

# INDUSTRIAL INJURIES ADVISORY COUNCIL

## Minutes of the IAC Meeting – 21 June 2018

### Present:

Dr Lesley Rushton	IAC (Chair)
Prof Paul Cullinan	IAC
Mr Keith Corkan	IAC
Dr Sara De Matteis	IAC
Dr Sayeed Khan	IAC
Mr Hugh Robertson	IAC
Dr Andrew White	IAC
Dr Andrew Darnton	HSE
Dr Anne Braidwood	MOD
Dr Clare Leris	DWP Medical
Nina Choudhury	DWP Legal
Susan Sedgwick	DWP Policy
Ian Chetland	IAC Secretariat
Catherine Hegarty	IAC Secretariat

**Apologies:** Prof Neil Pearce, Prof Karen Walker-Bone, Prof Damien McElvenny, Prof Anthony Seaton, Mr Doug Russell, Ms Karen Mitchell, Stuart Whitney, Steve Hodgson

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

**1.1** Welcome Sarah Henderson from the Ministry of Justice, observer, as part of a job shadowing scheme. Sarah works in the ALB Centre of Expertise in the Partnership and Assurance team. Ade Awoyinke, observer, DWP ALB partnership team with responsibility for the Diffuse Mesothelioma Payment Scheme.

**1.2** Prof Keith Palmer was awarded an OBE in the Queen's birthday honours.

**1.3** Mr Paul Faupel decided not to take up his offer of a final year on the Council and left on the 7 June.

**1.4** This was Prof Paul Cullinan's final meeting as his term ends at the end of August. The Chair expressed her gratitude to Prof Cullinan for his many years of service and also thanked departing member Mr Paul Faupel for his respective contributions.

**1.5** To fill these vacancies, a recruitment exercise is now underway. The advert seeking three independent members and an employer representative will go live on the Public Appointments website and various other outlets such as the SOM e.News on 29 June. All members were asked to urge colleagues or peers who they know might be interested in applying. The closing date for applications is 29 July and we expect new members will be in place in October.

**1.6** The Council were congratulated on their recent publications by Sarah Newton MP, (Minister for Disabled People, Health and Work) who also asked for clarification of the reasoning behind the Council not recommending a change to the prescription for PD D1 following their consideration of a case-report of a miner being initially refused benefit from tunnelling through rock. The Council felt it was not necessary to change the wording of the prescription because it was robust. However, it felt DWP operational staff should be made aware that coal mining often involved tunnelling through rock (as described in the prescription for PD D11) so claims from miners should not be rejected solely on the basis of occupation – if the terms of the prescription are met, then claims from coal miners should be allowed.

**1.7** The Minister for Disabled People, Health and Work recently approved the recommendations of the Council to amend the prescriptions PD B15 (latex anaphylaxis) and PD D6 (nasal carcinoma), widening the scope of both. The statutory instruments were scheduled to be signed on 27 June 2018 and will come into force 28 September 2018.

**1.8** Conflict of interest declaration – none declared.

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

**2.1** The minutes of the March 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](http://www.gov.uk/iiac).

**2.2** Action point 12 from the January meeting, concerning a review by WHEC on breast cancer and shift work, is carried over for the new chair to review and secretariat to liaise with WHEC to obtain a copy of their impending report.

**2.3** Members asked for a status update for Dupuytren's contracture following the meeting of IIAC members with the Minister. DWP Policy officials explained the reconsideration of the decision to reject the Council's recommendation to add the condition to the list of prescribed diseases under the Industrial Injuries Scheme was still under consideration. The Council will be updated when more information is available.

## **3. CT scans in the diagnosis of pneumoconiosis**

**3.1** The Council were asked, by the Minister, for their expert opinion on the routine use of CT scans in the early diagnosis of pneumoconiosis in coal miners (CWP). The topic was debated at a Research Working group meeting. Under the current arrangements for IIDB, claims for CWP are judged primarily on the presence of typical changes on chest X-ray (CXR). The Council agreed that CT scans are more sensitive than CXR in detecting mild CWP.

