

INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – 18 October 2018

Present:

Dr Lesley Rushton	IIAC (Chair)
Prof Anthony Seaton	IIAC
Mr Keith Corkan	IIAC
Dr Sara De Matteis	IIAC
Dr Sayeed Khan	IIAC
Mr Doug Russell	IIAC
Mr Hugh Robertson	IIAC
Dr Andrew White	IIAC
Prof Karen Walker-Bone	IIAC
Dr Anne Braidwood	MOD
Dr Ian Lawson	Observer
Dr Chris Stenton	Observer
Dr Mark Allerton	DWP Medical (video link)
Susan Sedgwick	DWP Policy (video link)
Lucy Wood	DWP Policy (video link)
Stuart Whitney	IIAC Secretariat
Ian Chetland	IIAC Secretariat
Catherine Hegarty	IIAC Secretariat

Apologies: Prof Neil Pearce, Ms Karen Mitchell, Dr Andrew Darnton, Ms Nina Choudhury

Announcements and conflicts of interest statements

1.1 The Chair opened the meeting by welcoming new members Dr Ian Lawson and Dr Chris Stenton, who were successful in their applications to join the Council.

1.2 There were no conflicts of interests declared.

1.3 The Chair updated the Council on the progress made in the recent recruitment campaign. A very strong field of candidates was identified and 11 candidates were interviewed, resulting in more potential candidates than there were vacancies. Consequently, Ministerial permission was sought to appoint 6 members to further strengthen the Council. This was agreed and the Minister subsequently approved the appointments, taking into account various factors such as diversity as basis for the decisions. The DWP Public Appointments Team are currently awaiting acceptance from those who have been offered a place.

2. Minutes of the last meeting

2.1 The minutes of the June 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.

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

3. Hand Arm Vibration Syndrome (HAVS) and objective testing for vascular symptoms

- 3.1 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 continuous instead of persistent numbness or tingling.
- 3.2 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.
- 3.3 However, the audit identified that those claiming with vascular symptoms were more likely to be unsuccessful and recommended the Council investigate whether objective testing could be beneficial.
- 3.4 DWP officials stated that an easy, cost effective test which has a recognised standard would be welcomed. The Council decided to consult an expert in the field to determine what procedures may be available and how they could be applied.
- 3.5 Dr Ian Lawson, a leading expert in this field, attended the research working group (RWG) to update members on the vascular tests currently available and their applicability to the assessment process required to qualify for IIDB.
- 3.6 Dr Lawson explained to the full Council that the tests available to measure the extent of the vascular component of HAVS were either unreliable or too cumbersome or expensive to apply in the assessment process. However, it was stated that photographic evidence, taken in advance of an assessment on a mobile 'phone, would give an indication of the extent of the disease as blanching of the digits can be recorded when episodes occur. These photographs or videos could be used to support a history of blanching in relation to vibration exposure.
- 3.7 The Council debated this point with some members and Policy officials expressing concern that the digital photographs could be manipulated to enhance or falsify evidence and mislead DWP decision makers. It was noted that this would be regarded as fraud and open to investigation, with action taken to address this. However, it was felt that generally it might be beyond the realm of ordinary claimants to have the technology readily available to enhance digital photographic evidence.
- 3.8 Dr Lawson commented that the guidance for medical assessors and decision makers could be relaxed to allow photographic evidence to be used alongside a detailed medical history in order to aid the assessment/decision making process. A member suggested a video would be more difficult to alter.
- 3.9 However, it was also recognised that if a claimant presented evidence of vascular disease obtained from having a properly validated objective test (as described by Dr Lawson) then this should be allowed to support a claim.

3.10 It was decided there was merit in producing a report for DWP to consider, putting forward the case for relaxation of guidance and the allowance of digital photographs to support claims. Additional supporting material will need to be gathered.

