

Improving Lung Health for the People of QLD

Lung Foundation Australia's submission to the
QLD budget 2025-2026

Our recommendations to improve lung health for the people of Queensland

1. \$2.5 million per year over 4 years to expand investment in Specialist Lung Cancer Nurses (SLCNs) in QLD



Lung cancer is a leading cause of the burden of disease in QLD



Specialist Lung Cancer Nurses enable timely and coordinated care, contributing to improved health outcomes

2. \$500,000 to address gaps in e-cigarette resources and information for First Nations and CALD young people in QLD



E-cigarette use by young people has increased significantly over the last few years



Resources are needed to fill existing gaps that exist for priority populations

3. \$450,000 per year over 2 years to support Queenslanders experiencing long COVID



Long COVID remains an ongoing risk for Queensland residents of all ages and backgrounds



Keeping people well informed about COVID and long COVID will lead to better health outcomes

4. Improve access to pneumococcal vaccination for Queenslanders living with chronic lung diseases



Pneumococcal vaccination is clinically recommended for certain lung conditions, but not funded.



Free pneumococcal vaccination will allow people to protect their health without added cost-of-living pressure.

5. National Lung Cancer Screening Program implementation



Lung cancer is the #1 cause of cancer death in QLD and Australia



Early detection is vital, and the new program will save lives

About Lung Foundation Australia

Lung Foundation Australia is the only charity and leading peak body of its kind in Australia that funds life-changing research and delivers support services that give hope to people living with lung disease or lung cancer. Since 1990, we have been working to ensure lung health is a priority for all, from promoting lung health and early diagnosis, advocating for policy change and research investment, raising awareness about the symptoms and prevalence of lung disease, and championing equitable access to treatment and care.

There are over 30 different types of lung disease currently impacting **1 in 3 Australians**. Lung disease and lung cancer are leading causes of death in Queensland, but they have consistently been underfunded compared to other prominent diseases. The burden and inequity of lung disease and lung cancer in Queensland highlights the need for the government to **fund prevention efforts as well as improved services for those already living with a respiratory disease**.

We work to reduce the impact of lung disease and lung cancer and protect the lung health of the community more broadly.

Lung Foundation Australia have identified **five priorities requiring government action to improve the lung health of Queensland residents**.

We welcome the opportunity to discuss this budget proposal with you further.

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Attendees at the Brisbane Shine a Light fundraiser walk 2023

1. \$2.5 million per year over 4 years to expand investment in Specialist Lung Cancer Nurses (SLCNs) in QLD

Lung cancer is a leading cause of disease burden in Australia. It is the most common cause of cancer-related death¹ and the third leading cause of premature mortality across all diseases.² Of the 5 most common cancers, lung cancer has the lowest 5-year survival rate of just 25% in QLD.³

Lived experience research commissioned by Lung Foundation Australia in 2024 found that people with lung cancer face several barriers to effectively managing their condition, including stigma, lack of information and understanding about their condition, and complexity of the health care system.

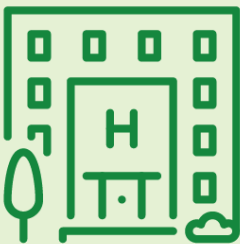
There is a significant gap in care and a shortage of specialist nurses for people living with lung cancer compared to other leading cancers. Specialist lung cancer nurses are needed to address inequities in access. Best practice care is one nurse per 100 cancer patients. However, in QLD, there are currently **only 6 lung cancer nurses to meet the need of the more than 3,200 QLD residents** who are diagnosed with lung cancer every year, and thousands more already living with lung cancer. That is around 1 nurse for every 400 patients newly diagnosed. With the National Lung Cancer Screening Program (NLCSP) rolling out in July 2025, this number will rise even further.

The Optimal Care Pathway for lung cancer states that SLCNs should be core members of multidisciplinary teams (MDT) caring for people with lung cancer.⁴ SLCNs are often the only person to have met the patient and performed a comprehensive supportive care assessment prior to the MDT meetings.

Findings from a recent landscape survey in Australia show **only 40% of MDTs treating people with lung cancer in QLD have a SLCN as part of this team care.**⁵ Addressing these workforce shortfalls is now more important than ever given the upcoming launch of the NLCSP.

