

INDUSTRIAL INJURIES ADVISORY COUNCIL
Minutes of the online meeting
Thursday 9 July 2020

Present:

Dr Lesley Rushton	Chair
Professor Raymond Agius	IIAC
Professor Neil Pearce	IIAC
Dr Chris Stenton	IIAC
Professor John Cherrie	IIAC
Professor Karen Walker-Bone	IIAC
Dr Sayeed Khan	IIAC
Mr Doug Russell	IIAC
Dr Ian Lawson	IIAC
Professor Kim Burton	IIAC
Dr Sayeed Khan	IIAC
Dr Andy White	IIAC
Dr Jennifer Hoyle	IIAC
Dr Max Henderson	IIAC
Mr Dan Shears	IIAC
Ms Karen Mitchell	IIAC
Ms Lesley Francois	IIAC
Dr Anne Braidwood	MoD (listen-in only)
Ms Lucy Darnton	HSE
Dr Emily Pikett	DWP Medical Policy
Ms Victoria Webb	DWP IIDB Policy
Ms Olivia El-Saiegh	DWP IIDB Policy
Ms Mandeep Kooner	DWP IIDB Policy
Mr Ian Chetland	IIAC Secretariat
Ms Catherine Hegarty	IIAC Secretariat

Apologies: Mr Keith Corkan, Mr Stuart Whitney (DWP), Ms Maryam Masalha (DWP).

1. Announcements and conflicts of interest statements

- 1.1. From the DWP, the IIDB policy team has changed to now include Victoria Walker, Olivia El-Saiegh and Mandeep Kooner.
- 1.2. This was the first IIAC to be held virtually via videoconference, the Chair set out expectations for the call and how it should be conducted.

2. Minutes of the last meeting

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

3. COVID-19 and its potential occupational impact

- 3.1. The Chair introduced this topic and thanked members for the papers and presentations which had been submitted for discussion. Some members have been involved in the frontline of this pandemic and their input was invaluable. The Chair stated that the Council needs consider how Covid-19 has relevance to its work and IIDB. We might expect that workers who have more contact with people as part of their work and/or work in close proximity with other workers will be at higher risk of contracting the condition. Information can be drawn from a number of sources for mortality information including Office for National Statistics (ONS) mortality data; IIAC will also want to look at disability, both acute and longer term. It is recognised there may be issues in collecting data for the both.
- 3.2. The Council received a press enquiry from ITN seeking to determine if IIAC are looking at Covid-19 with respect to industrial injuries. The Chair stated it would be useful if a statement could be put on the IIAC Gov website stating its position and seeking information on any available data. The timescales and IIAC's plan of action should also be stated.
- 3.3. A member stated that a position paper may be drafted which may initially focus on mortality data. This member also stated that, independent from the Council, they had received funding to analyse the ONS data in more detail and had already reached out to Public Health England (PHE) and the ONS. This would enable larger numbers to be evaluated with more occupations listed, with potential to devise a job exposure matrix and grouping of occupations. Other recognised experts in this field have been brought on board and it was made clear IIAC would have an interest with this research.
- 3.4. There appears to be issues with data from the coroner in England and Wales – if a death is referred to the coroner in England and Wales then it is not recorded, nor classified by cause of death until the coroner has made their decision. It has been estimated that there are a number of healthcare workers whose death had been reported to the coroner but not yet counted, raising concerns about the validity of the ONS data. This is in contrast to that in Scotland.
- 3.5. Most deaths referred to the coroner appear to be from healthcare and possibly care home workers as other occupations such as bus drivers are less likely to be referred. In terms of analysing mortality data in the short-term, for example from ONS, a discussion of underreporting will be needed.
- 3.6. The Chair noted that there had been Parliamentary questions on this topic – there can be posthumous claims for up to a year, so the timescales for this research are important with respect to IIDB claimants. The member anticipated the data from ONS can be analysed in detail by the end of the year. Specific occupations will be included in the update ONS report for June, where proportions of death in specific occupations due to Covid-19 can be estimated. Ethnicity and region will also be examined and ONS are keen for this to be done.
- 3.7. A member who has been working on the frontline as a clinician reported that interstitial lung disease was not as prevalent as might be expected from

