INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – 11 January 2018

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
Ms Karen Mitchell	IIAC
Dr Andrew Darnton	HSE
Prof Sayeed Khan	IIAC
Mr Hugh Robertson	IIAC
Prof Karen Walker-Bone	IIAC
Dr Andrew White	IIAC
Dr Clare Leris	DWP Medical
Steve Hodgson	DWP Policy
Stuart Whitney	IIAC Secretariat
Ian Chetland	IIAC Secretariat
Catherine Hegarty	IIAC Secretariat

Apologies: Dr Anne Braidwood, Nina Choudhury

1. Announcements and conflicts of interest statements

1.1 Welcome to Steve Hodgson

2. Conflict of interest declaration

None declared

3. Minutes of the last meeting

3.1 The minutes of the October 2017 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. Dupuytren's contracture

4.1 IIAC published its command paper on Dupuytren's contracture on 8 May 2014.

4.2 Sarah Newton MP, Minister for Minister for Disabled People, Health and Work, wrote to IIAC via the Chair on 30 November 2017, advising the Council the Department would not be proceeding with its recommendation to add Dupuytren's contracture to the list of prescribed diseases.

4.3 It was noted that this is only the second time in at least 30 years that a recommendation from the Council has been turned down. Concern was raised that Minister may not have had the full breadth of information and evidence available on this topic.

4.4 In the letter, reference was made to Dupuytren's often being mild and not requiring treatment. This was countered by a member who, through direct experience, made the case that the condition is often serious and can have a negative impact on patient's lives and functioning. Research reports were also identified that cited quite high complication rates if surgery is needed. It was felt that the Command paper published back in 2014 (Cm 8860, Dupuytren's contracture due to hand-transmitted vibration: IIAC report) did not emphasise this aspect enough.

4.5 The letter also stated that the Department considered priority should be given to diseases which are more severe in their effects. A member noted that this decision marked a considerable change in policy from the government, although a DWP official said that there was no explicit intention to alter policy. It was noted that several other conditions which are less disabling in nature are scheduled within the Scheme and, moreover, that the legislative framework provides for aggregation of conditions. The decision by the Minister thus appeared at variance with a basic provision of the Scheme and previous practice and precedent, raising questions about policy intent, consistency and the equal treatment of claimants and potential claimants.

4.6 A member considered that the decision might be challenged under the Equality Act. Another thought that it would raise criticism and challenge in the House.

4.7 The letter from the Minister offered the opportunity to meet with the Chair to discuss the matter. It was decided that this meeting should take place as soon as convenient and ahead of Council correspondence. Two members with relevant expertise agreed to accompany the Chair to the meeting.

5. Medical Assessments

5.1 A substantially revised copy of the paper was circulated to members for comment.

5.2 Feedback on the whole was positive, but some members felt the paper could be simplified to make it easier for the lay-person to read and understand. It was also felt that the paper used different terms for points that meant the same thing, so consistency in the language used was important. It should include a glossary explaining the terminology used.

5.3 A member of the Department wished to offer examples of the use offsets in practice that would help to illustrate the Council's rationale. The offer was welcomed.

5.4 It was agreed that the final paper will be published as a Command Paper, but will contain advice rather than a recommendation to amend the legislation. A review of implementation will follow after an interval of, say, three years.

5.5 Council members were encouraged to provide any additional feedback to the Chair in writing, especially suggestions for simplification of the text, with a view to signing the paper off at the March IIAC meeting.

6. Occupational exposure to silica

6.1 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. Rheumatoid arthritis was added at a later stage

6.2 In general, risks 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.

6.3 Prescription if defined in terms of silica exposure would be difficult. Prescription might also be considered for occupations known to be at high risk of silicosis, but this literature has scientific limitations.

6.4 Several scientific members have looked at the papers relating to silicosis to decide whether the reports are strong enough to prescribe or not. There were concerns about diagnostic bias and other weaknesses. The evidence was considered not strong enough to support prescription

6.5 However, one of the scientists wished to look at the paperwork a second time. Another thought there might be other unconsidered reports on silicosis and the diseases in question, and offered to search for and circulate any that were found. Two other members of the Council, one a rheumatologist, also wanted to examine the evidence base for reports involving silicosis.