Lung cancer is the #1 cause of cancer death in QLD

- More than 3,200 Queenslanders were diagnosed with lung cancer in 2022
- More than 2,240 Queenslanders died from lung cancer in 2022
- Lung cancer costs the QLD health system over \$174 million per year



LFA have identified QLD hospitals with MDT's that have the of greatest need for SLCNs:

- Royal Brisbane and Women's Hospital
- Townsville University Hospital
- Gold Coast University Hospital

Lung Foundation Australia's Specialist Lung Cancer Nurses (SLCNs)

Specialist lung cancer nurses are highly skilled, advanced practice registered nurses with lung-cancer specific knowledge and skills. They provide consistent coordination of care, support, guidance, and advice to patients experiencing lung cancer. They play a more direct and active role across all stages of the lung cancer pathway including:

- Prevention and early detection
- Presentation, initial diagnostic investigations and referral
- Diagnosis, staging and pre-treatment planning
- Treatment
- Survivorship and living well with cancer
- End-of-life care

SLCNs support patients by directing care and providing information and education throughout the course of treatment. They provide patients with clinical, social and emotional support. They also take a role in health system and quality improvement, education, research and professional leadership.

Lung Foundation Australia's model of care for the specialist lung cancer nurse is evidence-based and draws on international and national research programs and includes an evaluation framework.

Evidence demonstrates a wide range of benefits for people living with lung cancer and the health system supporting them, including:⁶

- increased survival
- improved quality of life
- 75% fewer avoidable emergency department presentations
- 44% more likely to have access to needed treatment
- experience significantly shorter wait times

Management of the complex physical and psychosocial demands associated with lung cancer and its diagnosis requires specialist clinical care, information and support. SLCNs are equipped to navigate the many barriers that lung cancer patients face including stigma, and they are instrumental in helping to reducing inequities.

Evidence shows the specialist skills and senior expertise of SLCNs are critical to optimal care and addressing the unmet and complex needs of lung cancer patients. LFAs SLCN role is distinct from that of an oncology nurse, all-cancer nurse or respiratory nurse, given their advanced levels of practice and demonstrated in-depth knowledge, skills and expertise in lung cancer, its treatment and patient needs.

Despite the associated benefits of these roles, there is a significant shortage of SLCNs across

Australia. Queensland currently has 4 Specialist Lung Cancer Nurses based in Toowoomba, Cairns, Ipswich and Hervey Bay/Bundaberg but more are needed to support the thousands of Queenslanders diagnosed and living with lung cancer in Queensland every year.

By expanding SLCNs across more Hospital and Health Services, it will contribute to better health outcomes and quality of life for more Queenslanders affected by lung cancer and ensure equitable health access in regional and remote areas.

* Full budget available on request.

2. \$500,000 to co-design e-cigarette resources and information for First Nations, and culturally and linguistically diverse (CALD) young people aged 18-30 in QLD

Recognizing the gap that exists in current information and resources, we hope to use our knowledge and experience to collaborate with communities in QLD to co-design culturally appropriate e-cigarette resources for First Nations and CALD young people. This one-off funding will enable these priority young people to feel empowered to make healthy decisions informed by the latest evidence and research.

Vaping rates have increased significantly over the last few years, creating a public health crisis, particularly among young people. First Nations and CALD populations are disproportionately affected with higher rates of vaping and smoking.⁷



People who mainly spoke a language other than English at home were 3.9 times as likely to currently use e-cigarettes in 2022–2023.

First Nations people were 1.5 times as likely to currently use e-cigarettes compared to non-Indigenous people.

Evidence continues to emerge on the physical and mental health harms from vaping including lung injury, mouth and airway irritation, persistent cough, burns, nicotine addiction, increased anxiety, and more. In addition, young people who vape are **5x times more likely to take up cigarette smoking** than those who do not.⁸ We are witnessing a new generation of young people inhaling harmful chemicals, addicted to nicotine, and needing support.

LFA has recognised a need for e-cigarette information and resources that are culturally sensitive and designed specifically for Culturally and Linguistically Diverse, and First Nations young people.

Our experience in delivering high quality and culturally appropriate resources

Lung Foundation Australia are well placed to deliver this work as we have a strong track-record of rapidly developing accurate, quality, and co-designed resources on e-cigarettes, and have extensive experience in co-designing culturally and linguistically diverse resources. We have also co-designed [animated short videos, and factsheets](#) for First Nations young people in collaboration with Na Joomelah and the Tackling Indigenous Smoking (TIS) team in NSW. Further, the evaluation of this project has shown incredibly positive outcomes.

In addition, LFAs e-cigarette factsheets are some of our most in demand and viewed resources and our free [vaping e-learning module](#) has had over 5,300 people register. LFAs e-cigarette resources have been very well received and are promoted and used by Federal and State Health and Education departments, schools across the country, state health promotion units, Tackling Indigenous Smoking units, and public health NGO's. In addition to our [Unveil What You Inhale](#) suite of resources, our more recent resources include factsheets on the [environmental impacts of e-cigarettes](#), and [vaping and mental health](#).