- observations of early cases. Approximately 1 in 4 patients appeared to experience mental health and anxiety issues related to Covid-19, but long term data are not available. Breathlessness was experienced in those patients who had severe pneumonic changes. In the clinical environment, almost all occupations were represented and it was questioned how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) was being used and if this was being applied correctly.
- 3.8. Another member presented slides which showed:
 - Coronavirus (COVID-19) related deaths by occupation, England & Wales: deaths registered between 9 March & 25 May 2020:
 - 3.9. Other data sets were presented which showed:
 - The coronial process, where there may be a year's delay in reporting.
 - 3.10. ONS 2nd bulletin on deaths by occupation for men and women
 - The presenter thought that the ONS data were of good quality, gave analyses by gender and adjusted for age. In addition to potential bias because of delayed registration (notification of coroner) the presenter noted that the death rates were currently not adjusted for deprivation, area of residence, & ethnicity that have all shown by ONS data to be important determinants of Covid-19
 - In addition, secular changes will be needed when interpreting the results; for example the background rate rose between 1st and 2nd report from ONS, a potential confounding effect of lockdown / furlough and changes in behaviour or protection at work.
 - 3.11. The presenter suggested what might be next for an IIAC investigation to consider:
 - Epidemiologic analysis of more ONS data etc, after appropriate adjustments (socioeconomic etc) should help provide the answers the Council requires.
 - Other UK studies e.g. of morbidity.
 - Studies abroad may help corroborate.
 - 3.12. There are no RIDDOR publications on this topic yet, but the HSE has committed to publish data on this regularly, but as indicated, there are questions around the quality of these data. Anecdotally, under-reporting appears to be an issue. Many employers may not be aware of the regulations, so reports may not be submitted.
 - 3.13. Members debated the points raised by this presentation with comments being made around:
 - Judgement about Covid as a work-related to be reported via RIDDOR disease as would have to have been working with someone who had a confirmed diagnosis of Covid-19 ie tested.
 - Infectious diseases are invisible, so it is much more difficult to identify.
 - Many taxi drivers are self-employed, so deaths will not be reported via RIDDOR.
 - The Trade Unions have been collating data, so may be an important source of information, so engagement with these bodies was encourage.

- RIDDOR reporting will vary between organisations and due to the duration of the disease and reporting may not take place within the required timeline. It's not always clear who is responsible for making RIDDOR reports within organisations.
 - Retail organisations are unlikely to report the death of a worker from Covid-19 as work-related.
 - Anecdotal evidence suggests that those in sedentary occupations may be impacted as obesity is an important factor in this condition.
 - It is often the case that who recorded the death on the certificate and whether the occupation would be reported.
 - Many of those working in social care were not tested and there was a reluctance to report any incidence of Covid-19.
 - Many of the impacted occupations employ workers over the age of 65, so these would not be reported.
 - Speed is of the essence due to the time limitations of the requirements of IIDB.
- 3.14. The Chair stated the Council needs a strategy to progress this topic. It was suggested that a paper be drafted with the information available to date and report back to the RWG in September 2020 with a view to having something for the full Council to review in October 2020.
- 3.15. A statement will be put on the IIAC Gov website stating the Council's intentions.

4. Silicosis

- 4.1. A member reviewed the literature on this topic and submitted a paper summarising their findings relating to silicosis. They also reviewed the history of the prescription for PD D1.
- 4.2. This was agreed at the last RWG meeting where the Chair decided to put together a sub-group to look at silicosis with a view to update the current prescription PD D1 which is limited to a number of specified occupations.
- 4.3. The paper put to the Council looked at silica exposure across a number of occupations involved in construction and includes mortality data. Other occupations were also reviewed.
- 4.4. The paper concludes it is not clear anything needs to change in the prescription. Most of the risks reviewed in the paper have been known for many years and implicitly no need has been seen to include them in them in the pneumoconiosis prescription. There is in any case an 'open' category 13 of PD D1 that would cover all the circumstances discussed in the paper.
- 4.5. The questions posed in the paper:
- Whether to simplify the current legislation by removing the current list of exposures/ work practices and simply state that anyone with pneumoconiosis is eligible for IIDB. That removes the risk that some eligible subjects will be inhibited from claiming by the obscurity of the 'catch-all' criterion
 - Whether at the same time to address the anomalies in the legislation

