group of GPs to develop a resource that you can give to your patients - https://www.acc.co.nz/assets/provider/understanding-your-medical-certificate_FFSW.pdf.

This resource explains their Fully Fit for Selected Work (FFSW) certificate and the benefits of this type of certification.

We have a dedicated ACC team that works with employers and they are working closely with employers to educate them on the benefits of recovery at work. We also have resources available on our website to help employers support their injured employees to recover at work.

The enrolled nurse scope of practice changed this year - does ACC recognise them for claiming?

We are aware that the Nursing Council has recently introduced changes to the enrolled nurse scope of practice. Enrolled nurses are not currently recognised as treatment providers under the Accident Compensation Act regulations. This means that they are unable to lodge claims on behalf of patients or invoice under the Cost of Treatment Regulations for treatment provided to ACC clients. Changing these settings would require legislative change which is outside the scope of this work.

We used to get a report from ACC so that we could reconcile referrals against claiming, can we do that again?

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

Can we get a contact for our area in my case Northland?

You can get in touch with our provider relationship team using the contact form on our website, https://www.acc.co.nz/for-providers/provide-services/contact-our-relationship-team. They will get back to you within two working days.

We are constantly sent emails requesting clinical notes or diagnoses clarification. We recently began replying to each email asking ACC team to submit the request by KonnectNet SureMed. Can KonnectNet become the standard? Is that maybe a matter of training ACC case managers on how to request information?

Although we would ideally like to use Suremed for all requests for clinical records, currently we are unable to use this solution for some requests. In these cases, you will receive a request via email with a purchase order to cover your time spent reviewing and sending the notes to us.

Where Suremed isn't available, you can use our secure document transfer form on HealthLink to securely send patient notes to us through your practice management system (PMS). For more information, please visit this webpage https://www.acc.co.nz/for-providers/lodging-claims/sending-patient-notes.

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

Can the weekly compensation data be presented in relation to inflation and increase in population over the time to see absolute changes please?

We know that movements in macro-economic factors are key drivers of new claim volumes. There is strong correlation with four factors: population growth, gross domestic product (GDP), unemployment rate and distance driven. Despite this, the increase in new weekly compensation claims has grown at a higher rate than new claims growth over the last few years.

We spend a lot of time (up to 10-15 hours per week) on work related accidents particularly with WorkAON, WellNZ etc. Their payments for claims process is labour intensive. Are they accountable in anyway with KPI's to ACC? Who do we report issues with these organisations to?

We're making improvements to the Accredited Employers Programme (AEP), which will come into effect from 1 April 2025. Some of the changes include introducing a Performance Monitoring model to better measure the performance of Accredited Employers (AEs), and strengthening the assessment of AEs' claims and injury management processes. This includes processes for payment of provider invoices.

In terms of concussion - how much might this be influenced by an increase in lack of resilience for which PHC is powerless to address?

We acknowledge there are many factors which may influence a client's recovery from injury. However, ACC's obligation is to provide treatment and rehabilitation for injury-related needs only.

When will hospitals have access to online ACC45 forms? We have many patients that have their second ACC consult in primary care and their ACC45 has not been lodged by the hospital.

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

I've had many queries from other services like police, fire and ambulance, medical staff workers etc. Various injuries and traumas. Do we have a road show or teams in regions that can work with these groups to inform them of how to apply and what is available in terms of treatments and hours?

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

Because rehab and return to work is a team-based issue sometimes it would be easier to discuss patients as a team to ensure the patient is getting consistent messaging and plan. How can one organise this and can this be funded? It stops the patient playing one therapist against another and gives consistency.

In the future, we aim to make this process easier. Currently, there is a code available for multidisciplinary case conferences involving the patient, employer, return to work provider, and yourselves although this does require prior approval from ACC. This code can be used to pay for your time in these conferences. We welcome any ideas on how to improve this process, remember to submit your ideas via the Request for Information (RFI) process on GETS by 16 March.

Some services like Concussion Services needs ACC approval first before they will see the patients which again creates a barrier to getting care, your comments on this?

