

# **RESEARCH WORKING GROUP of the Industrial Injuries Advisory Council**

## **Minutes of the meeting Thursday 23 November 2017**

### **Present:**

|                                 |                    |
|---------------------------------|--------------------|
| Professor Paul Cullinan (Chair) | RWG                |
| Professor Damien McElvenny      | RWG                |
| Professor Keith Palmer          | RWG                |
| Professor Sayeed Khan           | RWG                |
| Dr Sara De Matteis              | RWG                |
| Dr Anne Braidwood               | MOD                |
| Mr Hugh Robertson               | RWG                |
| Mr Andrew Darnton               | HSE                |
| Dr Clare Leris                  | DWP Medical Policy |
| Dr Edith Cameron                | DWP Medical Policy |
| Ms Susan Sedgwick               | DWP IIDB Policy    |
| Mr Stuart Whitney               | IIAC Secretariat   |
| Mr Ian Chetland                 | IIAC Secretariat   |
| Ms Catherine Hegarty            | IIAC Secretariat   |

**Apologies:** Professor Karen Walker-Bone, Professor Neil Pearce, Ms Nina Choudhury

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

1.1. None

### **2. Minutes of the last meeting**

2.1. The minutes of the last meeting were cleared with minor amendments. The Secretariat will circulate the final minutes to all RWG members ahead of publication on the IIAC gov.uk website.

2.2. All action points have been cleared or are in progress.

2.3. Tinnitus – response to query raised by a miners’ representative at the public meeting in July. The problem identified in prescribing for tinnitus in its own right was that the condition is subjective; it cannot be objectively measured, there being no standard test to confirm its existence nor to measure its disabling effect. A response will be drafted to inform the miners’ representative that it is not feasible to prescribe for tinnitus.

### **3. Coalminers, silica and lung cancer – position paper**

- 3.1. At the Public meeting in July, the NUM drew the Council's attention to an apparent anomaly in PD D11, primary carcinoma of the lung where there is accompanying evidence of silicosis. They pointed out that coal mining is not explicitly included in the prescription and that this had led to a case needing to be appealed.
- 3.2. A member wrote a paper which looked at the differences in the prescriptions for PD D1 and PD D11, reviewed the history of silicosis in coalminers, and made recommendations.
- 3.3. RWG concluded that there is a need to draw decision-makers' attention to the Council's view that the present terms of PD D11(b) do allow for prescription in coalminers with silicosis and lung cancer in certain circumstances (e.g. tunnelling, hard heading and brushing involving cutting hard rock, usually sandstone). The exposure definition in PD D1 (1) would also identify qualifying circumstances for the coalminer claimant with silicosis and lung cancer.
- 3.4. The paper was accepted and the RWG agreed for it to proceed for publication.

### **4. Silica and connective tissue diseases**

- 4.1. The information note 'Cadmium and Rheumatoid Arthritis' was published on the IIAC website 15 May 2017.
- 4.2. Further literature searches were carried out to include the disease states scleroderma, systemic sclerosis and systemic lupus erythematosus and occupational exposure – post 2004. This was followed up by an additional search to include rheumatoid arthritis.
- 4.3. Following analysis of information in the literature, a member produced a draft paper for discussion. This is an update on a previous report as more evidence reporting an association with silica and connective tissue diseases is apparent. The paper was subsequently further redrafted to include rheumatoid arthritis.
- 4.4. A likely barrier to prescription is the variable approach to defining and assessing exposures and how this could be translated into a prescription schedule. However, if the evidence on risks of SLE, scleroderma and rheumatoid arthritis is strong enough in workers with silicosis, it may be possible to prescribe for this subset of exposed workers.
- 4.5. Other members of RWG were asked to provide additional opinions on the strength of the epidemiological evidence presented in studies involving silicosis.
- 4.6. The paper will be reviewed again at the next meeting.

### **5. Medical Assessments**

- 5.1. Following correspondence between members, a revised extract of the original papers was circulated for discussion.
- 5.2. DWP medical policy official provided feedback stating most diseases do not have off-sets applied and provided a list of those that do. The official felt the

paper could be enhanced to include examples of prescribed diseases where off-sets are applied to avoid any confusion. Debate ensued about the appropriateness of the current choices; it was agreed that clarification around a set of overarching principles would be beneficial.

