



Improving Lung Health for the People of NSW

Lung Foundation Australia's submission to the
NSW Budget 2025-2026

Our recommendations to improve lung health for the people of NSW

1. \$2.4 million per year for 4 years to invest in Specialist Lung Cancer Nurses in NSW



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



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

2. \$880,000 to co-design e-cigarette resources and information for First Nations and CALD young people.



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. \$850,000 per year to help fund our Respiratory Care Program in NSW



COPD is a leading cause of preventable hospitalisations in NSW



LFAs Respiratory Care Program reduces hospitalisations and improves patient outcomes

4. \$1 million per year for 4 years to increase access to Lungs in Action classes for people with chronic lung conditions



Poor management of chronic conditions like COPD increases health expenditure through more frequent hospitalisations and poorer health outcomes



The Lungs in Action Program helps maintain and improve physical functioning and mental wellbeing, reducing the need for hospital-based care

5. National Lung Cancer Screening Program implementation



Lung cancer is the #1 cause of cancer death in NSW 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 NSW, but they have consistently been underfunded compared to other prominent diseases. The burden and inequity of lung disease and lung cancer in NSW highlights the need for the government to **invest in prevention efforts as well as improved services for those already living with a lung condition**.

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

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

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Attendees at the La Perouse, NSW Shine a Light fundraising walk - November 2024

1. \$2.4 million per year for four years to invest in Specialist Lung Cancer Nurses (SLCNs) in NSW

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 22% in NSW.³

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

- More than 4,300 people diagnosed per year
- More than 2,750 deaths per year
- Over \$236 million in health system costs

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 NSW, there are currently **only 12 lung cancer nurses to meet the need of the more than 4,300 NSW residents** who are diagnosed with lung cancer every year, and thousands more already living with lung cancer. With the National Lung Cancer Screening Program (NLCSP) rolling out in June 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.

NSW has a poor nurse to patient ratio with 1 nurse for every 358 newly diagnosed people every year. In addition less than 50% of MDTs treating people with lung cancer in NSW have a SLCN as part of their team care.⁵ Addressing these workforce shortfalls is now more important than ever given the upcoming launch of the NLCSP.

LFA have identified a large number of NSW hospitals with lung cancer MDT's that do not include a SLCN. This means that patients are not being provided optimal care.

These hospitals are therefore of the of greatest need for place-based and highly skilled SLCNs:

- Bankstown Lidcombe Hospital
- Blacktown Hospital
- Concord Repatriation General Hospital
- Lismore Base Hospital
- Northern Beaches Hospital
- Port Macquarie Bast Hospital
- Calvery Riverina Hospital
- St George Hospital
- Sydney Adventist Hospital
- The Tweed 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, including⁶:

- 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
- If 100 of these nurses were funded in Australia, this would deliver \$18 million in health savings

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 NSW. Investing in SLCNs to support NSW residents diagnosed and living with lung cancer will reduce inequities across regions and increase quality of life and life expectancy.

*Full budget available on request

2. \$880,000 to co-design e-cigarette resources and information for First Nations and culturally and linguistically diverse (CALD) young people aged 18-30 years in NSW

Recognizing the gap that exists in current information and resources, we hope to use our knowledge and experience to collaborate with communities in NSW 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 as 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 **additional information and resources for First Nations and CALD young people**, as recommended in the [E-cigarette regulation and compliance in New South Wales report](#) August 2024:

Recommendation 12: That NSW Health work closely with the community services sector to identify the information needs of vulnerable communities and co-design public health campaigns around smoking and vaping with target audiences.

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 school based [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. \$850,000 per year, for four years, to help fund LFA's telephone-delivered Respiratory Care Program to support New South Wales residents living with COPD

COPD (chronic obstructive pulmonary disease) is a term that describes chronic lung diseases characterised by obstructed airflow. Breathlessness is the key symptom. COPD results from long-term exposure to irritants, most often cigarette smoke, but also occupational hazards and air pollution. Other risk factors are genetics, prenatal events, low birth weight, and frequent respiratory infections. There is no cure, but early diagnosis and good management slow progression.

Lung Foundation Australia have supported Australians living with COPD for over 30 years through the provision of information and support services, advocacy for increased health and community care investment, and championing innovation in treatment.