We agree that requiring ACC's prior approval for referral to some rehabilitation services creates an unnecessary administrative burden and can be a barrier to kiritaki receiving timely care for their injury. For this reason, we have removed the requirement for prior approval of Concussion Services, and primary care providers can refer directly to a Concussion Services provider. To find contact details for Concussion Services providers in your region, please visit our website: https://www.acc.co.nz/for-providers/treatment-recovery/referring-to-rehabilitation/concussion-service-providers

This session is for Primary Care but most topics discussed have been more relevant for GPs and nursing staff. Primary care also includes Physiotherapy, Podiatry and other allied health services. Will this consultation and the request for transformational ideas also include input from allied health providers?

This engagement is the first of a series of multi-disciplinary engagements we will be running in 2025. Our first engagement with the General Practice sector is looking for ways to improve the injured person's return to work outcomes, with a focus on the length of time they are spending off work. Ideas are likely to centre around medical certification best practice. We are welcoming all ideas which can help improve return to work outcomes in primary care.

Has any consideration been given to improving the efficiency of the ACC 45 form, where some degree of AI can be used to improve the quality of information & diagnosis leading to appropriate fitness for work certification? Can the Off-work reasons on ACC 45 be made flipped to state what a patient CAN do? This would enable a clinician to certify what partial duties a patient can undertake? In turn, this would clarify to employers that a blanket off work is for days gone by.

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

Early accommodation from the employer is one of the key principles of successful return to work - Stay at Work providers can produce simple and brief reports to support a patient can return to the work environment. Is there a (tech) way that reporting can be consistently sent to the GP practice straight from the provider? This will aid the GP to promote an early return to work.

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

Could this increase in number (of people on weekly compensation) be due to population increase?

We know that movements in macro-economic factors are key drivers of new claim volumes. There is strong correlation with four factors: population growth, gross domestic product (GDP), unemployment rate and distance driven. Despite this, the increase in new weekly compensation claims has grown at a higher rate than new claims growth over the last few years.

Is there a direct correlation between this weekly compensation rate and employment rates? If so, then should there not be an increase in minimum wage if the rates decrease to encourage return to work?

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compensation claims has grown at a higher rate than new claims growth over the last few years. Increasing the minimum wage is not within ACC's remit and would require legislative change which is outside the scope of this work.

Has the increasing age, weight and burden of chronic disease in the population been accounted for in the prolonged recovery data? Similarly, as people are retiring later due to cost of living pressure, does this older workforce contribute?

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Long wait times for specialist appointments for MRI and surgeries is also an issue that needs to be addressed.

We're about to engage with secondary care providers as part of our health sector engagement series. Through this engagement our goal is to work with the secondary care sector to better understand and enhance the injured person's outcomes while ensuring the sustainability of the services we provide. If you have ideas that could address the challenges you've raised, come along to this session and find out how you can submit them to us. Follow this link and select the Secondary Care event to register: https://www.acc.co.nz/for-providers/provider-news-and-events/health-sector-engagement-series.

Why are GP's expected to assess readiness to return to work when we have no occupational health expertise and have no idea what exactly our clients do at work? There should be fast track way of phoning ACC to clarify doubts.

General Practitioners (GPs) may not be specialised in occupational medicine, but they play a crucial role in their patients' recovery journey. Your knowledge of your patient's pre-injury health and other factors contributing to their overall recovery uniquely positions you to positively influence their expectations and communicate effectively with ACC and employers.

A medical certificate should outline what a patient can and cannot do while recovering. It is not the certifying provider's responsibility to understand the specifics of the patient's job. Instead,

they need to indicate the activities and job tasks the patient can safely engage in and any restrictions. ACC staff will then collaborate with the patient and their employer to develop a recovery plan and determine any additional support needed.

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

Can't we review ACC cover for ALL tourists who have insurance cover anyway?

The cost to ACC for covering injuries to overseas visitors is minimal. For example, in the three years from 2021 to 2023, there were 1,084 new claims covered for overseas visitors at a total cost of $1.5M. Changing these settings would require legislative change which is outside the scope of this work.

In the current climate, with increasing job losses and funding cuts, as a GP I feel I have limited opportunities in generating hope for a good RTW outcome. I feel GP ability to work with local branch has changed. For eg: change in case management pathways. I am keen to know ideas where there are more local engagement events between ACC & GPs. I am also on local committee of Manawatu GPs and keen to take back these ideas for partnering.

