



Improving Lung Health for the People of New South Wales

Lung Foundation Australia's submission to the
New South Wales Budget 2026-2027

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.

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 New South Wales (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**.

LFA have identified **5 priorities requiring government action** to improve the lung health of NSW residents and reduce health system pressures.

Lung Foundation Australia's priorities for the NSW budget 2026-2027

- 1** \$3.1 million per year over 4 years to increase access to Specialist Lung Cancer Nurses in NSW.
- 2** \$380,000 to co-design e-cigarette resources and information for First Nations, LGBTQIA+, rural and culturally and linguistically diverse (CALD) young people.
- 3** \$850,000 per year for 4 years to help fund our Respiratory Care Program in NSW.
- 4** \$180,000 per year for 2 years to fund a Lung Cancer Screening Priority Populations Engagement Officer based in NSW.
- 5** \$500,000 per year for 2 years for co-designed activities to improve vaccination rates for culturally and linguistically diverse NSW residents.

LFA's priorities align with several policy documents, such as *Future Health Guiding the next decade of care in NSW 2022-2032*, the *NSW Cancer Plan*, and *NSW Regional Health Strategic Plan 2022-2032*. We seek your action and investment to address these priorities and promote lung health in NSW.

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

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LFA's priorities that will improve lung health for the people of NSW

1

\$3.1 million per year over 4 years to increase access to Specialist Lung Cancer Nurses in NSW



Lung cancer is the leading cause of cancer-related death in NSW



Specialist lung cancer nurses enable timely and coordinated care, contributing to improved health outcomes

2

\$380,000 to co-design e-cigarette resources and information for First Nations, LGBTQIA+, rural 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

\$180,000 per year over 2 years to fund a Lung Cancer Screening Priority Populations Engagement Officer based in NSW



The National Lung Cancer Screening Program helps prevent lung cancer through early detection



Early detection is vital, and increasing participation in screening will save lives

5

\$500,000 per year for 2 years for co-designed activities to improve vaccination rates for culturally and linguistically diverse NSW residents



Flu vaccination rates have been falling leading to more hospitalisations that puts pressure on the health system



Increasing vaccination rates helps people stay healthier and prevents unnecessary hospitalisations

* Full budget available on request

\$3.1 million per year for 4 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

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 **3 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** prior to diagnosis. This leaves a significant gap in care for people with suspected lung cancer, who face high levels of clinical complexity, uncertainty, and emotional distress.

Specialist lung cancer nurses are needed to address inequities in access. There are currently **only 6 lung cancer nurses to meet the needs of the more than 4,300 NSW residents** who are diagnosed with lung cancer every year, and thousands more already living with lung cancer.

The urgency to address these gaps is growing. With the **National Lung Cancer Screening Program (NLCSP)** that launched in July 2025, we will see a **significant increase in the number of lung cancers detected**, particularly at earlier stages when treatment can be more effective. While the new screening program is a major step forward in addressing the burden of lung cancer, it will place **additional pressure on respiratory services**, particularly during the diagnostic and staging phases. Without the right workforce supports in place, such as SLCNs, there is a risk that system bottlenecks will undermine the benefits of early detection.

Less than 50% of Multi-Disciplinary Teams (MDTs) treating people with lung cancer in NSW have a SLCN as part of their team care.⁴

14 nurses is > \$14 million saved every year in net benefits
(including cost & quality of life benefits as per independent LFA analysis)

LFA have identified a large number of NSW hospitals with lung cancer MDT's that do not include an SLCN. They have high incidence and prevalence of lung cancer and high caseloads needing vital SLCN coordination and survivorship support.

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

- Albury Wodonga Regional Cancer Centre
- Bankstown Lidcombe Hospital
- Blacktown Hospital
- Concord Repatriation General Hospital
- Calvary Riverina Hospital
- Lismore Base Hospital
- Northern Beaches Hospital
- Port Macquarie Bast Hospital
- Prince of Wales Hospital
- Sydney Adventist Hospital
- The Tweed Hospital
- Dubbo Base Hospital

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

LFA's SLCNs 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:

- Coordinating diagnostic investigations and appointments
- Facilitating timely communication between healthcare providers
- Supporting patients through uncertainty and complex decision-making
- Reducing delays in diagnosis and treatment commencement
- Maximising the benefits of early detection through screening

SLCNs are essential in ensuring the success of the NLCSP and improving lung cancer outcomes more broadly. Investment in this workforce, and in the LFA Model of Care, will ensure people with suspected lung cancer receive the support they need **from the moment of suspicion, not just at the point of diagnosis.**

Success in South Australia and Queensland

The implementation of the SLCN program in Queensland and South Australia in late 2023 has delivered strong outcomes, supporting over 3,500 patients with suspected or confirmed lung cancer through more than 13,100 clinical interactions to date.

