

RESEARCH WORKING GROUP of the Industrial Injuries Advisory Council

Minutes of the meeting Thursday 28 November 2019

Present:

Dr Lesley Rushton	RWG
Dr Sayeed Khan	RWG
Professor Neil Pearce	RWG Chair
Professor Karen Walker-Bone	RWG
Dr Chris Stenton	RWG
Professor John Cherrie	RWG
Mr Andrew Darnton	HSE
Dr Emily Pickett	DWP medical policy
Mr Jamal Saddique	DWP IIDB policy
Ms Lucy Wood	DWP IIDB policy
Mr Stuart Whitney	IIAC Secretariat
Mr Ian Chetland	IIAC Secretariat
Ms Catherine Hegarty	IIAC Secretariat

Apologies: Mr Doug Russell, Dr Anne Braidwood, Ms Maryam Masalha

1. Announcements and conflicts of interest statements

- 1.1. The Chair welcomed new RWG members' Dr Chris Stenton and Professor John Cherrie. Mr Doug Russell will attend future meetings.
- 1.2. Publication of the information note drafted to explain the Council's reasoning for recommending changes to the Dupuytren's contracture prescription following a request by the DWP, has been delayed. This is due to restrictions imposed during purdah which is the period immediately before a general election.
- 1.3. A member declared they have an interest in a civil case relating to air-crew, but unrelated to the melanoma investigation.

2. Minutes of the last meeting

- 2.1. A member asked for clarification on a point in the last minutes relating to a statement in the melanoma and occupational exposure to UV/sunlight section "Precedent has been set in the past where an unknown cause of an industrial injury has led to prescription, but this is no longer on the prescribed list." This refers to miner's nystagmus which was removed from the prescribed list of diseases in 2007. The member asked if there is factual evidence to support this statement. It was agreed to obtain a copy of this prescription and review the evidence.

- 2.2. The minutes of the last meeting were cleared. The secretariat will circulate the final minutes to all RWG members ahead of publication on the IAC gov.uk website.
- 2.3. All action points have been cleared or are in progress.

3. Coke oven workers and COPD

- 3.1. A member submitted an updated position paper for consideration following comments from other members. This topic originated from reports in the media that a former British Coal workers widow was awarded compensation and that four other test cases were settled out of court after developing COPD as a consequence of their work in coke plants.
- 3.2. The evidence from published papers has been collated and scrutinised – the member summarised their findings and concerns in their paper.
- 3.3. The author of the paper had reviewed a court judgement relating to Phurnacite workers to establish if there was anything of relevance which could impact the current investigation.
- 3.4. Having reviewed the exposure information, the interpretation was that this judgement has some relevance to coke oven workers but not enough to alter the recommendation of the Council. However, members thought it was important to acknowledge the court case as part of the background of the paper.
- 3.5. Members debated the position paper and some amendments were agreed. Overall, RWG members were supportive of the conclusion of the paper that the current evidence available in the published literature is inconclusive and not strong enough to warrant prescription.
- 3.6. It was agreed the paper would be revised as discussed in the meeting and brought back to the next full Council meeting in January to be cleared.

4. Environmental Audit Committee (EAC) recommendations for firefighters

- 4.1. A recommendation from the House of Commons EAC report: 'Toxic chemicals in everyday life' has now been referred to the Council by the minister following the Government's response.
- 4.2. The report states "*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*"
- 4.3. It refers to risks associated with firefighting and the subsequent diseases firefighters may go on to develop.
- 4.4. It was decided that engagement with the expert witness who gave evidence to the Committee, Professor Anna Stec, was very important.
- 4.5. However, previous investigations carried out by the Council into firefighters have not identified a doubling of risk and the epidemiology appears to be clear on this topic. Previously, the Council had advised firefighters might be eligible to claim under the accident provision.

- 4.6. A member provided information on an ANSES report with information of relevance, written in French. It was decided to ask a member who has fluency in this area to review the publication and inform the Council of anything it needs to be aware of.
- 4.7. Another publication of relevance is Epidemiological Literature Review on The Risk of Cancer among Firefighters by Brantom et al which will be reviewed by RWG members.
- 4.8. It was decided to carry out a literature search of recent publications to review current evidence.

