INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – 19 October 2017

Caxton House

Present:	
Prof Keith Palmer	IIAC (Chair)
Prof Damien McElvenny	IIAC
Prof Anthony Seaton	IIAC
Prof Paul Cullinan	IIAC
Dr Sara De Matteis	IIAC
Mr Keith Corkan	IIAC
Mr Doug Russell	IIAC
Prof Neil Pearce	IIAC
Mr Paul Faupel	IIAC
Prof Sayeed Khan	IIAC
Mr Hugh Robertson	IIAC
Dr Andrew Darnton	HSE
Nina Choudhury	DWP Legal
Stuart Whitney	IIAC Secretariat
Ian Chetland	IIAC Secretariat
Catherine Hegarty	IIAC Secretariat

Apologies: Prof Karen Walker-Bone, Dr Andrew White, Dr Anne Braidwood, Edith Cameron

1. Announcements and conflicts of interest statements

1.1 Karen Maskill, Susan Sedgwick and Kevin Stone joined the meeting by teleconference, medical assessments only.

1.2 Recruitment of IIAC Chair – the recruitment campaign commenced on 2 October and is due to close on 12 November. The vacancy is advertised on the Centre for Public Appointments website.

1.3 Recruitment of IIAC members – a separate campaign will be launched towards the end of 2017 to recruit up to 4 Council Members – planning for this will start in November.

1.4 The command and position papers that were awaiting clearance by No10 have been laid and published respectively on 12 September.

Command papers:

- Extending the terms of prescription for latex anaphylaxis
- Nasal carcinoma and occupational exposure to wood dust

Position papers:

- Anxiety and depression in teachers and healthcare workers.
- Noise, occupational deafness and Industrial Injuries Disablement Benefit.
- Renal cancer and occupational exposure to trichloroethylene.

- Lymphatic and haematopoietic cancers and work involving exposure to trichloroethylene.

These are now available on the IIAC Gov.uk website.

2. Conflict of interest declaration

None declared

3. Minutes of the last meeting

3.1 The minutes of the July 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.

4. Occupational exposure to silica

4.1 As part of a related inquiry, the Council took the opportunity to update its review of the literature relating silica to systemic lupus erythematosus, systemic sclerosis and scleroderma.

4.2 In its 2005 Position Paper 14, the Council reviewed the evidence linking exposures to respirable crystalline silica with renal disease and certain connective tissue diseases, including systemic lupus erythematosus (SLE), systemic sclerosis and scleroderma.

4.3 Following a literature search, new material was identified and a draft paper was submitted by a member for consideration of the Council. Rheumatoid arthritis (RA) was not included in the initial scope, but it was decided after further discussion that it should be considered in the same report.

4.4 The evidence base linking silica to connective tissue disease is bigger for systemic sclerosis than for SLE. Relative risks (RR) in several reports are highly elevated for both conditions but with a large range.

4.5 In general, RR were highest where silicosis was also present (and exposures therefore known to be high); but since the diseases are rare, findings were based on only a few cases.

4.6 Prescription if defined in terms of silica exposure would be difficult. Studies of this kind have used lots of different assessment approaches, typically based on expert judgments that could not be replicated within the Scheme. Prescription in the subset of workers with silicosis would be more feasible, but with the concern highlighted above. Prescription might also be considered for occupations known to be at high risk of silicosis: this will be considered further.

4.7 It was also agreed to conduct a search in relation to RA and silica exposure and add to the report.

5. Coal miners, silicosis and lung cancer

5.1 At the public meeting in July a question was posed about the terms of prescribed disease (PD) D11.

5.2 PD D11 provides for primary carcinoma of the lung where silicosis is also diagnosed. It lists nine occupational activities in which silicosis may occur, namely: glass manufacture, sandstone tunnelling and quarrying, the pottery

industry, metal ore mining, slate quarrying and production, clay mining, use of siliceous materials as abrasives, foundry work, granite tunnelling and quarrying, stone cutting and masonry.

5.3 In the Council's view, PD D11(b), which refers to "tunnelling in, or quarrying sandstone or granite", could apply to work as a coalminer, depending on the occupational history of the claimant.

5.4 A member had drafted a suggested position paper which gave an overview of the history and background to the prescription.

5.5 The Council accepted this position paper subject to a small amendment. A request to make a revision to The Industrial Injuries Benefit Handbook for Healthcare Professionals would be added to its recommendations.

5.6 The Council recommends that a *prima facie* case exists for recognising PD D11 in a coalminer with primary lung cancer if (i) a diagnosis of silicosis can be sustained, and if (ii) it can be shown that that their work has involved "tunnelling in, or quarrying sandstone or granite" (PD D11(b)), including the work described in the previous paragraph. Equivalently, a coalminer who meets the terms of PD D1 (1) can be considered also to satisfy the exposure requirements of PD D11(b).