Despite the life changing benefits of the SLCN nurses, there is a significant shortage of SLCNs across Australia.

Under the Australian Cancer Nursing and Navigation Program, 3 LFA SLCNs are currently funded within the Illawarra Shoalhaven Local Health District (ISLHD). These nurses are positioned in respiratory medicine and operate under LFA's SLCN Model of Care, with a key focus on the pre-diagnosis phase of the lung cancer pathway. By engaging with patients prior to diagnosis, LFA SLCNs are integrated into local multidisciplinary teams (MDTs) and have significantly enhanced care coordination, system navigation, and early patient support.

This early intervention approach has ensured that patients receive timely access to diagnosis, treatment, and supportive care, and has strengthened integration between Respiratory and Cancer Services.

In mid-2026, funding for these 3 LFA SLCN roles will transition to the McGrath Foundation, Cancer Services-based Model of Care, which begins engagement from diagnosis onwards. This transition will result in the **loss of dedicated nurse-led services in the lung cancer pre-diagnostic stage** of the cancer care pathway within ISLHD's Respiratory Medicine teams.

The absence of this specialised support risks:

- Delays in triage, diagnostics, and referrals
- Reduced early engagement with supportive care
- Loss of nursing advocacy for patients during critical early MDT discussions
- Reduced system efficiency and continuity across the lung cancer care pathway

LFA are asking for \$3.1 million per year over 4 years to retain **2 SLCNs in Illawarra Shoalhaven LHD** to ensure continuity across the full lung cancer care pathway and preserve the gains made in early detection, care integration, and patient experience, *and* to embed **12 SLCNs across NSW.**

By expanding LFAs SLCNs across more Local Health Districts, it will contribute to better health outcomes and quality of life for more residents of NSW affected by lung cancer and ensure equitable health access in regional and remote areas.

*Full budget available on request

\$380,000 to co-design e-cigarette resources and information for priority population young people aged 18-24 years in NSW

There is a gap in culturally relevant e-cigarette resources and information that engages and addresses the needs of NSW's priority populations. LFA proposes to leverage our knowledge and experience in this space to develop in collaboration specific priority population e-cigarette resources. This one-off funding will support the co-design of materials that empower young people to make healthy decisions.

Vaping rates have increased significantly over the last few years, creating a public health crisis, particularly among young people. First Nations, LGBTQIA+ and CALD populations are disproportionately affected with higher rates of vaping and smoking.⁵



- 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.
- The LGBTQIA+ community were twice as likely as heterosexual people in Australia to currently use e-cigarettes in 2022–23

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 5 times more likely to take up cigarette smoking than those who do not.**⁶ We are witnessing a new generation of young people inhaling harmful chemicals, addicted to nicotine, and needing support.

Our experience in delivering high quality and culturally appropriate resources

LFA is 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.

Projects include co-designed animated short videos, and fact sheets for First Nations young people in collaboration with **Na Joomelah and the Tackling Indigenous Smoking** (NBPU TIS) team in NSW and **Apunipima Cape York Health Council** (QLD) to create resources for First Nations young people that can be found on our [Vaping Information for First Nations Communities](#) webpage.

We created “**Ditch the Vape**” for young tradies aged 18-24 with videos, factsheets and posters that can be found on our [Vaping education and resources](#) webpage.

Our [Unveil What You Inhale](#) suite of resources, and our more recent resources include factsheets on the [environmental impacts of e-cigarettes](#), and [vaping and mental health](#).

LFA's 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 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.



* Full budget available on request, with scalable options available

\$850,000 per year for 4 years to help fund LFA's telephone-delivered Respiratory Care Program to support NSW residents living with COPD

Chronic obstructive pulmonary disease (COPD) is a term that describes a range of conditions caused by obstructed airflow, including emphysema, chronic bronchitis, and chronic asthma. COPD is a progressive, long-term lung condition that leads to increasing breathing difficulty, disability, and premature death. COPD results from long-term exposure to irritants, such as cigarette smoke, occupational hazards and air pollution. Other risk factors are genetics, prenatal events, low birth weight, and frequent respiratory infections.

COPD represents a significant burden to people living with the disease and the NSW health system. The high number of preventable hospital admissions alone puts enormous pressure on an already stretched health system in NSW.

The impact of COPD in NSW

Deaths: 2,454 in 2023 (fourth leading disease-specific cause)
Prevalence: 176,900 diagnosed cases in 2022 (more than cancer)
Health system expenditure: \$459 million in 2022-23 (83% increase since 21-22)
Potentially preventable hospitalisations: 19,039 - the leading cause among chronic conditions



Although there is no cure for COPD, early diagnosis and evidence-based interventions can slow the progression of the disease, allow people to live well, and can **reduce exacerbations that lead to preventable hospitalisations**.⁷

In 2024, LFA commissioned research to better understand the lived experiences of people living with or caring for someone with a lung condition. Compared to all respondents, people with COPD were significantly more likely to report waiting too long to see a GP and then needing to go to hospital. One in 4 people with COPD stated that finding a GP with a good understanding of lung disease was a barrier to effectively managing their condition, as was lack of information and understanding about how to manage their lung disease. **People with COPD need clear, practical support—alongside primary care—to take charge of their health and manage their conditions with confidence.**

1 in 4 people with COPD say lack of information and understanding is a barrier to being able to effectively manage their condition.