4. RWG Update

4a Melanoma in flight crew

- 4.1 Consistent evidence exists of a strong increase in the incidences of melanoma among pilots and air flight crew. Evidence produced from a meta-analysis of data obtained from air crew indicated a doubling of risk for melanoma. However, there are inherent difficulties in many of the studies in distinguishing between occupational and leisure exposure to natural UV light (sunlight).
- 4.2 The Civil Aviation Authority (CAA) has discounted apparent risks from cosmic radiation and this is supported by the literature; natural UV exposure is thus likely to be the cause of melanoma in air crew.
- 4.3 The RWG has considered the evidence and debated the occupational versus leisure exposure conundrum. It is generally accepted that air crew are regarded as being employed whilst on enforced stop-over breaks following long haul flights.
- 4.4 A member researched case law to determine if a precedent had been established linking leisure-like activities and occupational injuries or diseases whilst employed. A case was described where an air stewardess sustained an injury when playing tennis on a stop-over. The outcome of this review concluded that the injury could not be considered to be occupational-related as there was an element of choice to play tennis which was regarded as being outside of the usual course of their work.
- 4.5 In contrast, an airport fire fighter who sustained injury when playing volleyball during 'downtime' was considered to have had an occupational accident as it was part of their job to maintain fitness and the equipment was supplied by the employer to play volleyball and the incident occurred on employer site.
- 4.6 Both cases are important in consideration of the employment status of air crew when on stop-over. An airline determines the destinations of the plane, but, although air crew are likely to have some work related activities during the stop-over time, the airline may not determine activities during rest or leisure stop-over time. It was felt assumptions were being made relating to air crew activities and a more definitive answer would need to be sought. Sitting in the sun is a recognised voluntary risk. The Council decided, before proceeding further, it needed more information, so it was agreed to seek input from the CAA and employee representatives of air crew, such as British Airline Pilots Association (BALPA).
- 4.7 The Council felt this was more of a legal issue rather than a medical issue as the causal link of UV/sunlight to melanoma was well established. There are a number of different factors which influence the development of melanoma such as race and genetics, which should not be overlooked.
- 4.8 A member pointed out it would be very wrong to raise expectations of those with melanoma if the legal position dictated entitlement to benefit was unlikely to be allowed.

4b Asbestos exposure in construction/ancillary workers

- 4.9 Correspondence from an MP drew the Council's attention to the case of an electrician who developed lung cancer following asbestos exposure whose claim for IIDB had been turned down because he was not in a prescribed occupation.
- 4.10 Construction work, including electrical work, is not on the accepted list of occupations for prescribed disease PD D8A currently considered to be at risk of developing lung following exposure to asbestos.
- 4.11 An initial literature search regarding electricians did not produce any useful studies; it was suggested that the search strategy will need to be refined. It was noted by a member that the heaviest exposure in the construction industry tends to be in certain trades. It was suggested that the risks associated with mesothelioma may be a starting point to identify key trades within construction for further literature searches relating these to lung cancer. A member pointed out that construction workers are exposed to a number of carcinogens in the course of their work, many associated with dust.
- 4.12 The main cause of exposure to asbestos in modern times is thought to be more related to renovation rather than demolition and this can include a number of different trades, such as electricians, plumbers, plasterers etc.
- 4.13 The Chair decided a plan and different strategy was required and needed input from the Health & Safety Executive (HSE) relating to statistics around mortality and occupations exposed to asbestos.
- 4.14 The Council decided to carry on looking at this important issue, but accepted it was at an early stage and no conclusions could be reached at the present time.

4c Osteoarthritis in professional footballers

- 4.15 The Council received correspondence from a number of different sources citing a paper which links osteoarthritis of the knee and hip to professional footballers.
- 4.16 RWG commissioned a literature search to substantiate the claims and whilst relevant literature was identified, the evidence available did not appear to suggest a doubling of risk. Other members have been asked to review the literature identified in the search and give their expert opinion. This will be discussed at the next RWG meeting in November 2018.
- 4.17 A holding letter has been sent to all correspondents acknowledging their request for the Council to investigate this.

5. AOB

5a Next IIAC public meeting

- 5.1 The date for the next public meeting has been set for **11 July 2019**. Members were asked to consider potential locations – the last public meeting was held in Manchester
- 5.2 To remind members and promote discussion, the agenda for the 2017 meeting and a draft for 2019 was provided to consider the items for discussion.

- 5.3 Previously, the agenda was set to reflect relevant to subjects covered in the year or two before the meeting.
- 5.4 Keeping with a theme of including two main topics which have been recommended and one where a member discusses the reason why the Council have found certain diseases difficult to prescribe, additional topics could be discussed, for example skin cancer.
- 5.5 Members were asked to consider topics for inclusion and if they would be willing to be a presenter on the day.
- 5.6 The Secretariat has a list of stakeholders to disseminate information when the agenda and location have been agreed.

5b Induction visit for new/existing members to DWP IIDB Operations in Leeds

- 5.7 A visit to meet with DWP IIDB staff has been proposed to support the induction of new members to the Council and those who have not been for some time. A visit schedule was provided to give a broad outline of the day. The Secretariat will agree a number of dates with DWP operational staff and members can select a suitable date

5c IIAC terms of reference

- 5.8 The terms of reference as published on the IIAC Gov.uk website is being updated and members were invited to submit any comments to the Secretariat before these are published.

5d Annual scientific abstracts

- 5.9 The annual searches of all topics relevant to the work of the Council have been completed and are ready for dissemination amongst members.
- 5.10 The Scientific Adviser will share out the topics when membership of the Council has been confirmed following the recent recruitment exercise

Date of next RWG Meeting: 22 November 2018

Date of next IIAC Meeting: 17 January 2019