The impact of COPD in New South Wales

Deaths: 2,454 in 2023 (fourth leading disease-specific cause)

Prevalence: 176,900 diagnosed cases in 2022 (more than cancer)

Health system expenditure: \$251 million in 2020-21 (49% public hospitals)

Potentially preventable hospitalisations: third leading cause in 2022-23



LFA's Respiratory Care Program aims to improve patient engagement with their healthcare teams, and uptake of self-management strategies. It comprises three clinician-led telephone appointments over four to six months, with a follow-up call 12 months after the final session. A key focus is identifying gaps in evidence-based care as provided in the Australian and New Zealand Guidelines for the Management of COPD. **Program completion was associated with a statistically significant 32% decrease in emergency department presentations** among clients who completed the program by September 2024.

Benefits of Lung Foundation Australia's Respiratory Care Program

- Free to consumers
- Evidence-based and cost-effective
- Reduces hospitalisations and emergency department presentations
- Provides equitable access via a telehealth model
- Since 2019, 285 NSW residents living with COPD, and 139 with bronchiectasis have been clients of our program
- 99% of participants were satisfied with the program

NSW has the highest number of residents using our services compared to all other states and territories, but does not currently invest in this vital program, which is especially needed when so many are struggling with cost-of-living pressures.

*Full budget available on request

"The knowledge and targeted advice from the consultant helped me understand my condition and provide strategies to move forward and lead a fulfilling life."

- Owen living with COPD

4. \$1 million per year over 4 years to increase access to the Lungs in Action program for people with chronic lung conditions

Respiratory diseases, such as **Chronic Obstructive Pulmonary Disease (COPD)**, place a huge strain on the NSW health system.

In NSW COPD caused:

- 2,454 deaths in 2023⁹
- Prevalence: estimated 176,900 diagnosed case in 2022 (more common than cancer)¹⁰
- 158,000 potentially preventable hospitalisations among NSW residents 2021/22¹¹
- The average cost for a hospital admission due to COPD exacerbation is \$9,700 in metro areas and \$12,000 in regional hospitals¹²

COPD Management

While COPD is not fully reversible, it is manageable with evidence-based community exercise maintenance programs, which are crucial for long-term management of disease and reducing hospital admissions. **The COPD Clinical Care Standard recommends** referring all COPD patients to maintenance exercise programs like **Lungs in Action** after pulmonary rehabilitation.¹³ This helps sustain improvements, reduce exacerbations, and lower preventable hospitalisations.

Lungs in Action Program (LIA)

Lungs in Action is a community-based exercise program for people with chronic lung and cardiac conditions. It includes exercises like walking, strength training, balance, and stretching, with seated options for those needing extra support. The program helps maintain health benefits from pulmonary rehabilitation, keeping patients well and out of hospital.

LIA also reduces social isolation and fosters community among participants. Classes are run by trained professionals and tailored to individual needs, with tele-health options for greater accessibility. Research shows LIA improves exercise capacity, overall health, and reduces anxiety.

Lungs in Action is an essential component of the rehabilitation continuum, helping individuals maintain and even improve their physical and mental health and independence over time.

- Over a **three-month research** period, participation in the Lungs in Action Program led to significant **improvements in functional exercise capacity, overall health** and a **decrease in anxiety**
- Participants were better able to **manage their condition, feel more confident to undertake activities of daily living independently** and **feel less socially isolated** with **49% reporting they have made new friends**

However, many people in NSW lack access to LiA classes due to limited local programs. **There are currently only 17 LiA classes available to support the 170,000 residents diagnosed annually.**

Funding is urgently needed to add an additional 30 LiA classes across NSW, leading to more equitable access, improved quality of life, and a reduction in the healthcare burden.



“I am enjoying the exercise and friendship. It is good for my health and well-being”

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

Lung cancer remains the **leading cause of cancer death in NSW** and claims **4,309 lives each year**.

NSW has committed to collaborating to ensure NSW preparedness for the NLCSP: **2.3c of the NSW Cancer Plan Implementation Plan 2024–2025**



Many lung cancer patients experience critical delays in diagnosis and commencement of treatment which can reduce survival rates.¹⁴

When lung cancer is detected early, survival rates 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.¹⁵

With a lung cancer screening program it is estimated that:

- The proportion of cases identified at an **early-stage** will **increase from 16-60%**¹⁵
- **Late-stage** diagnoses will **decrease from 53% to 11%**¹⁵
- 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 NSW Government to commit to increasing support and investment towards the implementation of the national Lung Cancer Screening Program in NSW. Investment will ensure that the workforce and system are upskilled and appropriately equipped to support the people of NSW 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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