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

What will be the arrangements i.e. payment for being on the reference group?

We will be offering four hours of paid time for each of the PCAG meetings - two hours of meeting time and administrative time. Details of payment will be available to successful nominees in the Terms of Reference.

What is the realistic investment into primary care ACC is proposing?

We will evaluate all ideas based on the potential benefits they could achieve. Funding for delivery of solutions will be considered on a case-by-case basis.

Will this presentation be shared more widely?

The presentation and recording will be posted to our website - acc.co.nz. In the Provider news and Events section, you can find it under "Working together to improve outcomes - General Practice". A link will be made available through our April Provider Update.

The new ACC claiming codes for interactions with paramedics are great. However, there are no codes for combination consultations with other health professionals (e.g. paramedic + GP or + NP), these exist for NPs, nurses and GPs. Is there a plan to expand these paramedic claiming codes to include combination consultations with multiple clinicians?

Introducing a new code for combined consultations with paramedics would require legislative change to the regulations made under the Accident Compensation Act. Any legislative change is outside the scope of this work.

Common theme shared by complex patients saying hard to connect/exchanging info with ACC due to long wait times on ACC phone system. There are patients with poor education/IT skills/no computer device/financially poor. Unable to connect other than relying on ACC phone system due to very long wait times, which creates huge frustration for these types of patients, they feel lost in the ACC communication process. How does ACC provide solutions to help teach/guide/direct patients? Does each ACC office provide a dedicated service for these type of patients to pass/share relevant health info with ACC?"

We understand that our policies and processes can sometimes be difficult to navigate, especially for people with complex health and psychosocial concerns or those with diverse backgrounds. This can mean they are unable to get the help and support they need for their injuries.

We have free, independent navigation services available who can offer advice and guidance about an ACC claim. Anyone needing ACC-related support can contact any of the organisations directly to ask for help. Contact details for these services can be found on our website – just type ‘navigation services’ into the search bar.

Is there a timeframe for when the tender for Urgent Care will be opened? I thought this was due in June 2024 however there has been no sign for any opportunities for additional partners to provide urgent ACC care.

While we appreciate that some providers are evolving the services they can offer to their communities, our Urgent Care Clinics (UCC) contract is currently closed. This means that we are not accepting any new applications from other suppliers to hold this contract at this time.

We do understand the current pressures within the primary acute care sector around workforce, sustainability and access and the importance for ACC to work much closer with Health New Zealand on how these could be best addressed into the future. For these reasons our current focus is working alongside Health New Zealand as they complete their review on Unscheduled/Urgent Care.

Based on the above, we are unable to provide specific timeframes of when there might be changes to our current UCC contract, but we will update the sector as soon as we are in a position to do so.

Can you please specifically address how ACC will support providers who are subject to vexatious complaints taking years to resolve through HDC should the patient not get the expected med cert outcome?

As we developed our new medical certification definitions and criteria, we consulted with the Medical Council of New Zealand. They were supportive of these new definitions and were happy to reflect similar messaging in their updated official position statement on medical certification. https://www.mcnz.org.nz/assets/standards/Statement-on-medical-certification.pdf

We encourage you to review this position statement, as the guidance and expectations from the MCNZ are very clear and should support you if you are ever challenged by your patients regarding the certification you have provided.

Just an FYI the ACC45 form only allows a medical certificate for no more than 14 days but actually it is rejected when you submit it for 14 days and instead have to limit it to 13 days. I'm not sure if this intentional or a technical fault in the system.

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

The occupational health nurses are a group who are in workplaces providing direct rehabilitation services, both in house and as consultants. It would be great to have more visibility and use of this service directly by ACC as the 'activators' of return to work services and enablers of successful outcomes.

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

Would you consider challenging those providers who don't substantiate their decisions by asking them for further information? Many providers don't substantiate or evidence why they sign patients the way they do. Surely you need to evidence any decision? "

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

I think there has to be a direct connector to the employee in the workplace and ACC - someone who understands the work, and is able to guide in return to successful work.

