

INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – 24 October 2019

Present:

Dr Lesley Rushton	IIAC (Chair)
Mr Keith Corkan,	IIAC
Prof Raymond Agius	IIAC
Dr Sayeed Khan	IIAC
Dr John Cherrie	IIAC
Mr Doug Russell	IIAC
Ms Karen Mitchell	IIAC
Mr Daniel Shears	IIAC
Dr Andrew White	IIAC
Dr Ian Lawson	IIAC
Dr Chris Stenton	IIAC
Dr Kim Burton	IIAC
Dr Max Henderson	IIAC
Dr Jennifer Hoyle	IIAC
Ms Lesley Francois	IIAC
Dr Emily Pikett	DWP Medical Policy
Jamal Siddique	DWP IIDB Policy
Lucy Wood	DWP IIDB Policy
Stuart Whitney	IIAC Secretariat
Ian Chetland	IIAC Secretariat
Catherine Hegarty	IIAC Secretariat

Apologies: Prof Karen Walker-Bone, Dr Valentina Gallo, Dr Andrew Darnton, Dr Anne Braidwood.

Announcements and conflicts of interest statements

1.1 The chair welcomed new members to the Council:

- Dr Jennifer Hoyle – respiratory disease expert
- Mr Daniel Shears – employee representative
- Ms Lesley Francois – legal expert

1.2 The chair also welcomed new DWP official representatives:

- Jamal Saddique, DWP IIDB policy
- Dr Emily Pikett, DWP medical policy

2. Minutes of the last meeting

2.1 The minutes of the July 2019 IIAC meeting were cleared subject to minor changes made by correspondence 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.

3. Melanoma, aircrew and occupational exposure to UV/natural sunlight

3.1 The paper presented to the Council in July has been amended to include information obtained by further engagement with Public Health England on UV

- exposure. The potential influence of shift work and circadian rhythm disruption has been revisited. It was noted that an IARC publication is due on shift work which indicated in its summary prior to full publication that there may be some data indicating a link in animal studies between shift work, melatonin and melanoma. However, there was no good evidence of this in humans.
- 3.2 The chair wrote to the head of the monographs programme to ask for access to some of the IARC evaluation material for pilots and aircrew and on melanoma in particular. However, this request was refused.
 - 3.3 A glossary has been added and a section on prevention will need to be written.
 - 3.4 It was felt the paper would benefit from a section clarifying employment law regarding the status of employees whilst on stop-overs for long-haul flights.
 - 3.5 A member thought the association of flying hours to melanoma development ought to be explained better as it was not clear how the link has been established in the available studies – are the flying hours aggregated? Pilots' flying hours are logged, but the position for cabin crew is not clear. It was pointed out that this information may be available, but not necessarily in the public domain as most cabin crew will have contracts which determine flying hours.
 - 3.6 Another member was not convinced the excess risk of developing melanoma in this group of workers was occupational. Some literature showed an excess risk in air traffic controllers (ATC). It was pointed out that ATC were formerly expected to have flying qualifications but that is not the case now. It was felt the data on long-haul versus short-haul flights need to be looked at again as those workers flying short-haul may not have the same UV exposure due to not having breaks on stop-over.
 - 3.7 It was felt that the sites on the body where melanoma develops required more explanation; however, head and neck melanoma sites, which might be an indication of the effect of UVA through windshields, are very rare, thus limiting the power of studies to show an effect in pilots and aircrew. It was also pointed out that melanoma can occur on areas of the body that get little or no exposure to UV light. The paper will be revised to include a discussion of this.
 - 3.8 At the July meeting, the Council overwhelmingly agreed to recommend prescription.
 - 3.9 The other option is not to recommend prescription at this point but to continue with a watching brief and regular revisiting of the literature - a mechanism of action confirming the assertion may emerge as might an explanation that the disease is caused by non-occupational means.
 - 3.10 A redraft of the paper will be presented at the next full Council meeting in January 2020.

