



Improving lung health for the people of Tasmania

Lung Foundation Australia's submission for the
Tasmanian Budget 2026-27

Executive summary

Lung Foundation Australia (LFA) 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. We are a trusted point-of-call for the **1 in 3 Australians living with a lung disease**.

There are more than 30 different types of lung conditions, which are a cause of significant health and economic burden in Tasmania. Lung cancer is the fourth most diagnosed cancer in Australia.¹ Lung conditions collectively **cost the Tasmanian healthcare system approximately \$359 million** in 2022-23, that is 9% of total health related spending on disease.²

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

Lung Foundation Australia's priorities for the 2026-27 Tasmanian Budget

- 1 Address lung cancer inequities by funding Lung Foundation Australia Specialist Lung Cancer Nurses in public hospitals.**
- 2 Reduce pressure on the Tasmanian healthcare system by investing in our telephone-based Respiratory Care Program.**
- 3 Target lower vaccination rates in remote areas through funding co-designed activities with community groups.**
- 4 Ensure priority population participation in the National Lung Cancer Screening Program through the creation of a specified Engagement Officer.**

LFA's priorities align with several policy documents, such as *Healthy Tasmania five-year Strategic Plan 2022-2026*, the *Long-Term Plan for Healthcare in Tasmania 2040* and the upcoming *20-year Preventive Health Strategy*. We seek your action and investment to address these priorities and promote lung health in Tasmania.

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

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¹ AIHW 2025 Cancer data in Australia

² AIHW 2024 Health system spending on disease and injury in Australia, 2022-23

LFA's priorities that will improve lung health for Tasmanians

1. \$215,000*/year, for a Specialist Lung Cancer Nurse (SLCN) for Launceston Hospital and additional positions to provide best practice support to Tasmanians



Tasmania's specialist lung cancer nurses don't work to a coordinated national model



LFA's SLCN programs funded by NSW, Qld, and SA governments have improved care coordination

2. \$175,000*/year to co-fund our telephone-delivered Respiratory Care Program to support Tasmanians living with chronic obstructive pulmonary disease (COPD)



COPD is Tasmania's #3 leading cause of potentially preventable hospitalisations



Our Respiratory Care Program results in reduced emergency and general hospitalisations

3. \$250,000* for 18 months to support development of co-designed activities to improve vaccination rates for Tasmanians living in remote areas



Sub-optimal rates of respiratory vaccination strain the health system



Vaccination messaging created by community, for community is vital to restore trust

4. \$150,000*/year, for two years, to fund a Lung Cancer Screening Engagement Officer to help implement the National Lung Cancer Screening Program (NLCSP)



~6,800 people in Tasmania eligible for lung cancer screening in 2025



The officer will increase awareness and support participation in the NLCSP

* Full budget available on request

\$215,000/year for a Specialist Lung Cancer Nurse (SLCN) for Launceston Hospital to provide best practice support to Tasmanians with lung cancer

Tasmania currently has a small number of stand-alone dedicated specialist lung cancer nurse positions, operating independently within health services. While these roles provide valuable support to patients, the absence of coordinated infrastructure and a consistent national model limits their reach, sustainability, and visibility.

Lung Foundation Australia propose a partnership with Tasmania Health to:

- Fund and embed LFA SLCN positions within Tasmanian health services, aligned to LFA's nationally recognised SLCN Model of Care – positioning nurses in respiratory medicine wherever possible, enabling engagements from pre-diagnosis through to survivorship (stages where patient needs are often unmet)
- Provide training, mentoring and program oversight through LFA's national SLCN Program Team, ensuring continuous quality improvement and data-driven evaluation
- Collect and report program outcomes through LFA's national nurse activity database to demonstrate the impact of lung cancer nursing on patient outcomes, experience and system efficiency.

Lung cancer is the #1 cause of cancer death in Tasmania³



- 384 Tasmanians were diagnosed with lung cancer in 2021
- More than 230 Tasmanians died from lung cancer in 2023
- Lung cancer cost the Tasmanian health system \$33.5m in 2022-23

Lung Foundation Australia has established leadership in strengthening the lung cancer nursing workforce through the Australian and New Zealand Lung Cancer Nurses Forum – a community of practice of more than 400 lung cancer nurses. LFA provides professional development, education, mentoring and national coordination through:

- Monthly Lung Learning webinars and newsletters
- An annual national lung cancer nursing workshop
- A dedicated online Lung Cancer Nurse Hub (portal) for education and training, clinical resources, and evaluation tools.
- Facilitation of national and state-based Communities of Practice.

