INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – 20 October 2016

Caxton House, London

Present:	
Prof Keith Palmer	IIAC (Chair)
Prof Paul Cullinan	IIAC
Prof Damien McElvenny	IIAC
Dr Ira Madan	IIAC
Prof Anthony Seaton	IIAC
Prof Karen Walker-Bone	IIAC
Dr Sara De Matteis	IIAC
Mr Keith Corkan	IIAC
Mr Hugh Robertson	IIAC
Mr Doug Russell	IIAC
Prof Sayeed Khan	IIAC
Mr Paul Faupel	IIAC
Mr Paul Baker	IIAC
Dr Andrew White	IIAC
Dr Anne Braidwood	MoD
Mr Andrew Darnton	HSE
Neil Walker	DWP IIDB Policy
Emily Tucker	DWP Medical Policy
Edith Cameron	DWP Medical Policy
Clare Wilkinson	DWP Legal
Claire McDermott	Scottish Government
Hazel Norton-Hale	IIAC Secretariat
Ian Chetland	IIAC Secretariat
Catherine Hegarty	IIAC Secretariat

Apologies: Mr Richard Exell, Prof Neil Pearce, Ms Karen Mitchell, Dr Andrew White, Mr Hugh Robertson

1. Announcements and conflicts of interest statements

1.1 Welcome to:
Ian Chetland joined the Secretariat on 26 September as the new Scientific Adviser for the Council and has come from DWP Fraud and Error Service. Claire McDermott, from Social Security Policy & Delivery in the Scottish Government, attended as an observer. Edith Cameron, a colleague of Emily Tucker's, also observed.

1.2 Congratulations to:
Dr Karen Walker-Bone has been awarded a personal chair and is now Professor Karen Walker-Bone.

1.3 Publications:
The information note on 'Noise-induced hearing loss and work with nailing and stapling guns' was published on 12 September.

1.4 Outstanding recommendations:
The Minister for Disabled People, Health and Work (MfDPHW) has accepted IIAC's recommendations on extrinsic allergic alveolitis, diffuse pleural thickening, cancers due to ionising radiation, and rebuttal of presumption. Policy officials are now working with lawyers and guidance colleagues, and hope to bring draft legislation before the Council before enactment in February/March next year. MfDPHW has asked for further analysis on Dupuytren's; IIAC will be updated on the outcome.

1.5 UK Nuclear Industry Compensation Scheme for Radiation Linked Diseases
John Billard, Chair, UK Nuclear Industry Compensation Scheme for Radiation Linked Diseases wrote to the Council as he considered there were areas of potential overlap with the Council's work. His main area of focus is on a greater understanding of the respective operations and if there were any common areas of work. The Chair, members of the Secretariat, and DWP Policy officials are meeting with Mr Billard and a colleague following the meeting.

1.6 Conflicts of interest: none declared

2. Minutes of the last meeting

2.1 The minutes of the April IIAC meeting were cleared with minor amendments, and all action points were either cleared or carried forward. Amended minutes will be circulated for sign off ahead of their publication on www.gov.uk/iiac.

Action point 1: Secretariat to amend and circulate the minutes for sign-off ahead of publication on www.gov.uk/iiac

3. Depression and anxiety in teachers and healthcare workers

3.1 Some council members would have seen previous versions, but extensive changes have been incorporated since the last meeting. A final draft was presented as a position paper with a new section on support. The paper was sign-off for publication, following agreed minor amendments.

4. Industrial Injuries Reform

4.1 IIDB has been removed from the Green Paper as the scheme was considered not to be within the remit for the review. Ministers are likely to explore reform of the scheme separately. Policy will be meeting with the Minister for Disabled People (MfDPHW) in next few of weeks.

4.2 Asked about the case for reform, an official said the Scheme has been in place since 1940s and 'work' has changed significantly with many more people in self-

employment. Support in the workplace should be provided given the mandatory requirement for employers to have compulsory liability insurance.

4.3 The Council were keen to have input during the review. It was considered that the key underlying principles were unchanged since the Council had previously been consulted, and should be restated to the MfDPHW at the appropriate juncture.

