INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – 29 March 2018

Present:	
Prof Keith Palmer	IIAC (Chair)
Prof Damien McElvenny	IIAC
Prof Anthony Seaton	IIAC
Prof Paul Cullinan	IIAC
Mr Keith Corkan	IIAC
Mr Doug Russell	IIAC
Mr Paul Faupel	IIAC
Ms Karen Mitchell	IIAC
Mr Hugh Robertson	IIAC
Prof Karen Walker-Bone	IIAC
Dr Andrew White	IIAC
Dr Clare Leris	DWP Medical
Nina Choudhury	DWP Legal
Susan Sedgwick	DWP Policy
Stuart Whitney	IIAC Secretariat
Ian Chetland	IIAC Secretariat
Catherine Hegarty	IIAC Secretariat

Apologies: Dr Anne Braidwood, Dr Sara De Matteis, Prof Neil Pearce, Dr Andrew Darnton, Steve Hodgson, Prof Sayeed Khan

1. Announcements and conflicts of interest statements

1.1 Welcome to Dr Lesley Rushton, incoming Chair of IIAC. Dr Rushton is an epidemiologist/statistician with extensive research experience into occupational and environmental causes of ill health. Dr Rushton has previous experience of serving on IIAC and is a member of other related committees. Dr Rushton stated she is delighted to have been appointed as IIAC Chair.

2. Conflict of interest declaration

None declared.

3. Minutes of the last meeting

3.1 The minutes of the January 2018 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 Several members of the Council met with Sarah Newton MP, Minister for Disabled People, Health & Work to discuss Dupuytren's contracture to put forward the views of the Council.

4.2 The Minister was helpful and open to the possibility of revising the decision to turn down the Council's recommendations as set out in its command paper of 2014. The decision to not adopt IIAC's proposals was taken prior to Sarah Newton MP becoming Minister.

4.3 The Council will be updated when there is progress to report.

5. Medical Assessments

5.1 The main paper on medical assessments was circulated along with additional supporting materials. The latter included an information note which is a summary in one convenient place of various recent linked Council investigations into the rules and processes used to assess entitlement to benefit. The note brings together the work of the Medical Assessment Working Group and the work stream on medical assessments. The information note was signed-off by the Council.

5.2 A substantially revised copy of the main paper on medical assessments and regulation 11 was circulated ahead of the meeting to members for comment along with earlier views of Department officials. Consequently, the paper presented at the meeting reflected the comments received by correspondence.

5.3 The Council considered the paper and agreed for it to be signed-off with minor amendments.

6. Occupational exposure to silica and connective tissue diseases

6.1 As part of a related inquiry, the Council took the opportunity to update a previous review relating silica to systemic lupus erythematosus (SLE), systemic sclerosis and scleroderma (SS). Rheumatoid arthritis (RA) 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 very few cases.

6.3 Prescription if defined in terms of silica exposure would be difficult, since different studies have defined exposures in different ways, often ill-defined or impractical for use in the Scheme. Prescription might also be considered in claimants with silicosis, but this literature has important methodological limitations.

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

6.5 It was agreed finally that the case for RA and SLE was not made.

6.6 However, a member expressed the view that a strong case could be made for recognising SS. 'Good' studies indicated a likely causal association between silica exposure and SS - the text of the draft report accepted this; there appeared to be a doubling of risk, albeit that exposures were variously defined (as in 6.3 above); however, since SS is a rare disease and risk-conferring occupations, such as those involving cutting or drilling stone, are relatively rare, it could not be expected that traditional epidemiological evidence would emerge indicating a

doubling of risk for a given job title(s). The member argued that instead, in the case of such a rare disease, judgement could be exercised based on the overall pattern, case reports, expert opinion and individual proof, to decide the qualifying occupational circumstances, one proposal being occupations known to be at material risk of silicosis.

6.7 The Council debated the points raised. It recognised the considerable challenge in acquiring evidence on doubling of risks for diseases that are rare, and in which excess risks may be manifest in small worker groups incurring exceptional exposures. Within the current framework for decision-making the Council balances this against a need to define the prescription schedule so that it is firmly grounded in the evidence from research findings. Individual proof has not been accepted by previous governments; the doubling of risk framework has been used for several decades; a key concern exists about consistency of decision-making. On a show of hands and from submissions in absentia it was established that most Council members (11 of 13) felt that the case for prescription for SS was not made; there was one dissenting vote and one abstention.