This infrastructure offers an immediately scalable platform to support and grow the lung cancer nursing workforce across Tasmania. **We recommend that the Tasmanian Government, as a first step, invest in a SLCN for Launceston Hospital.** This site is recommended based on:

- High incidence and prevalence of lung cancer
- Service demand signals – an established lung cancer multidisciplinary team (MDT) with no dedicated SLCN involved, which indicates a caseload needing SLCN coordination and survivorship support.

³ AIHW 2025 Cancer data in Australia; ABS 2025 Causes of Death, Australia 2023; AIHW 2024 Health system spending on disease and injury in Australia, 2022-23

1 SLCN is > \$1 million in net benefit savings to the health system per year
(including cost & quality of life benefits as per independent LFA analysis)

Lung Foundation Australia's Specialist Lung Cancer Nurse Model of Care

The lung cancer diagnostic pathway is particularly long, fragmented, and difficult to navigate. Patients often undergo multiple, complex investigations, many outside of formal cancer services, before a diagnosis is reached. In many cases, this process can take three months or more, delaying access to treatment and reducing the chances of better outcomes.

Existing funding models, including the McGrath Foundation model of care, are typically limited to patients with a confirmed cancer diagnosis, and do not provide support during the critical diagnostic work-up phase. This leaves a significant gap in care for people with suspected lung cancer, who face high levels of clinical complexity, uncertainty, and emotional distress.

LFA's specialist lung cancer nurses are highly skilled, advanced practice registered nurses with lung cancer specific knowledge and skills. LFA's evidence-informed model uniquely positions nurses within Respiratory Medicine, with a core focus on supporting individuals through the pre-diagnostic phase of the lung cancer care pathway. By embedding SLCNs within Respiratory Medicine where people with suspected lung cancer first present, these nurses play a pivotal role in:

- Triaging and expediting referrals
- Coordinating timely diagnostic investigations and appointments
- Advocating for patients within the Multidisciplinary Team
- Supporting patients through uncertainty and complex decision-making
- Reducing delays in diagnosis and treatment commencement
- Maximising the benefits of early detection through screening.

Investment in the Lung Foundation Australia SLCN program strengthens Australia's lung cancer nursing workforce, improves patient outcomes and experience, and address critical gaps in pre-diagnosis and survivorship care – areas where unmet need remains significant.

This approach ensures nurses are not standalone positions, but part of a coordinated and specialised national program with shared standards, evaluation tools, and ongoing professional support.

Since establishing LFA SLCNs in three Australian states, the program has:

- Improved care coordination for patients navigating complex diagnostic and treatment pathways.
- Enhanced communication between multidisciplinary teams and across services.
- Supported early intervention, pre-diagnosis support and post-treatment survivorship care.
- Demonstrated positive feedback from patients and clinicians regarding access, continuity, and excellence in care.

\$175,000/year to support Tasmanians living with chronic obstructive pulmonary disease through our telephone-based Respiratory Care Program

COPD (chronic obstructive pulmonary disease) describes chronic lung diseases characterised by obstructed airflow. Breathlessness is the key symptom. There is no cure, but good management slows 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 Tasmania⁴

Health system expenditure: \$46.7 million in 2022-23

Deaths: 268 in 2023 (third leading disease-specific cause)

Prevalence: 17,900 Tasmanians in 2022 (more than cancer)

Potentially preventable hospitalisations: Third leading cause in 2023-24



Our free to consumer 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 at 12 months. The program is underpinned by a robust data collection protocol to assess its impact. One key measure of success is the uptake of written COPD Action Plans, which are vital self-management tools that help individuals recognise baseline symptoms and respond appropriately to changes.

To date, more than 400 participants have completed the program and their 12-month follow-up. Among this group, Action Plan ownership rose from 26% at baseline to 48% post-program, and further to 55% at 12 months. Emergency department presentations dropped, with the proportion of participants reporting zero visits rising from 61% to 77%, and similar improvements were seen in hospitalisation rates.

Since 2019, 42 Tasmanians have been clients of our program.

With investment by the Tasmanian Government, LFA can reach more Tasmanians – this will improve health outcomes and reduce hospital and health system pressures.

Our respiratory care program is quality community care that complements primary care.

