

INDUSTRIAL INJURIES ADVISORY COUNCIL
Minutes of the online meeting
Thursday 22 October 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 (audio)
Mr Keith Corkan	IIAC (audio)
Ms Lesley Francois	IIAC
Dr Anne Braidwood	MoD (audio)
Ms Lucy Darnton	HSE
Ms Victoria Webb	DWP IIDB Policy
Ms Maryam Masalha	DWP Legal
Mr Darren Bird	DWP ALB Partnership Team
Mr Stuart Whitney	IIAC Secretariat
Mr Ian Chetland	IIAC Secretariat
Ms Catherine Hegarty	IIAC Secretariat
Ms Dawn Harrison	DWP Partnership Team

Apologies: DWP Medical Policy

1. Announcements and conflicts of interest statements

- 1.1. From the DWP, the Arm's Length Body partnership team has changed to now include Ali Kempton/Darren Bird as a job share who have responsibility for IIAC.
- 1.2. Dr Emily Pikett, DWP medical policy, has gone on maternity leave. Dr Fareeda Amojee will be joining DWP in late November and she will work with Dr Mark Allerton to support the Council. The Council gave their best wishes to Emily.
- 1.3. This was the second 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 in July 2020 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 their contributions over the summer. Consequently a draft paper has been collated to include inputs from members and had been shared prior to the meeting for discussion.
- 3.2. Some members have been involved in the frontline of this pandemic and their input was invaluable in defining the clinical aspects/definition of the disease.
- 3.3. Other members had submitted sections on exposure, RIDDOR and coronerial data as well as analyses of the ONS data published on deaths. Another member put forward their findings from having consulted with the Association of Personal Injuries Lawyers.
- 3.4. Having collated all of members' contributions, the paper is now long, unwieldy and lacks focus. The Chair stated that the Council needs to consider how Covid-19 has relevance to its work and IIDB and asked members for their views on where the Council should go with this topic. The Chair told the council there were several options available to disseminate its findings:
 - Cut the paper down and publish an initial information note on the IIAC Gov website. It was mentioned that other bodies have stated that IIAC should be active in this area.
 - Pull together a position paper which sets out the reasons for IIAC to be concerned about occupation and Covid-19 but focuses on the available data relating to mortality and occupation.
 - A command paper is a possibility when full considerations have been given to all aspects where recommendations can be made to ministers.
- 3.5. The advantage of a position paper over an information note is that it adds more weight, is deposited in the House Libraries and becomes a public document.
- 3.6. In its current form, the paper contains a great deal of useful information but would require drastic editing to create a coherent document suitable for publication. A cut-off point for data collection would also need to be agreed.
- 3.7. A member who will be carrying out further analyses on the currently published ONS data that covers the period from March to June favoured a position paper approach. They stated there would be little additional data but there would be an opportunity to explore the data including adjustments for ethnicity and deprivation. New analyses should be available before Christmas and new data sets will become available which will contain information relevant to occupation such as from BioBank which focusses on infection. The Health & Safety Executive is providing funds to look at outbreaks and transmission.