**3.2** However, it was the clear view of IIAC that in relation to the routine use of CT scans in the assessment of pneumoconiosis claims for IIDB, CT scans are not recommended. Using them does not produce a health benefit to the individual

claimant. The radiation entailed by CT scans is much higher than that for a CXR and the frequency of 'incidental' findings on CT scan is high; these potentially require further costly investigation and/or monitoring. A letter was drafted informing the Minister of the Council's position.

#### **4. Correspondence, agenda item 7b - Pleural plaques & ANCA associated vasculitis**

- 4.1** Correspondence received, via Social Security Advisory Committee, from Ben Wallace MP asking if pleural plaques and associated Anti-neutrophil cytoplasmic autoantibodies (ANCA) vasculitis could be added to the prescribed diseases associated with asbestos.
- 4.2** Pleural plaques have been considered by the Council and its position is that this condition does not meet the criteria for prescription. However, ANCA and associated vasculitis were not considered. Vasculitis is a term used to describe a series of conditions in which there is inflammation of the blood vessels.
- 4.3** A member reported a quick scan of the scientific literature did not yield significant evidence and reminded the Council of the recent investigations carried out into silica exposure and connective tissue diseases where it was a considerable challenge in acquiring evidence on doubling of risks for silica exposure and these diseases.
- 4.4** The Council accepted there is unlikely to be sufficient evidence to proceed any further with this topic.

#### **5. RWG update**

- 5.1** As part of a related inquiry, the Research Working group has reviewed the risks of occupational exposure to natural UV radiation and occurrence of melanoma. The evidence for a link between occupational exposure is weak, including for outdoor workers such as farmers. However, a link appears to be stronger for air crew. The Council debated the topic and decided it would be worth pursuing this further noting it would be interesting to compare rates of melanoma in short-haul crews and long-haul. Short-haul crews often do not have stay-overs in hot sunny climates.
- 5.2** Bystander exposure to asbestos was discussed which the Research Working Group have been investigating following correspondence from an electrician who stated they had contracted lung cancer as a result of incidental asbestos exposure. There was little literature relating specifically to electricians. However, it was decided to further investigate if there is a link with various occupations within the construction industry as there appeared to be evidence suggesting increased risk of developing lung cancer.

#### **6. Hand Arm Vibration Syndrome (HAVS): objecting testing for vascular disease**

- 6.1** A stakeholder at the public meeting held in July 2017 voiced concern that the recommended wording in the Council's 2004 command paper had been amended by lawyers, changing its meaning to the potential disadvantage of

claimants. The concern was for a minority of claims for sensorineural only HAVS and the use of consistent instead of persistent numbness or tingling.

- 6.2** Members carried out an audit of 100 consecutive claims for PD A11 and concluded it was unlikely claimants were disadvantaged where they had associated tingling symptoms.
- 6.3** However, the audit did consider that those claiming with vascular symptoms were more likely to be disadvantaged and recommended the Council investigate whether objective testing could be beneficial.
- 6.4** DWP officials stated an easy, cost effective test would be welcome which has a recognised standard. The Council decided to consult an expert in the field to determine what procedures may be available and how they could be applied.

## **7. Sensitising agents for asthma**

- 7.1** A member was consulted by DWP to assist in identifying agents which are known to trigger asthma. There is a published recognised list of asthma sensitising agents for applicants, and a category termed 'other sensitising agents' is available for claimants to use if they have been occupationally exposed to a sensitising agent not currently recognised. DWP also keeps a list of agents which have been shown to be sensitising agents when claimants have submitted claims under 'other sensitising agents'; the DWP do not publish this list 'as it is for internal use to speed up claim processing.
- 7.2** The member had reviewed the two lists and re-categorised agents as sensitisers or definitely not sensitisers where appropriate.
- 7.3** Members were concerned that the list of 'other sensitising agents' for which successful claims have been made has not been made public and urged the Department to publish the list with caveats as necessary. DWP officials were reluctant to do this as resources were not available to keep the list updated.
- 7.4** Members asked if this decision could be reconsidered.

