

RESEARCH WORKING GROUP of the Industrial Injuries Advisory Council

Minutes of the online meeting Wednesday 9 September 2020

Present:

Dr Lesley Rushton	RWG
Professor Neil Pearce	RWG Chair
Professor Raymond Agius	IIAC
Dr Chris Stenton	RWG
Professor John Cherrie	RWG
Professor Karen Walker-Bone	RWG
Professor Kim Burton	IIAC
Dr Sayeed Khan	RWG
Mr Doug Russell	RWG
Ms Lucy Darnton	HSE
Dr Anne Braidwood	MoD
Dr Emily Pikett	DWP Medical Policy
Ms Victoria Webb	DWP IIDB Policy
Ms Mandeep Kooner	DWP IIDB Policy
Mr Ian Chetland	IIAC Secretariat
Ms Catherine Hegarty	IIAC Secretariat

Apologies: Mr Stuart Whitney IIAC Secretariat, Ms Maryam Masalha (DWP).

1. Announcements and conflicts of interest statements

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 RWG 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. A draft paper was submitted for discussion, with contributions from several members. This is still at an early stage with input from other members still required.
- 3.2. The paper contains a lot of detail, some of which may not be required.
- 3.3. The paper includes data from the Office for National Statistics (ONS) and a member has recently been granted permission to examine these data in greater detail, as part of a different programme.
- 3.4. The aim of this position paper is to establish if there is an increased risk of death in particular occupations.
- 3.5. There was discussion on whether only the first 3 months of the epidemic can be discussed. The risks will be different now and will continue to change as

preventative measures are introduced, and will differ geographically. It was also raised whether deaths or disability is the main thrust of the paper. The issue of disability is not clear at the moment and the diagnosis issue has not been resolved. Compensation for deaths is provided for by IIDB, but disability is an unknown factor presently.

- 3.6. This was clarified by a member who argued that this is meant to be a broad-brush position paper which sets out the Council's position, it is not suggesting compensation but is looking at deaths to identify the occupations at greatest risk. It is anticipated early data will be compared with that which became available later. Any future recommendations would need to be published in a command paper.
- 3.7. Another member who has contributed to the paper stated that another ONS bulletin is due in September 2020, so the Council will have new data to consider which will look at secular changes and the impact of lockdown. Also, data from the HSE from Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) will be included when this has been scrutinised.
- 3.8. A member with enhanced access to ONS data stated that work will be ongoing to look more closely at workplace outbreaks and transmission associated with transport etc. This could feed into how to make workplaces safer.
- 3.9. This additional analysis should also be able to identify how important regional and ethnic differences are and the occupations impacted, but this is not straightforward.
- 3.10. A member asked what period the the new ONS bulletin will cover and it was thought this would probably include deaths up to the end of July or maybe August. There is a significant tail-off in deaths after the end of May, so the bulk of deaths will be included in previous reports.
- 3.11. Other members commented that there is anecdotal information, but no population data, that some patients who contracted Covid-19 are experiencing issues which may lead to long-term disability. Using the data from deaths, this paper could be used to highlight occupations of concern. The position paper should therefore be more concise and focussed. Some of the sections could be condensed in the next draft.
- 3.12. It may not be possible, at this stage, to state whether deaths are as a consequence of occupation or due to confounding factors such as region, ethnicity or deprivation, but it is important to attempt to address this.
- 3.13. An observer stated they could keep the Council updated on what may be coming out in the medical press over the next couple of months as this may provide information on the disabling elements of Covid-19.
- 3.14. A member asked if the HSE had any other data which may be relevant to inform the position paper, but it was felt that other than workplace inspections, nothing else was available.
- 3.15. An IIAC member submitted a paper compiled after engagement with the Association of Personal Injury Lawyers (APIL), which indicated that general view is that information is fairly limited as any cases are still in their infancy. The view of APIL members is that it still too soon and that they do not have data at the moment although some are collecting it. However, more

information may emerge in the future. RWG members felt this paper provided a useful insight and may help with background for the position paper.

3.16. A member asked if this report was more aligned to be an information note rather than a position paper, but the general consensus was this topic was important and warrants a position paper, which is deposited in the Parliamentary libraries and becomes a public document.

3.17. Work will continue on this report and the chair hoped this position paper could be published by the end of 2020. Some members commented it was important the Council needs to be seen to be active in this area.

4. Environmental Audit Committee (EAC) recommendations for firefighters

4.1. It was felt, at the last full Council meeting in July 2020, that input from other members on exposure and who have had engagement with the Firebrigades Union would be beneficial. This has been completed and the prevention section has been updated. The discussion section will need to be revised and conclusions drafted.

4.2. Members felt that some sections focussing on the Grenfell Tower should be amended, with subsequent careful wording required. It was felt that the Grenfell Tower fire should be acknowledged, but the focus should be on the potential impacts this disaster had on the attending firefighters and to address the recommendations the EAC made about presumption for firefighters..

4.3. Whilst no doubling of risks of cancers was uncovered, there were some definite associations. The paper therefore needs to reflect the risks faced by firefighters. The paper should also reflect the fact that firefighters could be covered by the accident provision of the IIDB scheme.

4.4. When the paper has been redrafted, the formal response of the Council to the EAC recommendations will be considered at the next full meeting of the Council in October 2020.

5. Silicosis and prescribed occupations

5.1. A member reviewed the current prescription PD D1 Pneumoconiosis (Includes silicosis and asbestosis). In relation to the current occupations impacted by exposure to silica, a paper was presented to RWG for discussion.

5.2. The paper's author stated that as they went through the prescription and its history, more complex issues emerged and no easy options exist.

5.3. It was felt that the diagnosis required for the prescription was very outdated and requires updating. They also felt that that the open category of the prescription disadvantaged some claimants, depriving them of benefit.

5.4. The author felt that the generic term 'pneumoconiosis' should not be used and that it would be clearer to use terms for the individual main diseases in relation to their exposures e.g. asbestosis, silicosis etc .

5.5. There are other diseases that may be implicated caused by, for example, mica, aluminium etc but the evidence for this is thought to be weak.

5.6. The author stated access to more information relating to claims and data from SWORD (Surgical Workload, Audit and Research Database) would be useful.

An observer stated they may be able to access additional information and may be able to give a breakdown of the data they have. Information from claims data, broken down into the required categories, may not be readily available.

- 5.7. A member asked if it might be more appropriate to have a *de novo* definition of silicosis and then consider rewriting the prescription for pneumoconiosis. The author felt it was necessary to take a wider view than just silicosis.
- 5.8. A member stated that it would be beneficial to consult other experts in this field which the author agreed would be helpful.
- 5.9. This review is in its early stages and requires more thought and input. It will be an agenda item for discussion at the next RWG.

6. Annual Abstracts exercise

- 6.1. The secretariat has completed the annual abstracts exercise and the complete document was shared with members to review.
- 6.2. The papers which some members requested copies of are not available from the British Library, so the secretariat will look at other ways of obtaining copies.

7. Correspondence

- 7.1. The Council received correspondence from an MP, on behalf of a constituent who had been refused IIDB for COPD after working as a hairdresser and using hairspray.
- 7.2. Members felt there was little evidence in the literature to support this link, but felt that topics such as this could form part of the Commissioned Review the Council intends to undertake into respiratory diseases.

8. AOB

- 8.1. No AOB
- 8.2. The next Council meeting is scheduled for 22 October 2020 and is likely to be held online via videoconference, details to be confirmed.
- 8.3. The next RWG meeting will be held on 26 November 2020.