- 3.8. The member favoured publishing an early position paper with a view to updating this in Spring next year when more information from ONS/BioBank and other data sources is available. The cut-off to stop collecting data was proposed to be November or Christmas 2020 with a view to publishing a position paper by the end of the year. A member stated it was thought most of the deaths would have already occurred, but a second wave appears to be coming and the impact of this would need to be factored in. There was a general consensus that this was acceptable.
- 3.9. Another member suggested that the IIAC Gov website should be updated with a note to state that IIAC is looking in detail at Covid-19 and that this is likely to continue for some while as new studies and data become available. The Council are likely to produce a series of papers with the first focussing on deaths in occupations such as health- and social-care workers.
- 3.10. An observer asked if there are any data on the long-term disability of post-Covid-19 complications ('Long-Covid').
- 3.11. A member commented that the risks from a second wave will be very different to those observed in the first stages of the pandemic and they felt this first position paper should focus on the information the Council has from the first wave. 'Long-Covid' is being taken seriously but little data on this condition is available. A member noted that anecdotally ~10% of those patients who were diagnosed with Covid-19 may go on to develop 'Long-Covid' but at the moment there is no specific definition of this condition. There are no real data available for occupation on patients who develop 'Long-Covid'. There are small cohorts of patients who had Covid-19 who went on to develop 'Long-Covid' who could be assigned to an occupation, but these are very limited. Those patients who were ventilated and from a high-risk group appeared to be impacted greater by 'Long-Covid'. However, there needs to be much more convincing data to inform a command paper.
- 3.12. There are a lot of data out there, but at this present time, IIAC will focus on the ONS deaths data supported by some infection data e.g. from BioBank. Other studies will report their findings in the near future such as REACT, ZOE but these may help inform future IIAC papers on this topic.
- 3.13. The Chair stated that this will be an ongoing topic for the Council for some time and it is important for IIAC to produce a substantial paper by the end of the year with a view to having it published in January, possibly after the IIAC meeting scheduled for then. The Council needs to be seen to be taking this seriously as it has been commented on by several organisations. A statement will be put on the IIAC Gov website stating the Council's intentions.
- 3.14. The Chair stated the current draft paper is unwieldy and rambling and needs to be edited. It was noted that a lot of the risks being identified are doubled i.e. more likely than not and this needs to be taken into account when decisions are made. If the Council decides the data are not stable enough to use to make recommendations or some worker groups are missed out due to missing information, then this has to be justified very clearly.
- 3.15. A member stated they were involved in a large study following up on Covid-19 patients following discharge from hospital. Regarding 'Long-Covid' there is

also a study where patients had Covid-19 who were not admitted to hospital. There is a great deal of political sensitivity around concerns of the impact of fatigue and post-viral syndromes. This may be a cloudy/messy area for sometime.

- 3.16. A member made a broad comment on how the change in Government guidance and policy impacted on practices in the workplace. They felt this should be covered in the paper as this will have influenced the initial data. There was a period of time at the beginning of lockdown where there was no guidance for employers. There are now concerns around ventilation in schools given the aerosol transmission of the virus and the PHE guidance relating to this. There is some anecdotal evidence that where TUs are involved in a workplace, risks appear to be managed better, ~30% reduction in infection rates.
- 3.17. The chair acknowledged the point made and stated the introduction section of the paper needs to reflect the fluidity of this topic and how things have been changing. For example, definition of the disease, then how it progresses, treatment regimes, guidance etc have all been changing. It was noted this was probably the first time where IAC has had to deal with a topic where data/information are changing on a weekly basis. Given this uncertainty, the Council is likely to publish a series of papers on Covid-19.
- 3.18. It was noted that the current draft paper does not cover anything from an employers nor employees perspective. Members from these areas were asked if they could provide a contribution to address this. Post meeting note – employer representatives felt there was nothing they could add at this present time.
- 3.19. A point was made about admissions to intensive care units (ICU) and those who received support ventilation as a definitive guide to diagnosis i.e. confirmed cases of Covid-19 in the initial phase of the pandemic as testing was not widely available then.
- 3.20. Another member responded by urging caution when looking at ICU admissions or ventilation as an outcome as these were often based on a clinical decision which may be related to age which could introduce bias. That member then went on to explain that when considering ethnicity impacts, BAME patients were often younger but were more often cases of admissions to ICU. This may be an artefact as it is the case that this group is younger in the general population. Older patients were often not admitted to ICU.
- 3.21. There was a general consensus that the draft position paper should focus on data from the first wave of the pandemic using information from ONS (deaths) and BioBank (infections) if reasonably practical. The paper should be amended to include a section on infection. It is likely that subsequent papers on this topic could be updated to reflect any changes observed from subsequent waves. The Chair noted some very good points being raised and urged members to put these forward to be included in the discussion section of the draft position paper.
- 3.22. A question was raised about the the RIDDOR information included from HSE and whether there is any further data to include but there is nothing new at

present. Also, information from local and national coroner organisations has been difficult to analyse as communications have been limited.