5. Melanoma and occupational exposure to UV/sunlight

- 5.1. This topic was initiated by correspondence received from a former mariner who developed skin cancer (non-melanoma) as a result of exposure to sunlight. Following on from this, it was decided melanoma needed to be looked at by the Council.
- 5.2. This draft command paper has been discussed by RWG and the full council on a number of occasions as the author had revisited some of the points raised.
- 5.3. This version addressed areas of concern such as long haul vs short haul flights and further information included.
- 5.4. It was agreed, following discussion, that a suitable qualifying period would be 5 years' continuous employment, but this will be looked into further.
- 5.5. Also, further work on the disruption of circadian rhythms and exposure to UV light has been expanded. The role of melatonin in repair to DNA damage caused by UV radiation was discussed and how irregular disruptions to circadian rhythms could be implicated as melatonin metabolism would be affected. A member noted there was a paper published on animal studies which showed a link and agreed to provide the reference.
- 5.6. Given the epidemiological evidence is very strong, RWG members agreed that the correct conclusion would be to recommend prescription. Following minor edits and revisions, the command paper would be presented to the next full council meeting for discussion with a view to be cleared.

6. Commissioned review into respiratory diseases

- 6.1. This follows on from the correspondence received from an electrician who developed lung cancer after working in close proximity to other workers who were processing asbestos. Originally this topic was asbestos exposure and cancer in construction workers.
- 6.2. 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 scope and parameters of the review was drafted and circulated to RWG members for comment.
- 6.3. Funding has been agreed and can be accessed when required.

- 6.4. The Council was given the opportunity to comment on the draft proposal. The paper put before RWG is the version where all comments have been incorporated.
- 6.5. This proposal was discussed and some concern raised that the scope was very broad, and it was agreed that it would focus on lung cancer and COPD. However, it was envisaged this would be carried out in 2 phases with the outcomes of the initial phase determining how the investigation would proceed in the latter phases with regular updates as necessary.
- 6.6. The tender process via advertising and targeted mail-drops can begin when DWP commercial officials have had the opportunity to review. This activity cannot start until the election is over and purdah ends.

7. Proposed ongoing IIAC work programme

- 7.1. A draft work programme was presented at the meeting which had been drawn up by the Chair and secretariat. This was formed from items raised at the public meeting, correspondence, horizon scanning and members own experiences.
- 7.2. The items on the work programme were nominally prioritised according to perceived length of time the investigations were expected to take.
- 7.3. Members agreed to adopt the work programme at the full October Council meeting.
- 7.4. The entries will be updated to reflect the current investigations which will be coming to an end or progressing.
- 7.5. This will be prepared for publication when the purdah period ends.

8. AOB

a) Correspondence

- i) NUM – COPD and Osteoarthritis of the knee.
 - (1) COPD and the use of ambulatory oxygen and its effect on the spirometry test; this has been referred to the DWP.
 - (2) Osteoarthritis of the knee and changes in occupation or loss of earnings and how this affects loss of faculty in assessments by HCPs; this has been referred to DWP.
 - (3) COPD and drop in lung function ruled out at posthumous assessment; Discussion to consider whether these queries should be referred to the department – the posthumous COPD issue has been referred to the DWP to comment.
 - (4) Occupational deafness and police firearms officers – this came as correspondence from a former MP. The claimant has unilateral hearing loss due to ill-fitting ear defenders during practice. The prescription for noise induced hearing loss states the deafness needs to be bilateral for the condition to be considered disabling. A response will be drafted.

b) Carpel tunnel syndrome (CTS)

- i) Following the public meeting, a member was asked if they could advise if there may be similar issues for CTS and the use of hand vibrating tools as had been encountered with HAVS.

- ii) The issue raised was in relation to the possibility of there being similar problems with assessing doctors when dealing with CTS from the use of vibrating tools.
 - iii) The recent data provided on CTS suggests there may be an issue but only by carrying out an audit of cases similar to the HAVS exercise would it become clear.
 - iv) It was decided to ask the DWP if there were any obvious reasons for the relatively low successful claim numbers before embarking on an audit – this is ongoing and a DWP official is taking this forward.
- c) Statement of policy intent (SPI) – Dupuytren’s contracture**
- i) The DWP previously asked the Council to comment on its draft SPI which have been incorporated.
 - ii) DWP officials updated members on preparations for the implementation of Dupuytren’s contracture prescription. The initial proposal is for medics to carry out assessments of the first 1000 cases then carry out a review to determine if other healthcare practitioners could be used.

Next meetings:

Full IIAC – 16 January 2020

RWG – 27 February 2020