4. Osteoarthritis (OA) of the knee in footballers

- 4.1 Members discussed a draft paper summarising their review and evaluation of the literature on OA of the knee in footballers.
- 4.2 The Studies of radiographic OA produce significantly higher risk estimates of the risk of OA but this is of limited relevance to the Council because radiographic OA does not necessarily reflect symptomatic OA or disability.
- 4.3 Studies shows that there is a clear doubling of risk of developing OA of the knee following knee injuries. This should be covered under the accident provision of the industrial injuries scheme. Members were informed that this has now been verified and as OA may develop years after the accident there is no time limit

- from when the accident happened and making a claim. A legal DWP definition of an accident was shared with members to inform the paper.
- 4.4 The major part of the draft paper thus focussed on the evidence in the absence of a previous knee injury.
 - 4.5 The data for self-reported “physician diagnosed” OA are inconsistent and are open to misclassification. Two from three studies suggested a doubling of the risk of knee arthroplasty but the third found no risk associated.
 - 4.6 There is inconsistency around pain and loss of function attributable to the knees later in life. The recent UK study by Fernandes contributes importantly to this literature but has limitations; for example, there was only a 25% questionnaire response amongst the former footballers and even lower rates of participation to X-rays - this may have caused response bias in that those with knee problems were more likely to participate.
 - 4.7 The inconsistency in the available evidence meant that the Council was unable to recommend prescription. The final report will be a position paper highlighting that the accident provision of the industrial injuries scheme could be considered by ex-professional footballers who had a documented knee injury and later developed OA of the knee.
 - 4.8 It was noted that records are important for determining if an accident was the OA causative agent, but it was pointed out DWP decision makers can use evidence from a number of different sources such as medical records to make informed decisions on eligibility for IIDB.
 - 4.9 Final edits will be carried out and the paper circulated by correspondence for final clearance for publication.
 - 4.10 This topic has been very difficult to evaluate and the Council felt it was important to record in the minutes how much of their own time certain members had spent in scrutinising the published data and how inconsistent the resultant evidence was. This has been an enormous task and the chair thanked the members for their significant contribution to the work of the Council.

5. COPD and coke oven workers

- 5.1 Coke oven workers are not covered under the Industrial Injuries Scheme for COPD. In August last year, BBC Wales online reported that a widow of a former British Coal coke oven worker was awarded compensation along with four other test cases in a landmark out of court settlement.
- 5.2 A member submitted a paper for consideration following a review of published literature.
- 5.3 The paper summarises mortality and lung function studies of specific working populations - mortality rates were modestly elevated with a less than doubled risk of death from respiratory disease; these studies can under estimate the overall COPD burden.
- 5.4 Although there are several lung function studies, including 4 fairly large ones, there were inherent problems with data and heterogeneity in their approach.
- 5.5 The Council discussed the paper in detail and suggested a few amendments. It was suggested that including the relevant evidence tables would add value to the report and it was agreed more information should be sought on exposure data, especially around the measurement of benzene soluble particles (BSP) which may not necessarily be the main causative agent for COPD. Coal dust exposure data would be relevant, so a member agreed to look into whether this is available. A brief summary of the court cases will also be added by a member.

- 5.6 The Council agreed with the RWG conclusions that at this moment there is insufficient evidence to recommend prescription.
- 5.7 The paper will be redrafted and submitted for consideration.

6. ANCA vasculitis following silica/asbestos exposure.

- 6.1 Correspondence from a MP brought this topic to the Council's attention concerning a constituent who thought they had developed anti-neutrophil cytoplasmic antibody (ANCA) vasculitis following exposure to silica and asbestos dust.
- 6.2 A comprehensive review of the published literature was carried out to determine if there was a link to silica/asbestos exposure and the development of ANCA vasculitis (AAV).
- 6.3 Several individual studies were found and were considered together with a meta-analysis of silica exposure results. None of the published reports pinpointed a link between AAV and asbestos/silica exposure. However, there was some evidence to suggest a tentative link to agricultural workers developing AAV following silica exposure. A member noted a recent paper had been published which may be of relevance; this will be summarised in the final version of the paper
- 6.4 The paper presented to the Council summarised the findings of the investigation and found no evidence to link AAV to silica/asbestos exposure. It was decided not to proceed any further with this investigation but to publish the paper as an information note. This will be circulated by correspondence for final clearance.
- 6.5 The chair will write to the correspondent informing them of the Council's investigation and the publication of the information note and explaining how the Council's conclusions were reached.

