

INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – 7 July 2016

Room 1.25/1.26, Caxton House, London

Present:

Professor Keith Palmer	IIAC (Chair)
Dr Paul Baker	IIAC
Mr Keith Corkan	IIAC
Professor Paul Cullinan	IIAC
Dr Sara De Matteis	IIAC
Professor Sayeed Khan	IIAC
Dr Ira Madan	IIAC
Professor Damien McElvenny	IIAC
Ms Karen Mitchell	IIAC
Mr Hugh Robertson	IIAC
Mr Doug Russell	IIAC
Professor Anthony Seaton	IIAC
Dr Karen Walker-Bone	IIAC
Dr Andrew White	IIAC
Mr Andrew Darnton	Health and Safety Executive (HSE)
Dr Emily Tucker	Strategic Health and Science Directorate
Dr Anne Braidwood	Ministry of Defence
Mrs Annette Loakes	IIAC Secretariat
Ms Hazel Norton-Hale	IIAC Secretariat
Ms Catherine Hegarty	IIAC Secretariat

Apologies: Mr Richard Exell, Mr Paul Faupel and Professor Neil Pearce. Also, Mr Steve Brooke, Employment and Support Directorate, Industrial Injuries Scheme Strategy; and Mr Mark Smith, National IIDB Operations Manager.

1 Announcements and conflicts of interest statements

1.1 Secretariat staff changes

Hazel Norton-Hale has joined the secretariat as Rebecca Murphy's replacement, working alongside Annette Loakes in a jobshare as Secretary to the Council, oversight of the Diffuse Mesothelioma Payment Scheme and Stewardship of the Social Security Advisory Committee. Hazel comes from the Strategy Unit in the Disability Employment and Support Directorate. Hazel was welcomed by the Chair and members.

Recruitment for a replacement Scientific Advisor on the Secretariat is ongoing.

Mark Smith has been replaced by Catherine Ruddock as National IIDB Operations Manager.

1.2 **Publication of IIAC reports** – Members were informed that the following information notes had been published on www.gov.uk/iac:

- ‘Neurodegenerative diseases in sportspersons’ (24 May 2016);
- ‘Carpal tunnel syndrome and wrist / forearm rotation’ (24 May 2016);
- ‘Osteoarthritis of the knee and work in the construction industry’ (24 May 2016).

1.3 **Conflicts of interest** – No conflicts of interest were raised.

2 Minutes of the last meeting

2.1 The minutes of the April IIAC meeting were cleared with minor amendments. The amended minutes will be circulated for sign off ahead of their publication on www.gov.uk/iac.

2.2 The following actions are ongoing:

- *Information pertaining to the review of the effectiveness of medical assessments within the War Pensions Scheme was carried over until October.*
- *The report from the Million Women Study on breast cancer will be circulated to members when published.*

2.3 All other action points were cleared.

3 Industrial Injuries reform

3.1 Since the change in Secretary of State in March 2016 there has been a change in approach from a White Paper to a more consultative Green Paper, to be published this year.

3.2 Catherine Nalty, Disability and Employment Support Directorate, provided an update at the Research Working Group (RWG) meeting as this was a timely opportunity to keep IIAC informed.

3.3 The secretariat will ensure that the Council is kept updated on any developments. The Council will wish to make a collective response to the Green Paper.

4 Medical assessments

- 4.1 IIAC has been reviewing medical assessments to ensure they adequately reflect current scientific knowledge and is currently focusing on how medical assessments take into account multiple risk factors and historical injuries.
- 4.2 Since the last meeting, the Council received assurance from a DWP official working in Decision Making and Appeals that Regulation 11 of the Social Security Contributions and Benefits Act 1992 (which prescribes the conditions by which “other effective causes” should be taken into account in assessing disablement) works in practice and delivers policy intent.
- 4.3 Annotated extracts from the Social Security Contributions and Benefits Act 1992, the Social Security (General Benefit) Regulations 1982 and the Departmental medical assessments guidance handbook for Health Care Professionals were tabled.
- 4.4 There are some seeming contradictions in the regulations and guidance, with a lack of clarity for Health Care Professionals. There was concern about a possible risk that some decisions could be wrong or inconsistent.
- 4.5 The Council felt that improved guidance would address these concerns and change to primary or secondary legislation was unrealistic in the short term.

5 Depression and anxiety in teachers and healthcare workers

- 5.1 More literature has been unearthed and the revised draft has a broader survey of evidence than before. However, the conclusions remain the same, which are that there is not sufficient evidence to support prescription at present.
- 5.2 While there is evidence that some people are subjected to sufficient ‘stress’ in the workplace to cause mental health symptoms, it has not been possible to identify evidence of a greater than doubled risk of medically diagnosed anxiety or depression for any specific profession.
- 5.3 Further evidence will be taken from three experts. If comments appear ahead of the RWG meeting, a final version will be agreed at the RWG meeting. Otherwise, if final evidence gathering takes longer, the final paper will be brought to the next Council meeting.

6 Occupational cancer and exposure to trichloroethylene

- 6.1 The International Agency for Research on Cancer (IARC) has classified trichloroethylene when used as a chemical intermediate or metal degreasant as a class 1 carcinogen. Exposure to this agent was previously considered for oesophageal and cervical cancer in relation to dry cleaning. Although risks

were increased for cervical cancer, studies were based on small numbers of participants.