Lung Foundation Australia's Respiratory Care Program

LFA's cost-effective Respiratory Care Program aims to improve patient engagement with their healthcare teams and encourage effective self-management. The service identifies gaps in evidence-based care and provides participants with the information and support required to address these. The program comprises three clinician-led telephone appointments conducted over 4 to 6 months, plus a follow-up call 12 months after the final session.

Since 2019, **1,500 Australians living with COPD** including **418 people living in NSW** have been **clients of our Respiratory Care Program**. 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. An earlier independent evaluation has also confirmed the program's impact and cost effectiveness.⁸

Lung Foundation Australia's Respiratory Care Program is:

- ✓ **Free to consumers**, providing vital health support without added cost-of-living pressure.
- ✓ **Evidence based and cost effective**, helping to relieve pressure on the health system.
- ✓ **Accessible across Australia**, promoting equitable health outcomes.



"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

With NSW recording the second highest number of callers nationally, we urge the NSW Government to invest in the vital Respiratory Care Program.

This support is crucial for the thousands of residents living with COPD, particularly at a time when cost-of-living pressures are mounting. Such an investment would not only improve health outcomes but also help ease the burden on the hospital system.

*Full budget available on request.

\$180,000 per year for 2 years to fund a Lung Cancer Screening Priority Populations Engagement Officer based in NSW

Lung cancer is the leading cause of cancer-related death in NSW. Many lung cancer patients experience critical delays in diagnosis and commencement of treatment which can reduce survival rate.⁹ Despite being the third most diagnosed cancer in NSW, it continues to have one of the lowest survival rates at just 22% in NSW compared to breast cancer at 89%, melanoma at 93%, prostate cancer at 95% and colon cancer at 73%.¹⁰

When lung cancer is detected early, survival rate and quality of life are dramatically improved. The National Lung Cancer Screening Program (NLCSP), which was launched in July 2025, provides an opportunity for early detection and early intervention for people with lung cancer. This program 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.

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, culturally and linguistically diverse (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.

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



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. The Engagement Officer would provide NLCSP implementation support to improve access, information, and education accessibility throughout priority populations and work closely with the New South Wales Department to ensure alignment and information sharing.

This dedicated role is essential to **advancing equitable access** to the National Lung Cancer Screening Program for priority populations, including people living in rural and remote areas, people with disability, people from CALD communities, the LGBTIQA+ communities, and people living with mental illness.

\$500,000 per year for 2 years for co-designed activities to improve vaccination rates for culturally and linguistically diverse NSW residents

NSW's annual influenza vaccination uptake is suboptimal. In 2023-24, there were 15,000 hospitalisations in NSW for vaccine-preventable pneumonia and influenza – the 6th most common cause of potentially preventable hospitalisations in this time.¹

The *NSW Immunisation Strategy 2024-2028* includes a target of 75% influenza vaccination coverage for residents aged ≥ 65 years. The 58.2% rate in 2025 is well below this target, and, without intervention, will continue to stagnate.

NSW's annual influenza vaccination rate has stagnated:

2023	31%
2024	29%
2025	29%



"[There] needs to be funding for community messaging to increase trust and uptake to counter the misinformation spread during the pandemic."

NSW 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. LFA has strong experience in working collaboratively with population groups to co-design activities that work for them.

We recommend the NSW Government fund LFA to work alongside CALD communities and representative organisations on co-designed activities (*for example, printed resources*) aimed at improving vaccination rates. CALD Australians are a priority population in the *National Immunisation Strategy 2025-2030*. Analysis of national data in Grattan Institute's 2024 report 'Patchy Protection' found low vaccination rates for general practices with culturally diverse patients, with multicultural Bankstown the Australian location with the greatest disparity by this demographic across its practices.¹¹

LFA has developed several strong relationships with culturally and linguistically diverse representative organisations through our facilitation of the COVID-19 NGO network, our substantial suite of in-language resources on reducing the risk of occupational lung disease (available in Arabic, Chinese, Nepali, Punjabi, Spanish and Vietnamese), and our lead of a national project that determined enablers and barriers for lung cancer screening in priority groups (including culturally and linguistically diverse).

An example of our capacity to deliver co-designed vaccination messaging is our 5-year running **Protect Your Mob** campaign for Aboriginal and Torres Strait Islander Australians. The suite of resources can be found [here](#).



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