* Full budget available on request, with scalable options available.

3. \$450,000 per year over 2 years to support Queenslanders experiencing long COVID

- In QLD there have been over **62,000** notified cases of COVID to November 10 2024⁹
- 772 Queenslanders died from the virus in 2023¹⁰
- It is estimated that five to 10 percent of people with a COVID-19 infection may develop long COVID¹¹
- In 2024 there have been more than 12,000 hospitalisations for COVID-19 in Queensland¹²

Long COVID remains an ongoing risk for Queensland residents of all ages and backgrounds. Lung Foundation Australia are well-placed to address current and emerging gaps in long COVID information as, in partnership with consumers and key opinion leaders, we developed the **Understanding long COVID booklet**.¹³

The resource was developed with the input of 20 healthcare professionals and consumers. The healthcare professionals included respiratory specialists, psychologists, physiotherapists, nurses, a speech pathologist and a GP. It contains information on symptoms, management tips, and tips for making the most of healthcare appointments. The booklet has been widely disseminated and has received strong support from consumers, health professionals, as well as positive feedback from key bodies.



Lung Foundation Australia are requesting funding to deliver the following:

- Providing consumers and health professionals with regular updates on the latest evidence and resources.
- Development and targeted dissemination of long COVID resources for culturally and linguistically diverse communities and First Nations communities.
- Development and delivery of webinars dedicated to keeping consumers and health professionals informed of latest evidence in the evolving long COVID landscape.

*Full budget available on request

4. Improve access to pneumococcal vaccination for Queenslanders living with chronic lung diseases

Pneumococcal vaccination reduces the likelihood of developing pneumonia and worsening COPD symptoms.¹⁴ The Australian Technical Advisory Group on Immunisation clinically recommend pneumococcal vaccination for people of all ages living with COPD, severe asthma, or interstitial and fibrotic lung disease.¹⁵ However, it is not free for adults on the National Immunisation Program until age 70 (50 for First Nations people).

Over 163,000 Queenslanders live with COPD, and over 50% are aged under 65 years – this means that they are ineligible for free vaccination¹⁶

Pneumococcal vaccination for people living with chronic conditions requires three vaccines over five years with the vaccines **costing around \$250 on private script**. People with a lung condition face higher out-of-pocket costs compared to many other chronic conditions and are more likely to skip health care as a result.¹⁷ In the context of current cost-of-living pressures, pneumococcal vaccination is likely to be prohibitive to many. Lung Foundation Australia applauds the Queensland Government's funding of free influenza vaccination the past three influenza seasons. This program protects the lung health of Queenslanders, particularly those living with a lung disease – equitable access to pneumococcal vaccination will bolster this protection



We recommend the Queensland Government commit to making pneumococcal vaccination free where it is clinically recommended, including for people living with COPD, severe asthma, or interstitial and fibrotic lung disease.

5. Appropriate resourcing and investment to support implementation of the National Lung Cancer Screening Program in QLD

Lung cancer remains the leading cause of cancer death in QLD. It is responsible for 18% of total cancer related deaths and claims 4,309 lives each year.



Many lung cancer patients experience critical delays in diagnosis and commencement of treatment which can reduce their survival rate.¹⁸

When lung cancer is detected early, survival rate and quality of life are dramatically improved. The National Lung Cancer Screening Program is the first new national cancer screening program in nearly 20 years and will commence screening by July 2025. The program provides an opportunity for early detection and early intervention for people with lung cancer. This program is predicted to save more than 500 Australian lives each year by diagnosing cancers at an earlier stage.¹⁹

With a lung cancer screening program it is estimated that:

- The proportion of cases identified at an **early-stage** will **increase from 16-60%**¹⁹
- **Late-stage** diagnoses will **decrease from 53% to 11%**¹⁹
- 12,000 deaths will be prevented in the first 10 years of the screening program²⁰
- Dramatically improved outcomes for people diagnosed with lung cancer

Comprehensive and timely implementation of the National Lung Cancer Screening Program means that people at high risk of lung cancer will have the prospect of earlier diagnosis and treatment, therefore reducing the burden of lung cancer on patients, their families, the health system, and the community. We urge the QLD Government to commit to increasing support and investment towards the implementation of the national Lung Cancer Screening Program in QLD. Investment will ensure that the workforce and system are upskilled and appropriately equipped to support the people of QLD who have their lung cancer diagnosed earlier as a result of this life-saving program.



“I would tell [the person responsible for funding our healthcare system] about the importance of early detection and how an early diagnosis could mean a better prognosis which would mean less strain on an already overwhelmed healthcare system.”

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