- 5.3. It was decided that DWP medical policy and the member conducting the review would discuss DWP custom and practice on the application of off-sets to decide what could be included in the paper.
- 5.4. A revised version of the paper will be presented to the next full Council meeting in January 2018, with the aim of having a set of recommendations which could apply to all prescribed diseases and injuries covered by the Industrial Injuries Scheme.

## **6. HAVS – wording on PD A11**

- 6.1. Following a question from the NUM 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. The wording for HAVS prescription symptoms states "significant, demonstrable reduction in both sensory perception and manipulative dexterity with continuous numbness or continuous tingling all present at the same time in the distal phalanx of any finger". However, the IIAC report recommending changes to the prescription set out in 2004 stated "intermittent or persistent symptoms of numbness and/or tingling in the digit".
- 6.2. The history of the matter was revisited. It was found that the question had been asked before, and that two audits had previously been carried out, albeit only on a small number of claims. The secretariat confirmed details of the inclusion criteria of this early audit were not available.
- 6.3. It was decided to carry out a further audit to look at a larger number of claims to see if claimants were being disadvantaged by the current wording.
- 6.4. RWG requested that DWP collect the records of 100 consecutive PD A11 claimants (with and without awards) to gain insight into whether claims submitted on sensoneural basis only (tingling) were being disallowed.

## **7. Correspondence**

- 7.1. A former mariner who worked for merchant navy had suffered a number of health conditions which they attributed to work.

### **7.1.1. Renal stones/calculi**

A search of the relevant literature was conducted and the evidence for an occupational association is both limited and inconsistent, especially in seafarers. Furthermore, the majority of urinary tract stones do not lead to enduring disability. For these reasons, it was decided not to proceed further with this prescription.

### **7.1.2. Basal skin cancer and sun damage**

For basal cell cancer (BCC) of the skin there is a stronger evidence base in relation to occupational exposures to sunlight but very little of it refers specifically to seamen, the focus being generally on farmers and

construction workers. This condition is extremely common and rarely disabling. A letter will be drafted to inform the correspondent that the view of RWG is not to proceed further with this prescription.

7.1.3. During the literature review carried out to assess BCC, it was apparent that squamous cell cancer (SCC) may warrant investigation. It was also felt that it would be worthwhile to determine if there was any new evidence on melanoma caused by UV exposure.

#### 7.2. Electrician with lung cancer and exposure to asbestos

7.2.1. Ministerial correspondence has been referred to IIAC in respect of an electrician diagnosed with lung cancer who claimed to have occupational exposure to asbestos but was advised that he was not eligible for IIDB.

7.2.2. The Council reviewed occupational exposure to asbestos and resultant lung cancer in 2005. It concluded that substantial occupational exposure to asbestos would be required to more than double the risk of lung cancer and listed occupations where this was likely to be the case (PD D8A). The correspondent was not employed in the scheduled work but worked in the vicinity of others who were. The RWG considered it unlikely that the level of asbestos exposure in his circumstances would be high enough to more than double risks of lung cancer, and that its low expectation of being able to amend PD A8A to cover his situation should be made clear when writing to his MP. A response to the correspondent will be drafted.

7.2.3. RWG agreed, nevertheless, that bystander exposure to asbestos and the terms of PD D8A had not been reviewed since 2005 and an updated literature search could reasonably be conducted.

#### 7.3. Firefighter with COPD

7.3.1. Ministerial correspondence has been referred to IIAC in respect of a firefighter who has contracted COPD as a result of his work over 30 years and is ineligible for IIDB because his occupation is not included in on the list for PD D12.

7.3.2. IIAC's commissioned review into occupational health risks in firefighters (2010) indicated that the evidence for respiratory disease of any kind was inconclusive. An initial literature check indicated this is unlikely to have changed and much of the current evidence on COPD in firefighters relates to firefighters involved in the 9/11 twin-towers disaster.

7.3.3. However, it was felt the literature should be reviewed post 2010 to ensure no new evidence was available.

## 8. AOB

8.1. A member received correspondence from an occupational health physician asking for advice on connective tissue disease and potential silica exposure. As this is a current topic under review, it was agreed that relevant sections of the draft report could be shared with the correspondent.

Next full IIAC meeting – 29 March 2018

Next RWG meeting – 10 May 2018