- 6.2 Two RWG members have been reviewing the evidence from the IARC review and provided a brief update. An evidence table will be produced to include literature since the IARC review at the next RWG meeting.

7 Noise-induced hearing loss

a) NIHL and nail guns

- 7.1 An MP asked on behalf of a constituent why the use of nail guns is not prescribed in PD A10.
- 7.2 A call for evidence did not receive any responses. The RWG considered a Health and Safety Laboratory (HSL) research report about noise from nail guns and whether exposure would reach the threshold for prescription.
- 7.3 Paul Brereton, a HSE noise inspector, provided information about the likely noise exposure and interpreted the HSL report for IAC's purposes.
- 7.4 There was a wide variation in hygiene measurements depending on the type of nail gun, where the measurement is made, etc.. The report may not be representative of nail gun use in general in the UK.
- 7.5 Therefore on the current evidence, it was agreed there was insufficient data to recommend extending the prescription at this time. The Council cleared the information note subject to a paragraph being added on prevention.

b) IAC's approach to prescription for PD A10

- 7.6 The Chair provided a note outlining the issues for discussion, including his notes from a conversation with audiology expert Professor Linda Luxon in June 2011.
- 7.7 This is a complex area – the effects of NIHL are cumulative, people are exposed to high levels of noise outside the workplace, susceptibility is very varied and the level of disability experienced is subjective.
- 7.8 An identifiable clinical feature of NIHL is the 4kHz notch, although this can be obscured by hearing loss from normal ageing. By the time a person attends for assessment, the notch may no longer be evident. Disablement arises mainly at a different frequency. As such, the test may be imperfectly sensitive as a tool for defining noise-related cases. Nonetheless, there is an appeal for diagnosis based on clinical features.
- 7.9 Members will revisit the evidence and assess the case for prescribing using the presence of the notch as a defining feature.

- 7.10 Professor Linda Luxon suggested that, as there is a 5dB measurement error, the qualifying threshold should be 45dBHL in the better ear if the threshold of 50dBHL was met in the worse ear.

8 RWG Update

- 8.1 The RWG Chair gave a brief update of matters discussed at the May meeting.
- 8.2 RWG members have been investigating subjects that arose from the Secretariat's biannual review of abstracts, including: plasma screen manufacture and lung disease; airline pilots and prostate cancer; auto-immune diseases; and exposure to cadmium.
- 8.3 Idiopathic pulmonary fibrosis and asbestos exposure in coal miners – not enough evidence to take this further.
- 8.4 Dichloromethane (methylene chloride) and bladder cancer – insufficient evidence found; will wait for the upcoming IARC paper.
- 8.5 Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT)-commissioned review on pesticides and neurological effects – Professor Keith Palmer contributed to this and provided a summary. Adverse health effects are known to follow high level exposures and the UK already regulates against pesticide poisoning to prevent these outcomes; this review investigated whether health effects arose at lower levels of exposure, below those specified in regulation, and whether they could occur in the absence of an accidental exposure event. Acute poisoning and its sequelae are already covered under the accident provisions of the scheme. The Council should look further into pesticide exposure and cancer in the absence of exposures sufficient to constitute an accident.
- 8.6 Benzene and acute myeloid leukemia (AML) – evidence does not demonstrate a doubling of risk.
- 8.7 The Chair was pleased with the way that the biannual review of abstracts had been acted on by the RWG on a systematic basis.

9 Stakeholder engagement

- 9.1 In 2016 IIAC aimed to engage with stakeholders more widely than just through the forum of the public meeting. The Council planned to raise the profile of IIAC's work via presentations from members at events they attend and articles in relevant journals.
- 9.2 A member presented at the Society of Occupational Medicine (SOM) Annual Scientific Meeting (ASM) in Stratford-upon-Avon. There were over 300

attendees and the talk was well-received; more formal feedback from the conference will be sent to the Secretariat.

- 9.3 It was valuable to get across the principle of doubling of risk – although just because a risk is not doubled it does not mean it should not be controlled in the workplace. It was valuable to raise the profile of the Council's work with this audience as they could respond to calls for evidence.
- 9.4 The Council should consider using the SOM newsletter to advertise its work programme and publications (it is already used for calls for evidence).
- 9.5 The Council should consider a regular slot at the SOM's ASM.
- 9.6 The Secretariat has the slides used at this event and these could be tweaked by members for use at other professional group events.
- 9.7 Two other members had a paper accepted by the British Journal of General Practice.
- 9.8 Another member has drafted an article for Occupational Health at Work which will be sent for consideration shortly. He is also planning a talk at the Health and Safety Practitioners' Event in 2017.
- 9.9 The Secretariat and Council members had a helpful discussion about stakeholder engagement in 2017. It was agreed:
 - To align the public meeting with the National UK Occupational Health Conference and to ensure the event is advertised more widely;
 - To consider a break-out group format for some or all of the public meeting: smaller round-table discussions in order to encourage participation;
 - To ensure the agenda for the public meeting is focused; and
 - That IIAC would not have its own social media presence but that Members could publicise IIAC's work and public meetings where appropriate, e.g. via Linked-in or twitter accounts.

10 Any Other Business

- 10.1 The Minister for Employment has received an enquiry from an MP on behalf of a constituent suggesting working in an environment where wood and MDF are cut and stored for sale should be prescribed under PD D6.
- 10.2 The Council intend to investigate further the evidence on working with MDF and cancer.
- 10.3 The IIAC Annual Report is due to be published in July.

Date and time of the next meeting: 20 October 2016