6.8 It was agreed that the report would be signed off reflecting the majority view, but with textual amendments to reflect the debate. It was felt that more and better studies on risks by job title and/or cohort studies of patients with silicosis might change the position in future and the Council should remain open to this possibility.

6.9 It was felt the prevention section should be strengthened to reflect the fact that silica is a class 1 carcinogen.

7. Occupational risk of urolithiasis

7.1 A former merchant navy seaman wrote to the Council over health concerns attributed to work, including kidney stones.

7.2 Following a search of the relevant literature, evidence for an occupational risk proved limited and inconsistent, particularly for seafarers.

7.3 An information note presented to Council was accepted and signed-off.

8. Skin cancer and occupational exposure to natural UV radiation

8.1 The former merchant navy seaman referred to in 7.1 above raised another concern about basal cell carcinoma (BCC) attributed to long service in hot climates. The Council undertook a review of occupational exposure to sunlight and BCC and widened this to include squamous cell carcinoma (SCC) and melanoma (to be considered separately).

8.2 Extent of exposure to UV light varies considerably by latitude; exposures also occur at leisure, there being a challenge in distinguishing occupational risks from non-occupational ones. Barriers to making a recommendation for both BCC and SCC were found to be two-fold: firstly, the literature on UV exposure in similar latitudes to the UK was limited and tended not to suggest sufficient exposure to double the risk; and secondly, the evidence base was is insufficiently detailed to develop an occupational schedule for prescription.

8.3 The paper was signed-off with additional text to reflect that it is difficult to distinguish between leisure and occupational exposure.

9. Hand Arm Vibration Syndrome (HAVS) – audit of claims for PD A11

9.1 At the public meeting in 2017 a stakeholder voiced concerns that the recommended wording in the Council's 2004 command paper had been amended by lawyers, changing it's meaning to the potential disadvantage of claimants. The concern was for a minority of claims for sensorineural only HAVS and the use of 'continuous' instead of 'persistent' numbness or tingling.

9.2 Having agreed to review the matter, it became apparent the Council had considered the question previously through Ministerial correspondence. A small audit had been undertaken which did not find any significant unmet need among claimants.

9.3 Given continuing concerns, two RWG members repeated the audit on a larger scale. Follow-on enquiries were also conducted with experts in the field. The note recorded the findings of the audit, debated possible follow-on actions and offered a draft letter to the stakeholder inquirer.

9.4 The audit indicated that claimants were unlikely to be adversely impacted by the wording of the prescription; the Council decided not to recommend a change to the prescription.

9.5 However, the audit suggested that claims are often refused benefit on the basis of medical history, and in circumstances that make the assessment challenging for decision-makers. A possible way to circumvent this could be to establish the presence of vascular disease by objective testing. It was suggested that the Council should consider this question in its future work programme and there was agreement to do so.

10. Firefighting, respiratory symptoms and the Industrial Injuries Scheme accident provision.

10.1 Following engagement with the Fire Brigade Union (FBU), 2 members raised the issue of difficulties faced by firefighters who attended the Grenfell Tower disaster. A meeting is scheduled with the FBU and members will report back to Council with an update.

11. Research Working Group (RWG) Update

11.1 Reviews are ongoing into (1) melanoma & UV exposure and (2) bystander exposure to asbestos. All other matters were covered elsewhere in the agenda.

12. AOB

12.1 Proceedings of the IIAC public meeting held in Manchester in July 2017 were presented for information.

12.1.1 The Council agreed the contents and signed-off the document for publication.

12.2 The Minister for Disabled People, Health & Work recently gave a speech during a Westminster Hall debate where she stated she would ask the Council to look at the use of X-rays or CT scans as a screening tool to identify pneumoconiosis in coal miners at an earlier stage. DWP policy colleagues were asked to provide more information for the RWG to discuss at the next meeting on 10 May 2018.

12.3 The Chair concluded the meeting by thanking Council members for their support and contribution over the years. Members reciprocated, thanking the Chair for his leadership and guidance.

Date of next RWG Meeting: 10 May 2018
Date of next IIAC Meeting: 21 June 2018