Our program aligns with the Long-Term Plan for Healthcare in Tasmania 2040 priority initiative for 'More care delivered in the home and community'.

This modest recommendation of \$175,000 annually amounts to just 0.4% of the current health system expenditure on this treatable and manageable chronic condition in Tasmania.

⁴ABS 2024 Causes of Death, Australia; ABS 2023 National Health Survey; AIHW 2024 Health system spending on disease and injury in Australia, 2022-23; AIHW 2025 Admitted patient safety and quality

\$250,000 to support development of co-designed activities to improve vaccination rates for Tasmanians living in remote areas

Tasmania's annual influenza vaccination uptake has fallen since 2023. In 2023-24, vaccine-preventable pneumonia and influenza were the 9th most common cause of potentially preventable hospitalisations in the state.⁵ Influenza impacted Tasmanian hospitals in 2025, with case numbers and staff sick leave from the virus leading to ambulance ramping and delays in care. New strategies are required to drive uptake in influenza (and other respiratory infection) vaccination.

Tasmania's annual influenza vaccination rate is sub-optimal:

2023	38%
2024	35%
2025	35%



"I would like there to be a well-researched campaign to get people back on track about why vaccines are important."

Tasmanian respondent to LFA Adult Vaccination Survey, 2024

Health peak organisations are well placed to deliver public messaging that explains the benefits of reducing the risks of disease through vaccination. With distrust in government health messaging a reality following the COVID-19 pandemic, messaging from consumer-led organisations is vital. We recommend the Tasmanian Government fund Lung Foundation Australia to work alongside remote Australia representative organisations on co-designed activities (for example, printed resources) aimed at improving vaccination rates.

Rural residents are a priority population in the *National Immunisation Strategy 2025-2030*, and Tasmania has a significant remote population (with areas of overlapping socio-economic disadvantage such as the Queenstown region). Lung Foundation Australia recently published insights into the vaccination preferences of non-metro Australians.⁶ Two thirds of remote Australians would like vaccination from a GP, despite access barriers to GPs in remote areas.

An example of our capacity to deliver co-designed vaccination messaging is our five-year running 'Protect your mob' campaign focused on immunisation in Aboriginal and Torres Strait Islander Australians. This campaign is funded by the federal health department.



⁵ AIHW 2025. Admitted Patient Care data

⁶ LFA 2025. [Vaccination Status for Priority Groups](#)

\$150,000/year, for two years, to fund a Lung Cancer Screening Engagement Officer based in Tasmania to support NLCSP implementation

Despite being the fourth most diagnosed cancer in Australia, lung cancer continues to have one of the lowest survival rates. **Lung cancer is the leading cause of cancer death in Tasmania.**⁷ This stark reality highlights the urgent need for early detection, targeted investment, and increased awareness of the National Lung Cancer Screening Program (NLCSP) across the state.

When lung cancer is detected early, survival rate and quality of life are dramatically improved. The NLCSP, which was launched in July 2025, provides an opportunity for early detection and early intervention. The NLCSP is predicted to save more than 12,000 Australian lives over the next decade by diagnosing cancers at an earlier stage. However, there are many barriers to accessing screening that will mean the most disadvantaged in the community will not get access to this life saving program. With over **6,800 people in Tasmania eligible for lung cancer screening** in the first year of the program, this funded position will play a critical role in community engagement.⁸

All 5 priority populations we consulted with emphasised the critical role of local tailored support to assist with NLCSP engagement.



LFA has played a central role in shaping and supporting the NLCSP, with a strong focus on equity and inclusion. Through national consultation with stakeholders and individuals from priority populations (LGBTIQA+ communities, CALD communities, people living with mental illness, living in rural & remote areas, people with disability) we have identified key barriers and enablers to accessing screening. Barriers included, but were not limited to:

- Reluctancy to disclose smoking history due to stigma.
- Stigma surrounding lung cancer and smoking cessation support.
- Lack of culturally safe services.
- Language barriers and a lack of in-language materials.
- Limited awareness of screening programs in priority population communities.

These insights underscore the need for targeted support. The proposed Engagement Officer will implement strategies directly with communities, service providers and professional organisations to address these barriers, build trust, and ensure the program reaches those most at risk. They would provide NLCSP implementation support to improve access, information, and education accessibility and work closely with the Tasmanian Health Department to ensure alignment.

⁷ AIHW 2025 Cancer data in Australia

⁸ [National Lung Cancer Screening Program Participation Modelling](#)

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