When assistance is needed to navigate the recovery at work process, ACC can fund Vocational Rehabilitation providers. These providers can visit the patient's workplace and develop a return-to-work plan based on the activities indicated on the medical certificate as safe to perform, as well as those that should be avoided. They will coordinate with the employer, the patient, and ACC to ensure the plan is both safe and effective and should be connecting with all parties throughout the entire recovery at work journey.

If you have ideas of how we can improve the recovery at work process that could lead to improved client outcomes we encourage you to submit these via the Request for Information (RFI) process on GETS.

The GETS procedure is arduous and many pages long. Is it succinct in this case? Are we expected to tender costs etc and fees?

We have tried to make the submission process as simple as possible to ensure the sector has the opportunity to submit their ideas. We are not looking for cost proposals as this is not a tender process at this stage.

Have you thought about the contribution of the claims management system in contributing to the problems ACC is currently facing? How is the case management system being structured for the future to ensure optimal rehabilitation outcomes?

We acknowledge contacting us can be difficult at times, as you may experience long wait times and being transferred between representatives. To address this, we've recently changed our case management model. Now, clients with work-impairing injuries will have a dedicated one-to-one case manager to build trust and consistency.

Our case managers receive additional training to ensure cohesive messaging and expectations across all parties involved in recovery efforts. Collaboration among providers, clients, staff, and employers is essential for success, especially in complex cases.

We also offer a free independent navigation service providing advice and guidance on ACC claims. We're happy to share the link for those needing support.

Not all GPs are coming from a place of knowing their patients or have that trust!! Lots are locums and seeing strangers with the shortage of doctors. Also their regular GP doesn't want to see them!!!

Although we acknowledge it can be challenging to fully understand a patient's situation if they are unfamiliar to you, we encourage you to certify what they can do and what should be avoided based on your assessment of the injury they present with during the consultation.

Is there much difference in time signed off between different healthcare providers (GPs, NPs, specialists...)

Yes, we're seeing a significant variation in medical certification practices, both between different provider types and within the same groups of providers.

Get Occupational Therapists to go to their workplace and then advise GP what the patient can do or can't do.

We offer workplace assessments through our contracted Vocational Rehabilitation Service providers. A workplace assessor from one of these providers can visit the patient's workplace and look at what they need to do their job safely.

If your patient needs this help, you can let us know when you complete an ACC18 medical certificate, or you can also get in touch with a Vocational Rehabilitation Service provider in your region who can organise the referral on your behalf.

To find contact details for Vocational Rehabilitation Service providers in your region, please visit our website: https://www.acc.co.nz/for-providers/treatment-recovery/referring-to-rehabilitation/vocational-rehabilitation-service-provider.

Are you considering how can GPs better work with other rehabilitation providers (for example vocational rehab) supporting our patients?

We're aware that communication across the health system is fragmented, and this isn't ideal for supporting patients' recovery. Although this is not solely ACC's problem to solve, we do have a role to play. We are open to your ideas on how we can support improvement across the system. In the future, we'd like to see the primary care sector working in a more integrated way that will support consistency in treatment, and improved outcomes for our clients. We'd also like to be part of a sector wide approach where there is access to shared patient records.

If we are working on a research and dev phase of a tool that could affect significant change to the compensation outcomes are you able to provide a list (today or later date) of the metrics ACC would like to see as we are trialling the tool (ie compensation average days per claim)

We will be looking to develop a set of outcome measures based on the proposed solutions. However, we are interested in measures such as the ratio of Fit For Selected Work versus Fully Unfit medical certification, number of days a worker receives weekly compensation, and percentage of workers who sustained a full return to work.

Most rejection reason for injury is "sprain after 6 weeks should heal" despite patients are still in significant pain and function impairment. Why isn't a clinician deciding if the injury is resolved, rather than ACC to use the 6 weeks to dump patients off?

Cover and entitlement decisions comprise of many factors including clinical evidence, legislative boundaries, as well as client history, mechanism of injury and diagnosis. Claim decisions are all made on a case-by-case basis, based on the range of factors above.

There is difficulty loading the old ACC codes from prior sensitive claims to allow claiming for an appointment which is covering this topic for the patient. Can this be improved please?

We welcome any ideas that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.