4.4 The Council considered liability insurance compensation a different and inadequate alternative to IIDB, as it requires the establishment of fault, whereas IIDB does not. Whilst IIDB has a long history, Council members considered that its longevity was a testament to its strengths and that the scheme had adapted flexibly to changes in the workplace over time.

5. Medical assessments

5.1 IIAC has been reviewing medical assessments to ensure they adequately reflect current scientific knowledge and focus on how assessments take into account multiple risk factors and previous medical problems and injuries. The law states that deductions must be made to take account of 'other effective causes' (those deemed not to be occupational).

5.2 Consideration of previous paper on medical assessments had been deferred from the September RWG, given its substantial interest to the Council as a whole.

5.3 A member has been considering Regulation 11 and its relationship to medical assessment offsets for IIDB. DMA's view is that Regulation 11 works in practice and delivers policy intent, especially given the complexity of the regulation; medical advisers understand the principles well and so do the Commissioners. The Council's review of case law relating to Regulation 11, however, identified some instances where expectations set of medical assessors, to determine appropriate offsets to apply, appeared unrealistic scientifically and this was a matter of concern.

5.4 War Pension judgements were considered by the Council which showed how the MoD scheme addresses offsets. Case law under the War Pension legislation determined its application to identify relevant causes of injury, and highlighted two cases of particular relevance.

5.5 There was agreement that further guidance in this area could be helpful. The Council agreed that it would be useful to collect information on the outcomes of more recent judgements from tribunals on Regulation 11.

6. IIAC's approach to prescription for PD A10

6.1 The Council is often asked to extend this prescription to a wider range of noise exposures, but change has been problematic to implement and evidence often lacking.

6.2 Historically, the approach to prescription for occupational deafness has been somewhat different from other diseases on the schedule, since prescription is not possible on the basis of unique clinical features, nor has it been possible to identify the noise level that doubles the risk of a disabling loss of hearing.

6.3 A document was provided which outlined the history of the prescription, the challenges the Council has faced in relation to PD A10, the reason that the prescription was framed in its current form, and current approaches used to extend the prescription list.

6.4 The Council was asked to consider whether an open consultation should be conducted to explore alternative approaches to this prescription.

6.5 In the event, members thought a consultation over PD A10 would not provide any material new evidence, there being few experts in the field, and many legal constraints limiting the scope for change. The chance of getting a good response to a consultation is limited, and there was concern that false expectations could be raised.

6.6 As an alternative, the Council agreed to publish the document as a position paper explaining why the evidence doesn't allow for expansion of the prescription. Given there is a great deal of regulatory control of noise, a prevention section should be included in the position paper.

7. Occupational cancer and exposure to trichloroethylene

7.1 A member has been considering new carcinogenic classfications published in a recent IARC monograph. Exposure to trichloroethylene is being considered in respect of risk of certain cancers, which include kidney cancer & haematological cancers (where there was the strongest evidence for increased risk, although apparently not quite reaching the doubling of risk threshold required for prescription).

7.2 A new search for evidence since 2013 should be undertaken for the above mentioned cancers with the inclusion of cervical cancer. Parkinson's disease was suggested by a Council member for consideration because recent studies considered neurodegenerative conditions in rural populations, particularly in relation to farming.

8. Nasal carcinoma due to exposure to wood dust

8.1 A note included in the papers, on the history of prescription of nasal carcinoma (PD D6a) and a commissioners decision from October 1996, was prompted by corrspondence from an MP. A claimant was turned down for benefit for PD D6a because his job did not meet the terms for prescription, although apparently involving significant exposure to wood dust (a recognised carcinogen, to which the prescription relates).

8.2 The current terms of prescription for nasal carcinoma have been in place since 1981, and it defines exposure to wood dust in a circumscribed way. In 2007, the Council found *"insufficient grounds to indicate a need to alter the terms of prescription."* However, later that year a new prescription for primary cancer of the nasopharynx (PD D13), with exposures more broadly defined to include *"processing of wood"* as well as *"the "manufacture and repair"* of *"wooden products"*, was included on the list of prescribed diseases (broader than the exposure definition for PD D6a).

8.3 Over the years decision makers and tribunals have scrutinised the terms of prescription and the question for the Council now, is whether the terms of the current prescription should be reviewed.

