

# INDUSTRIAL INJURIES ADVISORY COUNCIL

## Minutes of the IIAC Meeting – 5 July 2017

### Manchester

Present:

Prof Keith Palmer	IIAC (Chair)
Prof Damien McElvenny	IIAC
Prof Anthony Seaton	IIAC
Dr Sara De Matteis	IIAC
Mr Keith Corkan	IIAC
Mr Doug Russell	IIAC
Dr Ira Madan	IIAC
Mr Paul Faupel	IIAC
Ms Karen Mitchell	IIAC
Dr Andrew Darnton	HSE
Prof Sayeed Khan	IIAC
Mr Hugh Robertson	IIAC
Mr Paul Baker	IIAC
Dr Ian Cavilla	Centre for Health & Disability Assessments
Dr Rachel Atkinson	Centre for Health & Disability Assessments
Stuart Whitney	IIAC Secretariat
Ian Chetland	IIAC Secretariat
Catherine Hegarty	IIAC Secretariat
Alfie Cobden	DWP, ALB Partnership Division

Apologies: Prof Paul Cullinan, Prof Neil Pearce, Prof Karen Walker-Bone, Dr Anne Braidwood, Dr Andrew White, Claire Wilkinson, Clare Kerr, Edith Cameron, Karen Maskill

### **1. Announcements and conflicts of interest statements**

**1.1** Welcome to Ian Cavilla, Clinical Policy and Projects Lead, and Dr Rachel Atkinson from the Centre for Health and Disability Assessments. Also welcome to Alfie Cobden from DWP, who is providing administrative support to the Secretariat.

**1.2** The process to recruit a Chair for IIAC will recommence very shortly having been postponed due to the snap general election. The advertisement will appear on the Public Appointments website:  
<https://publicappointments.cabinetoffice.gov.uk/>

**1.3** Several papers have been published on the IIAC Gov website. The process has started to have the Command papers laid before Parliament and the Position papers to be deposited in the House libraries.

## **1.4 Conflict of interest declaration**

None declared

## **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](http://www.gov.uk/iac).

## **3. Medical assessments**

**3.1.** The Council has been considering diseases with multiple causes and how they are assessed for the purposes of IIDB.

**3.2** A draft paper was presented considering the application of Regulation 11 (3) (Social Security (General Benefit) Regulations 1982). The Council is aware that guidance in the Medical Services Handbook reflects the rulings of tribunals, but also that tribunals have not been wholly consistent in their interpretation of Regulation 11(3), the part that applies where the 'other effective cause' is a congenital defect or injury or disease received or contracted before the relevant accident. The review is looking initially at osteoarthritis of the knee and back pain as indicative markers, but will consider the regulation's application across the whole scheme. A cross-section of claims for these conditions were reviewed and audited to gain insight how off-sets were applied.

**3.3** A member wrote to experts in the field seeking opinions and evidence to inform the review. Several replies had been received, along with views from an IIAC member, which would be incorporated into the review.

**3.4** The Council debated the paper and agreed that the application of off-sets appeared difficult to justify from a scientific perspective in some circumstances and potentially unfair to claimants. Depending on the further evidence received, the final paper may recommend that off-sets for asymptomatic risk factors of prescription disease should cease to be applied; there was discussion about offsets for other effective causes of disablement that operate independently of the prescribed disease and the 'taken-as-seen principle'. It was considered that a Command Paper might be issued to guide medical assessors and a system developed to audit implementation of the guidance over the first two years following publication.

**3.5** It was agreed the paper would be rewritten to reflect the views of the experts consulted and include views of the Council. The redrafted paper will be debated at the next IIAC research working group (RWG) meeting in September 2017.

## **4. Nasal carcinoma and wood dust**

**4.1** The command paper tabled, which recommends updating the prescription PD D6a, was a final version, the Council having seen previous iterations. This review was prompted by correspondence from an MP concerning a case of nasal cancer in a constituent occupationally exposed to wood dust. The constituent 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.

**4.2** Minor amendments were suggested and the Council agreed to sign this off.

## **5. Cadmium, steelworkers and autoimmune disease**

**5.1** Following the publication of the information note on Cadmium and rheumatoid arthritis, a literature search was carried out to widen the scope to include other autoimmune diseases. This will be discussed at the next RWG meeting in September.

## **6. RWG update**

**6.1** The majority of current investigations are complete and awaiting publication.

**6.2** Shift work & breast cancer; individual susceptibility – correspondence was received from Dr Andrew Auty along with some reviews where he suggested IIAC should consider individual susceptibility when considering the topic. On balance, it was decided the information provided did not warrant any further action at this present time as the evidence was limited. A close watching brief will be kept on research in the area, given its importance to stakeholders.

**6.3** Dr Ian Lawson, an ex IIAC member and HAVS specialist, asked if the recommendation to add Dupuytren's contracture had been accepted. This is currently under consideration.

**6.4** A paper by Strathclyde University on toxic cockpit syndrome caused media interest. The paper listed self-reported symptoms from a survey with a low response rate; no evidence was found to support a prescription.

## **7. Annual Abstracts**

**7.1** The review of annual abstracts was split into individual topics for selected members to review rather than sharing the whole document. Council members asked if the complete abstracts document could be made available to all Council members for information and this was agreed.

## **8. Public Engagement – Manchester, 6 July 2017**

**8.1** The agenda for the Manchester public meeting on 6 July was discussed.

**8.2** An attendee list was circulated.

**8.3** Several written questions had been submitted ahead of the meeting and the Council ensured robust answers would be provided.

**8.4** Some concern was expressed with regard to the wording for the prescription for HAVS in PD A11 where it states 'continuous tingling' whereas IIAC intention was for 'intermittent or persistent symptoms of numbness or tingling'.

## **9. AOB**

**9.1** None

Next full IIAC meeting – 19 October 2017

Next RWG meeting – 14 September 2017