INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – 4 April 2019

Present:

Dr Lesley Rushton	IIAC (Chair)
Prof Neil Pearce	IIAC
Prof Anthony Seaton	IIAC
Prof Karen Walker-Bone	IIAC
Prof Raymond Agius	Observer
Dr Sayeed Khan	IIAC
Dr John Cherrie	IIAC
Mr Doug Russell	IIAC
Ms Karen Mitchell	IIAC
Mr Hugh Robertson	IIAC
Dr Andrew White	IIAC
Dr Ian Lawson	IIAC
Dr Chris Stenton	IIAC
Dr Kim Burton	IIAC
Dr Max Henderson	IIAC
Dr Valentina Gallo	IIAC
Dr Anne Braidwood	MOD
Dr Andrew Darnton	HSE
Susan Sedgwick	DWP Policy
Lucy Wood	DWP Policy
Jamey Johnson	DWP ALB Partnership team
Stuart Whitney	IIAC Secretariat
Ian Chetland	IIAC Secretariat
Catherine Hegarty	IIAC Secretariat

Apologies: Mr Keith Corkan, Ms Maryam Masalha, Dr Mark Allerton

1. **Announcements and conflicts of interest statements**

1.1 The Chair opened the meeting by welcoming new a member: Dr John Cherrie.

1.2 As this was his last meeting, Dr Lesley Rushton thanked Prof Anthony Seaton for his years of service to the Council and welcomed Prof Raymond Agius who will take up his post on 1 May 2019. Mr Jamey Johnson, DWP official, head of the arm's length body partnership, was also welcomed.

1.3 Dr Rushton also gave her thanks to Dr Sara De Matteis who has stepped down and moved to Italy to take up a post there.

1.4 Recruitment likely to start to fill current and upcoming vacancies

1.5 Sarah Newton MP resigned as Minister for Disabled People, Health and Work. No successor has been announced as yet, officials are monitoring the situation

1.6 There were no conflicts of interests declared. Post meeting edit: The Prime Minister appointed Mr Justin Tomlinson MP as Minister for Disabled People, Health and Work.

2. **Minutes of the last meeting**

2.1 The minutes of the January 2019 IIAC meeting were cleared with no 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 research working group (RWG) chair to review and secretariat to liaise with WHEC to obtain a copy of their impending report. It was noted by the Chair that an IARC monograph meeting on this topic will be taking place in June 2019, so no further action would be taken until the monograph publication is available.

3. Dupuytren's contracture

3.1 This was initially rejected by the Minister for Disabled People Health & Work, but following engagement of IIAC members with the Minister, it was announced in the 2018 Budget Statement that Dupuytren's would be added to the list of IIDB prescribed diseases.

3.2 This topic was discussed by the Council as DWP Policy officials asked that the 2014 command paper be reviewed and feedback provided to ensure the legislation is written to reflect the Council's intentions that it is the disabling condition which should be prescribed for.

3.3 It was felt that there the diagnosis and severity of the contracture were 2 different issues. In the published Command paper, the prescribed disease is given as 'Dupuytren's contracture resulting in fixed flexion deformity of one or more digits'. The Command paper also recommends that the table top test could be used as a filter for discouraging claims that would not attract benefit. With this test, the person places their hand on a table. If the hand lies completely flat on the table, the test is considered negative. If the hand cannot be placed completely flat on the table, leaving a space between the table and a part of the hand as big as the diameter of a ballpoint pen, the test is considered positive.

3.4 The severity of the symptoms and staging of the disease would need to be described in guidance provided to medical assessment staff.

3.5 These issues were debated at the February RWG meeting. It was felt that clarification of the prescription recommendations was needed and that the table top test should not be used as an initial filter for claims as this would lead to a large number of claims that did would not attract any benefit. Members at the RWG therefore suggested using the term *" …. fixed flexion deformity of the inter-phalangeal joints of the digit"*

3.6 This wording was discussed by Council members who felt the terminology needed to be strengthened further and agreed on " *….fixed flexion deformity of one or more inter-phalangeal joints of one or more of the digits".*

3.7 Regulations will be drafted based on the above recommendation which may come into force Autumn 2019.

3.8 There was some further debate on whether occupations where workers were subjected to vibration without using powered hand tools e.g. fettlers, would be covered by the prescription, but it was decided to review this at a later date.