## **8. Reviewing terminally ill cases after 3 years**

- 8.1** The Council were asked to review its position following Command Paper CM8846 'Terminal Cancers and Industrial Injuries Disablement Benefit' where a recommendation was made that the Department should review all Industrial Injuries awards made with an automatic 100% payment after three years to ensure they remain appropriate. Although most claimants with the diseases of interest will unfortunately die within three years there will be a few cases where a mistaken diagnosis may have been made or where there has been an unanticipated recovery.
- 8.2** The DWP has developed a process and appropriate forms to review these cases after 3 years and some of these cases have now been reviewed. Advice from the Council was sought as some issues have arisen.
- 8.3** Where a terminal illness has been diagnosed, DWP fast track any associated claims to ensure they are put into payment as soon as possible. However, the full extent of the diagnoses nor the extent of the illness may not be apparent at that

stage. This can lead to cases where a misdiagnosis has occurred. If this is the case, the DWP has recourse to correct a mistake.

**8.4** However, the DWP is unable to reconsider cases where claimants who were initially correctly diagnosed make a recovery and continue to claim benefit for a condition they no longer have as the award is made for life (regulation 20B).

**8.5** Consequently, 3 year reviews are on hold.

**8.6** The Council were concerned that claimants with the wrong diagnosis may be receiving payments and asked if the DWP could provide numbers of those affected. Once members were fully apprised of the situation, the Council will reconsider its position.

## **9. Fire fighting, respiratory symptoms and the Industrial Injuries Scheme accident provision.**

**9.1** Following engagement with the Fire Brigade Union (FBU), 2 members raised the issue of health consequences faced by fire fighters who attended the Grenfell Tower disaster. A meeting was held with the FBU and a member reported back to Council with an update. The Union circulated a note to its members stating they may be able to claim for IIDB under the accident provision if any related health conditions become apparent as a result of conditions encountered whilst dealing with the Grenfell Tower incident.

## **10. Correspondence**

### **10.1 Noise induced hearing loss in telephony engineers**

**10.1.1** Correspondence received from a MP who was contacted by a constituent regarding telephony engineers suffering bi-lateral deafness with tinnitus and is unable to claim IIDB as their occupation is not recognised by the terms of the prescription. The constituent stated bi-lateral deafness was commonplace amongst engineers in the telephony occupation.

**10.1.2** Council has reviewed tinnitus in the recent past and concluded that this condition alone is unsuitable for prescription.

**10.1.3** A letter of response will be sent to the MP outlining IIAC's position on tinnitus. Although the Council cannot become involved in individual cases, it felt asking if more information could be provided on the type of noise exposure and any tools which may have been used would provide context on which to base any subsequent investigation.

## **11. AOB**

**11.1** Members were made aware of recent media coverage of chronic obstructive pulmonary disease (COPD) in mineworkers. It was agreed the terms of the prescription for PD D12 were robust and accurately reflects the Council's position.

### **11.2 Stakeholder engagement**

The next public meeting will be held in July 2019. Members were asked to consider:

- Where it should be held

- Ideas for the format
- Programme of events
- Involvement of external stakeholders

Members were also asked to provide details of any stakeholder events they are attending and to provide details of any engagement activities they carry out.

**11.3** An event is being planned for IIAC members to meet with DWP IIDB operational staff. Members were asked state if they are interested in attending.

**11.4** It was agreed that the secretariat would only provide electronic copies of papers (subject to sensitivity & confidentiality) for subsequent meetings.

Date of next RWG Meeting: 13 September 2018

Date of next IIAC Meeting: 18 October 2018