- 3.23. Following a request from the Chair to edit the draft position paper, several members agreed to help with task. The Chair also asked that these contributions be submitted ready for the November 2020 meeting of the RWG. Members were also asked to consider if there were any particular aspects missing from the draft paper.
- 3.24. A member made a point that they felt strongly that the subsequent waves of the pandemic would impact on a wider group of occupations and this should be considered when drafting papers so not to exclude any groups. They also stated that given the length of time this topic has taken, and will continue to take, that considerations be given to those who may need to make posthumous claims to IIDB as there is a time limit – consider recommending an extension to this.
- 3.25. The Chair concluded the discussion on Covid-19 by summarising members views and setting out the way forward. The Chair asked members to consider what should be included in the last section of the draft paper which should set out what the Council will need to look at next year, e.g. what major studies are underway.

4. Environmental Audit Committee (EAC) recommendations for firefighters

- 4.1. 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.
- 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. The Council is obliged to provide a response as the DWP have asked it to review the evidence and respond accordingly.
- 4.4. A position paper was drafted and was shared with all members for review and discussion at the meeting. The Chair thanked everyone who had contributed to the paper resulting in a comprehensive review.
- 4.5. Members discussed the paper and there were several suggestions for minor revisions. It was agreed that the doubling of risk criteria had not been met to make any recommendations specific to firefighters. It was pointed out that the firefighters would be able to access the accident provision of IIDB if required. Subject to the revisions being included, the Council was content to sign-off this paper for publication and as a response to the challenge from the EAC.

5. RWG Update

- 5.1. The last RWG meeting focussed on Covid-19, cancer risks in firefighters and silicosis.

- 5.2. A member reviewed the literature on this topic and submitted a paper summarising their findings relating to silicosis to RWG. They also reviewed the history of the prescription for PD D1.
- 5.3. Following this review, it was apparent that changing and updating the prescription will be challenging and requires a great deal of work. This topic will stay with RWG to progress and brought back to the full Council when appropriate.

6. IIAC Commissioned Review into Respiratory Diseases

- 6.1. Since the review was last discussed by the Council, changes have been made to how this external review can be commissioned and a contractor appointed to carry out the work.
- 6.2. Initially, advice was given which indicated the Council would have to use the Government procurement process to seek contractors to carry out the work. However, agreement has now been secured for the Council to carry out its own procurement exercise. This means the Council has complete control over the process and can make its own decisions on who to appoint.
- 6.3. Funding has been agreed, but the amount available will not be disclosed to initial bidders.
- 6.4. However, the Council still has to follow due process. A slide-deck outlining the procurement process and the timelines involved was delivered to members by a DWP member of staff with commercial expertise. The importance of impartiality was stressed and members made aware of their responsibilities during this procurement exercise.
- 6.5. An evaluation panel will need to be appointed and these members will be required to sign "*declarations of impartiality and conflicts of interest*" statements.
- 6.6. The next step is to refresh the expression of interest on the IIAC Gov website. If members are aware of anyone who might be interested in bidding for this contract, please direct them to the the IIAC Gov website where more details can be found. The secretariat will send out the link to the page which members were encouraged to share with anyone who may be interested in applying to be considered.

7. AOB

- 7.1. Correspondence
 - A letter has been received from a stakeholder asking for further clarification of the eligibility criteria for PD A15 – Dupuytren’s contracture. This ties in with a note from DWP medical policy outlining the same question. Members with expertise in this area will consider the request and respond accordingly
 - A letter from the same stakeholder was submitted to the Council stating their concerns over the historical presence of asbestos in coal mines and eligibility to claim for IIDB. The Council was unclear about what it was being asked to review so the secretariat will ask for clarification.
- 7.2. Resumption of the IIAC work-programme

- The work-programme was paused due to the impacts of the coronavirus crisis and lockdown.
 - Covid-19 will continue to be a focus for the Council for the foreseeable future. The commissioned review could also take a large portion of the Council's time.
 - Silicosis/pneumoconiosis is also an ongoing review.
 - Prior to the pandemic, IIAC had a number of topics for consideration, including neurodegenerative diseases in footballers, night shift work, welders, cleaners and others. It was decided to review the work-programme at the next RWG for prioritisation.
- 7.3. A DWP official updated the Council on the suspension of face-to-face assessments for IIDB claims, but these will be backdated so no-one will miss out. Despite a great deal of work and discussions, it is still not possible to move forward with this. The DWP is working hard to come up with alternative solutions.

Dates of next meetings:

IIAC – 14 January 2021

RWG – 26 November 2020