

RESEARCH WORKING GROUP of the Industrial Injuries Advisory Council

Minutes of the meeting Thursday 22 February 2018

Present:

Professor Paul Cullinan (Chair)	RWG
Professor Damien McElvenny	RWG
Professor Keith Palmer	RWG
Professor Karen Walker-Bone	RWG
Dr Sara De Matteis	RWG
Professor Neil Pearce	RWG
Mr Hugh Robertson	RWG
Mr Andrew Darnton	HSE
Dr Clare Leris	DWP Medical Policy
Mr Steve Hodgson	DWP IIDB Policy
Mr Stuart Whitney	IIAC Secretariat
Mr Ian Chetland	IIAC Secretariat
Ms Catherine Hegarty	IIAC Secretariat

Apologies: Dr Sayeed Khan, Dr Anne Braidwood

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.

3. Medical Assessments

3.1. Medical assessments – recent investigations

3.1.1. A member wrote an information note to support the main medical assessments paper. This is a summary of previous work by the Council in relation to medical assessments (presumption, the causation question, rebuttal, the treatment of 'other effective causes', commissioned reviews and audits), and the processes of the Industrial Injuries Scheme. It enables the work stream of the Medical Assessments Working Group to be brought together in one place.

3.1.2. Members accepted this paper with minor amendments and complimented the author on its relevance and content. It will be passed to the next meeting of the full Council for sign-off.

3.2. Diseases with multiple known causes, occupational injuries, and medical assessment

3.2.1. The paper presented to RWG was the latest iteration and incorporated changes suggested by members to simplify the text and changes suggested by DWP officials who had supplied some additional material for consideration.

3.2.2. A glossary has also been included and members debated the meanings of several points. Clarification was provided on the definitions of certain points and amendments to the text were agreed.

3.2.3. A DWP official asked if the Department might have several more weeks for other officials to scrutinise the paper in detail. However, it was felt that sufficient time had been given already, the substance of the report being evident to stakeholders for several months (and with Departmental responses already factored in), and to allow more time now would negatively impact the progression to publication. By way of compromise it was agreed to circulate the report copy for sign off to all stakeholders, including officials, *as soon as possible after the meeting*.

3.2.4. A DWP official stated the paper was not backed up by sufficient statistical analysis. RWG members felt strongly that this criticism was unwarranted. It was emphasised that a one-week audit of all settled claims nationally had been conducted and considered in detail; also, that when the Council requested a longer period of data collection, to make the study bigger, this was refused by the Department on the grounds it was too resource intensive. The text as drafted was consistent with the one-week audit and with the qualitative views of the Department expressed at various stages – the best evidence available to the Council in the circumstances.

3.2.5. A DWP official had concerns the paper when published may be confusing to DWP decision makers. Would they follow case law established by appeals or follow recommendations from the Council on the application of off-sets? It was the Council's understanding that judges gave medical assessors latitude, as experts, to decide the medical facts; this paper was aimed at advising medical experts, via the Department, on the scientific arguments. RWG members stated it was for DWP to decide whether or not to accept the recommendations of the Council. It was also stated that the Council did not seek to advise judges how to interpret the law, but wished that they could be advised of the Council's view of the science, similarly that decision-makers and medical assessors should be advised.

3.2.6. A discussion took place over some terminology used in the paper and a suggestion for a worked example to illustrate how off-sets may be

applied. It was agreed a DWP official would write to the author with suggestions.

3.2.7. It was agreed the paper would be further amended as appropriate and will be circulated to the full Council and DWP officials with a view to clearing any objections by correspondence so the final paper could be ready for sign-off at the March full Council meeting.

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 (SS) and systemic lupus erythematosus (SLE) and occupational exposure – post 2004. This was followed up by an additional search to include rheumatoid arthritis (RA).
- 4.3. Several members of RWG and one member of the Council were asked to provide additional opinions on the strength of the epidemiological evidence presented in studies involving silicosis. It was felt that none of the studies were particularly good, although the evidence for RA was consistent.
- 4.4. A member stated the results of the studies reviewed, where hospitalisation occurred, may have been influenced by Berkson's bias, which is a form of selection bias that causes hospital cases and controls in a case control study to be systematically different from one another because the combination of exposure to risk and occurrence of disease increases the likelihood of being admitted to hospital.
- 4.5. An additional complication was the identification of a paper which indicates that having RA may result in patients developing silicosis, or at least have a predisposition to developing silicosis (possible 'reverse causation').
- 4.6. Even though the clearest association was found for RA, a member stated that there may also be diagnostic bias as in early studies RA was diagnosed using elevated rheumatoid factor (RF) an indicator, but it has been subsequently established that RF is no longer considered an accurate method for diagnosing RA and can be elevated non-specifically following exposure to mineral dusts.
- 4.7. On the whole, it was felt that whilst some evidence exists for an association of RA with silica exposure, the case for prescription had not been made. The paper will be revised to reflect this and be reviewed at the next full Council meeting.

5. HAVS – wording on PD A11

- 5.1. 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 "persistent symptoms of numbness and/or tingling in the digit".

5.2. The Council requested an audit of 100 consecutive claims to determine if the wording of the prescription is adversely affecting claimants. The files have been collected and are available for analysis. Arrangements have been made for a member to review the cases provided.

6. Renal stones/calculi

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6.1.1. 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, but it was felt an information note was required. This was drafted by a member and offered to RWG for review. Some minor changes were agreed and the paper will be signed off by the full Council at its next meeting.

7. Basal skin cancer and sun damage

7.1. A former mariner who worked for merchant navy had suffered a number of health conditions which they attributed to work, including basal cell cancer.

7.1.1. For basal cell cancer (BCC) of the skin there is a weak evidence base in relation to occupational exposures to sunlight and 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 was drafted to inform the correspondent that the view of RWG is not to proceed further with this prescription, but felt the topic warranted further investigation.

7.1.2. 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.

7.1.3. An outline of an information note was drafted by a member and discussed at RWG. It was decided this requires further work and to expand the remit further to include occupational comparators for different occupations in different latitudes. A literature search to update RWG on melanoma and sunlight exposure will be carried out.

8. Annual Scientific Abstracts

- 8.1. The annual literature review will be supplied in March. RWG agreed that the list of topics will be reviewed and additional areas included if relevant. Due to members reaching their maximum length of tenure and new members joining RWG, the list of responsibilities will need to be reviewed.

9. AOB

- 9.1. DWP officials raised the issue of reviews for awards in relation to potentially 'terminal' illness, as recommended by IIAC in a command paper, where a condition can be cured. Officials pointed out that legally, when an award is made then this is for life, there is no facility to change that. This means that a few claimants will continue to receive benefits even though they no longer have the disease. It would require a change in legislation to introduce 3 year reviews. RWG stated the officials should write to the Council with their views for members to discuss.
- 9.2. Members attended a recent meeting where a Cost Action introduced the concept of Omega Net, which is a network on the coordination and harmonisation of European occupational cohorts. The overarching concept is to create a network to optimize the use of occupational, industrial, and population cohorts at the European level. It was suggested this may be a resource on which to keep a watching brief.
- 9.3. The Society of Occupational Medicine meeting 'Occupational Health 2018' is being held 25-27 June in London. Members were asked to consider if they are able to attend this conference and deliver a presentation as this event is a key enabler of public engagement.