- Whether to accept that the current legislation is satisfactory for its purpose and not seek to alter it.
- 4.6. It was suggested that silicosis is often under- or mis-diagnosed and there may also be a lack of awareness of the eligibility to claim for IIDB if silicosis is confirmed. Also, the list of occupations on the prescription is lengthy and potential claimants may not scroll down far enough to reach point 13. An awareness campaign may address these issues.
 - 4.7. Members debated the paper and there was a clear view that that it is time to modernise and update the prescription.
 - 4.8. It was decided that a campaign would be launched to raise awareness and commit to updating and rewriting the prescription in the form of a command paper.
 - 4.9. On a wider note, several members were in favour of having a more modern approach to prescriptions. Some rare diseases, e.g. systemic autoimmune diseases following exposures to silica, may never reach the 'more than doubled risk' criteria required for prescription.
 - 4.10. A point was made to engage with relevant stakeholders to provide assurance the Council is working to update the prescription and not to exclude workers currently impacted.

5. Environmental Audit Committee (EAC) recommendations for firefighters

- 5.1. A recommendation from the House of Commons EAC report: 'Toxic chemicals in everyday life' was referred to the Council by the minister following the Government's initial response.
- 5.2. 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*"
- 5.3. The Council is obliged to provide a response as the DWP have asked it to review the evidence and respond accordingly.
- 5.4. A literature search was carried out and a member reviewed the relevant references. A paper summarising the findings so far were presented to RWG for discussion.
- 5.5. It was noted that the Council has evaluated the risks, in detail, faced by firefighters in the past, including a commissioned review in 2010.
- 5.6. From the latest evidence, it would appear that firefighters do not suffer from an excess of general cancers more than that observed in the general population, the relative risk being around 1.0.
- 5.7. Previously, the Council took evidence from Professor Anna Stec on the risks of exposure to carcinogens for firefighters and this needs to be reflected in the Council's response. However, this is not borne out by the epidemiology.
- 5.8. A member drafted a comprehensive paper which was discussed at the meeting. Other members had input on exposure and those who have had engagement with the Firebrigades Union.

- 5.9. Whilst many of the potential carcinogens which Fire Fighters may be exposed are known already, it is thought that the length of the exposure and the levels would not be sufficient to have significant impact.
- 5.10. When the paper has been redrafted to include more exposure data, the formal response of the Council to the EAC recommendations will be considered. It was proposed to publish a position paper on this topic.

6. AOB

6.1. Annual Abstracts exercise.

- The secretariat has completed the annual abstracts exercise and the complete document is now available for members to review.
- It was decided to split the topics between individual members who have relevant expertise of those topics. The full document will also be distributed to all Council members.

6.2. Correspondence.

- The Council has received correspondence from a key stakeholder, but due to the secretariat having to work differently, the letter was not received. The secretariat has been in contact and correspondence will now take place by email. The stakeholder wrote to the DWP asking why the technical guidance for PD D1 silicosis had not been updated to enable miners to claim, despite IIAC having recommended this.
- DWP policy officials responded, explaining there had been resource challenges but the Department was committed to making this change.
- It was also explained to the Council that the DWP is limited to what changes to legislation it can ask Parliament to approve as the timetable is crowded, with the main Government focus being on Covid-19 and changes required due to exiting the EU.
- Policy officials stated they were fully committed to supporting the Council's work but it may take a little longer to implement and may need to be done in batches of changes.

Dates of next meetings:

IIAC – 22 October 2020 – Virtual meeting

RWG – 10 September 2020 – Virtual meeting