

INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – 19 January 2017

Victoria Regus, 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 Doug Russell	IIAC
Mr Paul Faupel	IIAC
Dr Andrew White	IIAC
Dr Anne Braidwood	MoD
Mr Andrew Darnton	HSE
Sally Lister	DWP Legal
Clare Wilkinson	DWP Legal
Hazel Norton-Hale	IIAC Secretariat
Ian Chetland	IIAC Secretariat
Catherine Hegarty	IIAC Secretariat

Apologies: Richard Exell, Emily Tucker, Paul Baker, Hugh Robertson, Sayeed Khan, Karen Mitchell, Neil Walker

1. Announcements and conflicts of interest statements

- 1.1** Richard Exell has announced his retirement from the TUC and has decided to resign from IIAC. The Council thanked Richard for his service to IIAC and wished him well for the future.
- 1.2** Sally Lister, who has advised and worked on many of IIAC's recommendations over the years, drawing up the legislation, is leaving the Department in early February, so this will be her last IIAC meeting. The Council thanked her for her work and wished her well in the future.
- 1.3** Prof Palmer stated he was attending a meeting with Cabinet Office that afternoon to discuss the functional review of NDPBs and invited other members to join him if they wished. Mr Doug Russell agreed to attend.
- 1.4 Conflict of interest declaration**
A member stated he was involved in a medicolegal case involving TRIKE/Parkinson's Disease – previously disclosed at RWG.

2. Minutes of the last meeting

2.1 The minutes of the October 2016 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/iac.

3. Draft legislation

3.1 Draft regulations for changes to the list of prescribed diseases were scrutinised by the Council, and signed off. They were:

- Changes to PD A1 for cancers due to ionising radiation
- Changes for extrinsic allergic alveolitis PD B6 with the addition of PD C34 to allow for chemical exposures
- Changes to the prescription for diffuse pleural thickening PD D9.

4. Medical Assessments

4.1 IIAC has been reviewing medical assessments to ensure they adequately reflect current scientific knowledge, focusing on how assessments take into account multiple risk factors and historical injuries. The law states that deductions must be made to take account of 'other effective causes'.

4.2 Decision Makers' view is that Reg 11 works in practice and delivers policy intent.

4.3 A member provided commentary on medical assessments and Regulation 11 Social Security (General Benefit) Regulations 1982 and a Commissioner's decision which provided some valuable guidance on the criteria tribunals should take into account when assessing percentage disablement.

4.4 A Commissioner's decision from 2002 provided to Council remained unchallenged and was still in force as determined by research by a member. It required medical assessors to offset the probability of future disablement for latent asymptomatic conditions, a requirement that Council members thought difficult to achieve in a scientifically robust way.

4.4 The Council debated the topic and concluded that they should provide further advice to clarify guidance around off-sets. Further evidence would be taken.

5. Sinonasal cancer and exposure to wood dust

5.1 A draft command paper was provided to members for review and comment. The work was triggered by a MP's correspondence to the Secretary of State highlighting the case of a constituent where benefit was refused because his occupation did not meet the criteria for PD D6 (a).

5.2 Professor Palmer set out a case to look again at the terms of the prescription to ensure they were clear and fit for purpose. He also considered over 40 research

reports and the draft paper includes proposed recommendations to broaden the prescription.

5.3 Council members debated the paper and its recommendations. Comments were provided in writing and were tabled at the meeting which suggested an alternative wording for PD D6(a).

5.4 The paper was broadly accepted subject to a review by a member with clinical with epidemiological experience to consider the merits of alternative formulations of a revised prescription.

5.5 A concern was raised that adenocarcinoma of the nose or paranasal sinuses may not be easily distinguishable from other forms of sino-nasal cancer. It was agreed to seek evidence from a histopathologist, as this could influence the prescription's wording.

6. Occupational cancer and exposure to trichloroethylene (TRIKE)

6.1 A member has been considering occupational exposures to TRIKE and has undertaken a literature review. Several studies showed a significant increase in risk of kidney cancer in groups of workers likely to have been highly exposed. In some studies this was more than doubled. There was some evidence of exposure-response relationships. Findings were not consistent however, some studies indicating no risk and some indicating lower risks in less exposed workers than more highly exposed workers; several others indicated raised relative risks but far below the doubling threshold.

6.2. A further practical problem was that studies often defined 'high' exposure according to the judgement of experts, and without a clear specification that could be adopted or inform the exposure section of a prescription schedule.

6.3. Overall the evidence failed to reach the required criterion of a doubled risk in any identifiable occupation or exposure circumstance. A first draft position paper was provided for discussion.

6.2 The paper was accepted with small changes, comments provided by members to be included. It was felt a further final review by a member to check the draft would be appropriate prior to sign off.

6.4 Occupational exposure to solvents and Parkinson's Disease was discussed, but there was insufficient evidence to warrant the Council changing its current position.

7. Noise, occupational deafness and Industrial Injuries Disablement Benefit

7.1 A paper was presented which recorded the history of the prescription PD A10, the barriers to extending the prescription widely to specify a qualifying level of occupational noise exposure and current approaches to prescription. This position

paper was accepted with some minor changes and subject to the prevention section being agreed by HSE and the glossary of terms being checked.

8. RWG Update

8.1 Solvents and cancers – a member mentioned that an IARC monograph is in preparation and will be provided to other members when published and available.

8.2 Pesticides and cancer – a very broad topic. A watching brief is to be maintained on evidence emerging from the authoritative reviews of IARC.

8.3 A member is reviewing evidence to determine if there prescription might be considered for rheumatoid arthritis and/or connective tissue diseases with respect to occupational exposure to cadmium.

8.4 It is likely that officials from the Scottish government will join the next RWG in March. It is hoped that a briefing paper will be submitted for circulation to the full Council ahead of that meeting.

8.5 New correspondence has been received detailing a latex allergy where benefit was refused as the claimant was not a healthcare worker. To be discussed at the next RWG meeting.

8.6 Correspondence relating to acrylic clear top coat was referred back to DWP.

9. Stakeholder engagement

9.1 The Council considered whether round table discussions with set topics & questions were appropriate for the Public Meeting in July. It did not favour this approach and decided on 3 topics for presentation, to reflect the work of the Council over the last year:

- Mental health / depression
- Carcinogens and reasons why they may not be able to be prescribed under the industrial injuries scheme
- 'A year in the life of IIAC' looking at the source of enquires and the ultimate outcomes.

9.2 An updated table of engagement activities was provided and members were asked to provide other options for engagement in 2017-2018. Members agreed to send suggestions to the Secretariat.

10. AOB

10.1 Shift work and breast cancer

A 'Hazards' online article was tabled for information, which argued that a recent high profile report in this area was flawed. To be kept on a watching brief.

10.2 A member stated he had written a review of shift work and cancer (unrelated to IIAC) and was awaiting publication, thought unlikely to impact on the Council's position or prescription.

10.3 The International Commission on Occupational Health's Scientific Committee on Occupational Medicine (ICOH SCOM) will be holding an international scientific meeting alongside the ICOH Epidemiology in Occupational Health Meeting in Edinburgh at the end of August. Council members were asked if they would like to attend.

Date of next IIAC Meeting: 20 April 2017

Date of next RWG Meeting: 2 March 2017