7. IIAC work Programme

- 7.1 A document was circulated to members outlining all the prospective topics IIAC have for consideration. The list was comprehensive and will require prioritisation to ensure work is progressed. It was assembled by input from members, stakeholders, the DWP, horizon scanning, MP correspondence and other correspondents. It is envisaged this will be a living document and published on the IIAC.gov website.
- 7.2 The Council discussed this proposal at length and agreed on the principle, with a view to narrative being added to the website when it is published explaining the rationale. The terminology used should be clearly explained in a plain language summary.
- 7.3 Several topics on the list were discussed in more detail.
- 7.4 Recently, the Environmental Audit Committee (EAC) published the Toxic Chemicals in Everyday Life inquiry:
(<https://www.parliament.uk/business/committees/committees-a-z/commons-select/environmental-audit-committee/inquiries/parliament-2017/toxic-chemicals-in-everyday-life-17-19/>)

This was referred to the Council by the DWP to consider as the report made recommendations:

“The Government should update the Social Security Regulations so that the cancers most commonly suffered by firefighters are presumed to be industrial injuries. This should be mirrored in the UK’s Industrial Injuries Disablement Benefits Scheme.”

- 7.5 This followed the Grenfell Tower fire where firefighters were exposed to contaminants.
- 7.6 The Council agreed to review the evidence as a priority and report back to the EAC with its findings.
- 7.7 Another topic discussed was mental health issues, especially post-traumatic stress disorder (PTSD). A DWP official stated the Department is looking to draw up new guidelines on this topic and asked if the Council could provide input.
- 7.8 A member gave an overview of the history of PTSD and explained there can be some subjectivity in the diagnoses, especially around what constitutes trauma. There is no certainty around causal links and the risk can be down to individuality.
- 7.9 The DWP has received a number of claims under the accident provision for PTSD and the number of cases is increasing. There was concern from the DWP that in some cases, where claims were denied, these decisions were being overturned at tribunal.
- 7.10 Mental health issues are an important part of the Council’s work so it was agreed that members could assist the DWP and would look at some of the individual claims received and those which had gone to tribunal.

8. Commissioned Review: Update and expansion malignant and non-malignant respiratory diseases.

- 8.1 A proposal to carry out a commissioned review of respiratory diseases was discussed by the Council. This stemmed from correspondence received by the Council where ancillary workers in the construction industry were not covered by the current prescribed diseases.
- 8.2 As this is a complex area, it was felt a commissioned review would be the best route to evaluate the vast evidence base. Funding has been secured, so this can go ahead when the specification has been agreed.
- 8.3 It was decided members should have more time to consider the proposal and were invited to give comments by email.

9. RWG update

- 9.1 Most of the current topics under consideration by RWG were covered in the meeting. A lower priority concern around the terminology used in the carpal tunnel syndrome (CTS) prescription and its interpretation by medical assessors was briefly discussed. A member had submitted a question to IIDB operations asking if information was readily available on the numbers of claims for CTS and reasons for any which had been denied. It was explained an audit of the claims would need to be carried out which would be time-consuming and burdensome. It was decided to determine if a member could review cases themselves under supervision at an IIDB processing centre.

10. AOB

- 10.1 Correspondence from the NUM was discussed. It was agreed that bladder cancer following exposure to hydraulic fluids and emulsifying oils would be added to the growing IIAC work programme. Further NUM correspondence would be referred to the DWP for response as the issues raised were operational.

- 10.2 DWP officials referred a draft Statement of Policy Intent (SPI) for Dupuytren's contracture which is due to be added to the list of prescribed diseases early December 2019. Members were asked to review the document and comment by email by 30 October 2019.
- 10.3 The media interest in dementia in footballers was noted and it was decided to keep a watching brief on this topic and await publication of relevant reviews.

Date of next RWG Meeting: 28 November 2019

Date of next IIAC Meeting: 16 January 2020