4. COPD and coke oven workers

4.1 In August 2018, BBC Wales online reported that a widow of a former British Coal coke oven worker was awarded compensation in a landmark court case along with four other test cases settled out of court.
4.2 Coke oven workers are not covered under the Industrial Injuries Scheme for COPD, so the Council was asked to consider what the implications of this judgement are and if the prescription for COPD should be reviewed as a result. An initial scan of the literature indicated some of the published studies were fairly old and some of the evidence may be contradictory. It was noted that many of the cases were settled out of court, but where judgements were available, these were reviewed by a member – the Council was provided with the overview.
4.3 A member carried out a review of the literature and submitted a draft paper for the Council to discuss.
4.4 Another member submitted a summary of the discussion in relation to the litigation involving coke over workers. There was some debate amongst members about how dust impacts on other prescribed diseases such as COPD in PD D12 where exposure to coal dust is the causative agent. However, the exposure was quantified by long term measurements of dust-load. The literature reviewed for coke-oven workers appeared to not have considered this in a uniform manner. The Council decided it would be appropriate to check if there were any data published where dust levels were monitored in coke-oven environments. A member was asked if the Health & Safety Executive had any data on this topic.
4.5 As the reviewed literature shows inconsistencies and methodological issues, it was decided selected members would review the studies included in the review in more detail before deciding how to proceed.

5. HAVS

5.1 A sub-group of members were asked to draft a paper to reflect upon the findings of the Council with respect to objective testing for vascular symptoms and how photographic/video evidence could be considered by the DWP as acceptance of blanching of digits.
5.2 A draft paper was presented to the Council for comment which outlines the findings of the review and stated objective testing for vascular symptoms would not be appropriate to adopt for assessment purposes due the nature of the tests and the associated costs.
5.3 However, it did recommend acceptance of verified digital images to confirm blanching of the digits when this occurred, but this should not necessarily be mandatory.
5.4 The review paper was debated and suggested changes to the format were agreed. The Council elected to support the findings of the review and agreed that once the changes had been formalised, the paper could be published as a position paper.

6. Melanoma in flight crew

6.1 There is no doubt 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 which appears to increase with increased time spent flying. However, there are inherent difficulties in many of the studies in distinguishing between occupational and leisure exposure to natural UV light (sunlight).

6.2 The RWG has considered the evidence and debated the occupational versus leisure exposure conundrum. It is generally accepted that air crew are treated as being employed whilst on enforced stop-over breaks following long haul flights.

6.3 A member drafted an outline of a paper and this was circulated to meeting attendees. Whilst it has been incontrovertibly established that melanoma is caused by UV/sun exposure, this paper summarised the evidence and considered other possible causes of melanoma such as cosmic radiation and disruption of circadian rhythms.

6.4 Members consulted Public Health England (PHE) experts to establish if they were aware of the link between air-crew and instances of melanoma. Ionising (cosmic) radiation is high energy and would tend to go through the body, impacting on internal organs rather than the skin. However, pilots do not routinely wear dosimeter badges, so the dose of ionising radiation they are likely to be exposed to is generally modelled rather than directly measured. However, it is suggested this occupation is subjected to significantly higher doses of ionising radiation compared with other radiation exposed workers.

6.5 It has been established UVB is mostly blocked by windshields, but UVA can penetrate. A PhD thesis was uncovered which is of relevance. This involved measuring UV light in cock pits and interviewing pilots to determine their flying patterns.

6.6 The thesis reported that, of the survey participants, 80% of short-haul flights and 60% of long-haul flights were carried out in daylight. It was also suggested that when flight-crews were on stopover, they tended to be asleep during the day. This correlates with the assertion made by the BALPA representative at the Council meeting held in January 2019.

6.7 Members returned to the dos Santos Silva paper which showed skin melanoma rates were increased in both flight crew and air traffic controllers (ATCOs) with rates among the former increasing with increasing number of flight hours.

6.8 However, internal analyses revealed no differences in skin melanoma rates between flight crew and ATCOs. This may be an anomaly as many ATCOs have a pilot's licence and in the past flying was included as part of the training to become an ATCO.

6.9 The research to support a paper on this topic is nearing its conclusion and will be further discussed at the next RWG meeting in May 2019.

