

RESEARCH WORKING GROUP of the Industrial Injuries Advisory Council

Minutes of the meeting Thursday 10 May 2018

Present:

Professor Paul Cullinan (Chair)	RWG
Professor Damien McElvenny	RWG
Dr Lesley Rushton	RWG
Professor Karen Walker-Bone	RWG
Dr Sayeed Khan	RWG
Professor Neil Pearce	RWG
Mr Hugh Robertson	RWG
Mr Andrew Darnton	HSE
Dr Anne Braidwood	MoD
Dr Clare Leris	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: Dr Sara De Matteis, Ms Nina Choudhury

1. Announcements and conflicts of interest statements

1.1. A long-standing member announced this was to be their last meeting. The Chair thanked the member for their significant contribution to the work of both the RWG and full Council.

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. CT Scans in the diagnosis of pneumoconiosis

3.1. A question was raised by an MP during a Westminster Hall debate in support of former coal miners making a claim for PD D1 to be assessed routinely by CT scan in preference to a chest X-ray. The Minister for Disabled People, Health & Work is attending a round table discussion of experts and interested parties on 5 June. DWP Policy officials provided a paper for discussion and asked for IIAC's advice on the relative merits and effectiveness of using CT

scanning vs. x-rays to identify PD D1 and any likely impact on the Industrial Injuries scheme.

3.2. There were 2 aspects to this topic:

3.2.1. Should a national screening programme be implemented to be carried out in former coal miners to detect pneumoconiosis earlier

3.2.2. What benefits or harms might be apparent through the use of CT scans for IIDB claimants in the diagnosis of pneumoconiosis.

3.3. RWG will consider 3.2.2 as this is the only relevant aspect for IIAC

3.4. CT scans are doubtless more sensitive than CXR's in the detection of very early pneumoconiosis, when the condition is asymptomatic and not related to any impairment in lung function. There is no clear health benefit in the detection of pneumoconiosis at this stage in someone who is no longer exposed to its cause. Moreover, there are potential risks arising from CT scans. These include not only the higher dose of radiation but also the detection of incidental findings which would require further investigation (and cost) and, although most would be of a benign nature, they would likely induce considerable anxiety.

3.5. DWP officials stated chest X-rays are currently used for IIDB purposes, however, CT scans provided by a claimant are also taken into account. DWP has a centralised team who are experts in reading chest X-rays and use the internationally recognised ILO (International Labour Organisation) reporting scheme. DWP does not require a CT scan. If pneumoconiosis is detected then disability is awarded even if the claimant is asymptomatic as special rules apply to PD D1.

3.6. Members debated the issues discussed and concluded that the risks of CT scanning outweigh the benefits for IIDB purposes. It was felt that should IIAC recommend this procedure, many asymptomatic ex-miners may be targeted by claim-exploiting companies and may be put at risk for no purpose. RWG will respond to the Minister stating their position

4. Decision of upper tribunal judge – naphthalene and PD-C23

4.1. A claimant was turned down for bladder cancer (PD C23) because the chemical he was exposed to at work was not included in the list for which benefit can be paid.

4.2. The upper tribunal judge's ruling was discussed and the question for RWG whether exposure to naphthalene at work can cause bladder cancer was resolved as naphthalene is not a recognised carcinogen for this disease.

4.3. RWG noted the decision.

5. Melanoma and occupational exposure to UV/sunlight

5.1. Following correspondence from a merchant seaman who had developed skin cancer whilst working in hot climates, RWG decided to review the literature relating to melanoma and occupational exposure to sunlight/UV radiation.

- 5.2. A background draft note was provided by a member for review and comment.
- 5.3. A systematic review of the literature up to 2017 noted many inconsistencies in the results. No clear increase in risks of developing melanoma after occupational exposure to sunlight/UV were identified; indeed the risks appear to be lowered among those with outdoor occupations. A member stated they had knowledge of a large Swedish melanoma register which may be useful and agreed to share this with the author.
- 5.4. However, there was significant and consistent evidence of increased risks of melanoma in flight crew. It was suggested this may be due to long stop-overs between flights for long haul crew and the subsequent increased exposure due to down-time. It was suggested this could be examined further by comparing rates of melanoma in short-haul Vs long haul.
- 5.5. RWG decided to investigate the melanoma risks in air crew in more detail.

6. Asbestos exposure in non-recognised occupations (bystander)

- 6.1. Following correspondence from a MP about a constituent who worked as an electrician and developed lung cancer after working in close proximity to other workers who were processing asbestos. The claim for IIDB was subsequently turned down as the occupation was not listed in the prescription.
- 6.2. A literature search was undertaken to check for any new evidence on risks in workers with bystander exposure, but there were doubts whether risks would be sufficiently elevated to meet the prescription threshold.
- 6.3. A draft paper was provided by a member where the data indicated a small proportion of electricians have had sufficient exposure to asbestos to produce raised proportionate mortality rates for very specific, and relatively rare, asbestos-related diseases but that the majority haven't, which probably swamps the picture for the far more common condition, lung cancer.
- 6.4. RWG decided to pursue the matter in more detail but to widen the scope to include construction workers as the term 'electrician' may be too specific.

7. Hand Arm Vibration Syndrome (HAVS) – objective testing for vascular disease

- 7.1. At the public meeting in 2017 a stakeholder voiced concerns that the recommended wording in the Council's 2004 command paper had been amended, 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.
- 7.2. To address concerns, two RWG members carried out an audit on 100 consecutive claims for PD A11. Follow-on enquiries were also conducted with experts in the field.

- 7.3. 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.
- 7.4. 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. DWP officials stated the DWP would welcome any recommendation for measurement of vascular disease as the current system relies upon detailed medical histories which are often inconsistent.
- 7.5. RWG agreed to write to experts in the field to establish what definitive tests for vascular disease may be appropriate. It was also agreed to liaise with the Centre for Health and Disability Assessments, the organisation responsible for carrying out medical assessments for DWP to garner their opinion.

8. Firefighters, respiratory symptoms and the industrial injuries scheme accident provision

- 8.1. A meeting has been arranged between 2 members and the Fire Brigade Union to discuss any issues fire fighters may have experienced following the Grenfell tower fire. Other notable disasters such as 911 in the USA or the ICI fire in New Zealand may inform the discussion.

9. Annual Scientific Abstracts

- 9.1. The scientific adviser annually produces a comprehensive list of abstracts published on topics relevant to IIAC.
- 9.2. The current list of topics was reviewed to ensure continued relevance and responsibilities for reviewing these were reassigned due to members stepping down from IIAC in the near future.

10. AOB

DWP officials asked a member to assist with compiling a list of agents known to be a sensitising agent for asthma. Some members expressed concern that whilst there was a list of recognised sensitiser agents published on the IIDB Gov website, it was felt that should additional agents be identified as being eligible under the industrial injuries scheme, these should be published for transparency. It was also felt that any new list of potential sensitising agents should be reviewed by other experts in the field for completeness.