6.6 Feedback would need to be received to inform the RWG meeting in February 2018.

7. Breast cancer and shift-work

7.1 The Council previously reviewed shift work and the risk of breast cancer in 2009 and 2013.

7.2 Recently three further reviews have been published by IOM. The Workplace Health Expert Committee (WHEC) is also considering the evidence base, but from a different perspective for HSE.

7.3 Although only part-way through the own review, WHEC gave access to a summary of the newly identified data.

7.4 Upon review, there is not enough evidence of the circumstances in which the prescription threshold would be met to recommend prescription, so the Council's position remains unchanged. However, the issue will continue to be monitored.

7.5 The Council felt it should note the WHEC report when it is finally published and state its own position in light of the report.

8. RWG update

8.1 Tinnitus

8.1.1 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.

8.1.2 Having reviewed the literature and established there is no objective test to measure tinnitus, it was decided there is not a case for adding this condition to the list of prescribed diseases. A letter has been written to the inquirer.

8.2 Asbestos exposure as a bystander as lung cancer

8.2.1 Correspondence was received from an MP whose constituent stated he developed lung cancer as result of working as an electrician in an environment where asbestos was being stripped (through bystander exposure).

8.2.2 A literature search is being undertaken to check for any new evidence on risks in workers with bystander exposure, but there are doubts whether risks would be sufficiently elevated to meet the prescription threshold. A letter has been sent to the MP.

8.3 COPD in firefighters

8.3.1 Correspondence from a MP stated their constituent contracted COPD through inhalation of smoke and other substances in the course of their work as a firefighter.

8.3.2 In 2010 the Council commissioned an external review of the health of firefighters which concluded that "the evidence for firefighting having a negative impact on respiratory health is inconclusive as the majority of the research is based on small cross-sectional studies".

8.3.3 A new literature review was considered by a Council member. Most of the new evidence relates to New York firefighters involved in the World Trade Centre disaster. The remaining evidence shed little further light than that collated in the Council's commissioned review of 2010.

8.3.4 It was thought that long-term respiratory sequelae of firefighting in a disaster, such as the World Trade Centre or Grenfell Tower events, would be covered under the Scheme's accident provisions. After the Grenfell Tower fire many firefighters reported having respiratory problems. A short information note could be appropriate on this following a check of the facts.

8.4 Work as a mariner, renal stones and basal cell cancer of the skin

8.4.1 An MP's constituent asked the Council to look at renal stones and basal cell carcinoma of the skin acquired as a result of working as a mariner in hot climates.

8.4.2 RWG carried out a search of the published medical evidence. The findings showed:

8.4.2.1 The evidence that renal stones are, in some circumstances, an occupational disease is both limited and inconsistent - especially so with seafarers.

8.4.2.2 For basal cell cancer of the skin there is a much stronger evidence base in relation to occupational exposures to sunlight. Little though refers to seamen, the focus being generally on farmers and construction workers.

8.4.3 The evidence as it currently stands would make it impossible to add either condition to the list of prescribed diseases through employment as a seafarer, but skin cancer caused by exposure to mineral oil is prescribed, which might be applicable to the correspondent (mariner).

8.5 Hand arm vibration syndrome (HAVS)

8.5.1 The NUM raised a concern at the public meeting about the difference in the wording of the prescription for PD A11 and what the Council may have intended when the proposal was written. The concern was about the use of continuous vs. persistent tingling and numbness.

8.5.2 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.

8.5.3 The Council agreed to repeat the audit of claims to determine if claimants are being adversely affected by the wording of PD A11. The audit will be carried out on 100 consecutive number of cases. The audit has identified 60 claims so far with another 40 to come. It was agreed that the claims identified to date could be redacted and supplied to a Council member for analysis.

9. AOB

9.1 None

Next full IIAC meeting – 29 March 2018
Next RWG meeting – 22 February 2018