7. RWG Update

7.1 **Osteoarthritis (OA) of the knee in footballers**

The Council was initially approached by the Xpro Community. In a letter, a reference was made to a paper by Fernandes et al which indicated the prevalence of knee osteoarthritis was two to three times higher in male ex-footballers compared with men in the general population group. After adjustment for recognised risk factors, knee osteoarthritis appears to be an occupational hazard of professional football.

7.2 The Council subsequently received a letter from the PFA, also referencing the Fernandes paper, asking if OA could be investigated in footballers. When sporting injuries was looked at in 2005, the Council concluded OA in footballers

can follow significant joint injury and may be considered under the accident provision. The evidence available at the time did not support prescription of OA in footballers. A literature search has been completed and has been reviewed. It was shared with selected members and reviewed by members with musculoskeletal experts. Some initial thoughts were that it was unclear if there was a doubling of risk of developing OA in the knee in the absence of an injury, whereas it is relatively clear there is a doubling of risk of developing OA in the knee following an injury. The accident provision of the industrial injuries scheme may cover this aspect.

7.3 It was pointed out that only clinically diagnosed pain associated with OA should be considered OA assessed radiographically is not always clear-cut and can be open to interpretation.

7.4 The Council decided a further in-depth analysis of the data obtained from the literature searches was required before any firm conclusions can be drawn.

7.5 **Asbestos exposure in non-recognised occupations**

7.6 Correspondence from a MP brought to IIAC's attention the case of an electrician who developed lung cancer following asbestos exposure whilst at work. Their claim for IIDB had been turned down because he was not in a prescribed occupation. A literature search found no direct evidence specifically for electricians. RWG in May decided to consider asbestos exposure in non-recognised occupations in more detail, widening the scope to encompass all construction trades.

7.7 The literature searches carried out did not find papers which were specific to the topic, probably due to its wide scope. To inform how the search strategy could be refined, it was decided to look at what statistics HSE have published and develop a strategy from there.

7.8 Following lengthy discussions about asbestos, dust and their potential impacts on a number of professions ancillary to the construction industry or any occupations where dust is apparent, the Council decided to consider conducting a commissioned report into this topic due to its wide nature and far reaching implications on members' time to carry out the research. The chair will work with members to define the scope and parameters of the review.

8. AOB

a) Correspondence

I. **Anti-neutrophil cytoplasmic antibodies (ANCA) vasculitis following asbestos exposure.** The Council had conducted a review of the published literature and found no good evidence of a link between asbestos exposure and subsequent development of ANCA vasculitis. The same was found for silica. The chair has replied to the correspondent relaying this information.

II. **COPD and dust exposure**. A correspondent wrote in asking the Council to consider a possible discrepancy in the regulations for COPD caused by

dusts. There is concern that other than coal dust and asbestos, no other dusts are covered. Members agreed this would fall under the remit of the commissioned report, so a reply would be drafted to state the Council is looking at this topic in detail but this may be a lengthy process

b) Next IIAC public meeting

8.1 The date for the next public meeting has been set for **11 July 2019**. Members agreed the 2019 meeting would be held in Leeds.

8.2 Members were asked to consider topics for inclusion and if they would be willing to be a presenter on the day.

8.3 The Secretariat has a list of stakeholders to disseminate information when the agenda and location have been agreed. Members were asked to consider target groups to approach for advertising purposes.

8.4 Several topics were suggested and members were tasked with sharing their ideas with the secretariat by the end of April.

c) IIAC work programme

8.5 A programme of work will be drawn up as there are a number of potential topics which will require investigation. For example, welders & fume, ocular melanoma, cleaners & dry cleaners, metals & COPD, nanotubes. There are other topics which could be added to the list, which will be prioritised.

d) Induction visit for new/existing members to DWP IIDB Operations in Barnsley.

8.6 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. Interested members who couldn't attend on this occasion were asked to consider when they would not be available. The Secretariat will agree a number of dates with DWP operational staff and members can select further suitable dates

e) Handbook of respiratory diseases

8.7 DWP medical policy officials asked if the Council would review the respiratory disease handbook, which has been revised and is used by healthcare professionals when assessing various conditions. Several members volunteered to look at the handbook and provide feedback.

Date of next RWG Meeting: 30 May 2019
Date of next IIAC Meeting: 10 July 2019
Date of public meeting: 11 July 2019