6. Medical assessments

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

6.2 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 Industrial Injuries Benefit Handbook for Healthcare Professionals 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.

6.3 A member wrote to experts in the field seeking opinions and evidence to inform the review; their comments have been incorporated.

6.4 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. The final paper may recommend that off-sets for asymptomatic risk factors of prescribed diseases 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' of civil law, but it was accepted that offsets were reasonable for pre-existing non-occupational disablement. 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.

6.5 DWP officials had provided feedback on the draft paper and their comments were debated.

6.6 Discussions also focussed on the draft's:

- Factual accuracy
- Scientific validity
- Legal compatibility

6.7 The legal position was discussed in relation to a commissioner's decision, C1/34/93, which sought to clarify the position on applying off-sets for a condition which was causing no symptoms at the date of the relevant accident but could cause disability during the period of assessment. DWP is obliged to follow this decision as it is legally binding. The Council concluded this was still relevant although not backed up by scientific evidence. It was noted, however, that the commissioner deferred to medical opinion as to the relevant deduction that should be applied. A possible way forwards was to highlight to the DWP's medical assessors through a Command Paper that they should recognise the huge difficulty of making such determinations in a robust scientifically valid and defensible way and the alternative open to them as medical experts of not applying deductions.

6.8 Specifically, the Council debated the application of off-sets for stochastic and non-stochastic diseases and agreed, in the medical assessment of stochastic prescribed diseases and occupational accidents, it is not appropriate to make a deduction for non-occupational risk factors of the disease or injury effect.

6.9 However, the Council did not feel it unreasonable that off-sets were applied for pre-existing conditions which result in disablement that were not occupational in origin.

6.10 It was agreed the paper would be edited to reflect the views of the Council. The redrafted paper will be shared with members by correspondence with a view to having it signed off in time for the IIAC meeting in January 2018

7. Hand arm vibration syndrome (HAVS)

7.1 The NUM raised a concern at the public meeting in July 2017 about the difference in the wording of the prescription for PD A11 and the guidance in the Medical Assessment Handbook. The Council advised it would consider whether the guidance reflected the Council's intention when the prescription was last reviewed in 2007.

7.2 The concern was about the use of the term 'continuous' vs. 'persistent' tingling and numbness.

7.3 This issue was examined in 2009 and correspondence with the Minister states clearly that the terms of the prescription as written accurately reflected the intention of the Council. However, the Council's conclusions rested in part on a small audit involving only 15 claims.

7.4 The Council agreed to repeat the audit of claims carried out in 2009 to determine if claimants are being disadvantaged by the wording of PD A11. The audit will be carried out using a larger number of cases and use the same inclusion criteria, as much as is possible, as the original audit.

7.5 The results of the audit will be used to determine if any subsequent action to change the prescription needs to be carried out.

8. Tinnitus

8.1 This item arose from a question at the public meeting in July 2017, where the Durham Miners' asked the Council to consider adding tinnitus to the list of prescribed diseases.

8.2 The Council reviewed an extract from Cm 5672 from 2002 on tinnitus and concluded the situation is unchanged, so no further investigation will be carried out unless new evidence emerges.

9. Research Working Group (RWG) update

9.1 'Toxic cockpit syndrome' was debated at RWG following interest in the media based on the publication of a report from Strathclyde University, but it was felt there was insufficient evidence to warrant further investigation.

10. AOB

a) Correspondence

10.1 The Council received correspondence from someone who suffered various conditions which may have been as a result of Mercantile Marine Service working for a British Shipping Company in equatorial / tropical water.

10.2 As the harm may have occurred in equatorial/tropical waters, DWP policy will need to be consulted, as the correspondent may not be eligible.

10.3 In general terms, it was agreed to update the Council's position on skin cancer caused by sun damage and to investigate if there is a link between occupation and renal stones/calculi.

b) Feedback from July 2017 public meeting

10.4 Although only limited feedback was available, the meeting appeared to be extremely well received and the presentations rated highly.

10.5 It was felt by several members that welfare groups were under-represented and perhaps more local targeting of groups could be carried out.

10.6 Council members were invited to submit suggestions for ongoing public engagement in the current year, such as attendance at conferences.

c) Scotland

10.7 A member gave evidence to the Scottish Government to inform a review of devolved benefits such as IIDB and the establishment of a body similar to IIAC.

Next full IIAC meeting – 11 January 2018
Next RWG meeting – 23 November 2017