8.4 The evidence base may have changed over time; the differences in prescription terms for anatomically adjacent sites for PD D6a and PD D13 and tumour type should be checked to ensure the differences in terms are appropriate.

8.5 The Council agreed that the wording of the prescription for PD D6a should be looked at again.

9. RWG Update

a) **Idiopathic pulmonary fibrosis and exposure to asbestos**
Correspondence from the National Union of Miners prompted discussions, but no evidence was identified that would support prescription. By definition, idiopathic pulmonary fibrosis is a condition of unknown cause. High exposure to asbestos could cause fibrosis, which would amount to asbestosis and is already prescribed. Exposure to asbestos in mines is variable, localised, and not thought to pose a risk of this kind.

b) **Rheumatoid arthritis and cadmium**
A Council member has been looking at rheumatoid arthritis in steelworkers, and has expanded this to include autoimmune diseases and occupational exposure to cadmium.

c) **COT commissioned review on pesticides and neurological effects**
COT's report did not include cancer and pesticide exposure, and a literature search is being done for the RWG in November.

d) **TB in healthcare workers**
A recent paper in Thorax online suggests that TB in health workers in the UK most often arises from reactivation of latent TB in migrant health care workers, rather than infection contracted in the UK. The RWG noted the report, but proposed no change in respect of the rules of presumption in healthcare workers with TB at present.

e) **Breast cancer & shift-workers**
A report from the Million Women Study, published recently in the Journal of the National Cancer Institute, found that women who had worked night shifts

had no increased risk for breast cancer when compared with women who had never worked shifts. The Council noted the report and maintained its current position on breast cancer in shift workers.

10. Stakeholder engagement

10.1 A member wrote a feature for Occupational Health at Work as part of the Council's ongoing stakeholder engagement, entitled 'Understanding prescribed diseases, the work of the Industrial Injuries Advisory Council', which is scheduled for publication 7 December 2016. Members thought the feature reflected the Council's work very well.

10.2 An updated table of engagement activities was provided and members were asked to provide other options for engagement in 2017-2018. Members agreed to let the Secretariat have suggestions, and the secretariat to ask absent Members for ideas.

10.3 Members were reminded that the 2017 Public meeting is set for 6 July and asked their preference for location. Manchester was suggested and agreed because of its central position, industrial interests and ease of access. Members were also asked to consider agenda topics. A suggestion was made that it may be appropriate to give a presentation to update stakeholders on the reform of IIDB. Also, members were to encourage attendance from targeted groups that are underrepresented. The ordinary IIAC meeting will be on the afternoon of 5 July prior to the public meeting.

10.4 In 2018 the Council is aiming to hold its public meeting either just prior to or immediately after the SOM/FOM Conference. It was thought that this would encourage attendance from professional groups who would not ordinarily attend.

11. AOB

11.1 Correspondence

a) Primary neoplasm of the epithelial lining of the urinary tract (PD C23)

1) **Red solvent**
One of the medical assessors for the Centre for Health and Disability Assessment asked the Council to consider whether red solvent could be prescribed in respect of PD C23. A member of the Council advised that there was no direct evidence that dyes in red solvent is carcinogenic.

2) **Acrylic clear top coat**
An MP's constituent's claim for PD C23 was turned down because the chemicals used in spray-painting cars were not included in the prescription. TU officials were able to establish the chemicals involved, one of which contained substances classified as carcinogenic. Reconsideration of the case was requested by the MP which is awaiting an outcome. In the interim the

Council considered there was a need to establish what the components are and asked the HSE to advise.

b) **Cancer of the larynx (PD C22(b))**

Correspondence received from the MfDPHW involved a claimant with laryngeal cancer who believed his work as a car paint-sprayer and industrial paint-sprayer caused his laryngeal cancer. However his work is not included in the list of occupations for PD C22(b). It was agreed that a Council member would investigate.

11.2 Annual assurance assessment
This is a new annual risk assessment brought in by the Department to assure themselves of the level of risk their Arm's Length Bodies pose and what controls are in place. It was completed jointly by the Chair and Secretariat and shared with the Council for information.

11.3 2017 meeting dates
Dates were tabled and members were asked to ensure they were in their diaries.

Date of next IIAC Meeting: 19 January 2017