INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – 10 July 2019
Leeds

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 Hugh Robertson	IIAC
Dr Andrew White	IIAC
Dr Ian Lawson	IIAC
Dr Chris Stenton	IIAC
Dr Kim Burton	IIAC
Dr Valentina Gallo	IIAC
Dr Andrew Darnton	HSE
Sue Holliman	CHDA
Neil Walker	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, Ms Maryam Masalha, Dr Mark Allerton, Dr Emily Pikett, Dr Max Henderson, Prof Neil Pearce, Dr Anne Braidwood.

Announcements and conflicts of interest statements

1.1 Susan Sedgwick (DWP IIDB policy) has moved onto another role, Neil Walker will be filling the gap for the time being.

1.2 Dr Emily Pikett has recently joined DWP and will be picking up the IIDB medical policy responsibility – she will 'buddy' up with Mark Allerton to ease her into the role. DWP Medical Policy have recruited more doctors and have reallocated functions throughout the team. Mark Allerton will be stepping away from IIDB work once the handover period to Emily Pikett is complete. Emily is a new recruit to DWP and will be attending IIAC meetings in future.

1.3 The HAVS paper has been cleared and copies will be available in delegates packs for the IIAC biannual public meeting – awaiting notification of publication on the Gov.uk website.

1.4 The annual report has been cleared and copies will be available in delegates packs, as above and has been published on the Gov.uk website.

2. Minutes of the last meeting

2.1 The minutes of the April 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. Osteoarthritis of the knee in footballers

3.1 Members with musculoskeletal expertise selected 20 papers for further scrutiny from the literature search. The Council was provided with a paper which summarised findings from preliminary scrutiny of the first 16 of those papers.
3.2 The review team looked at the abstracts of the 49 papers and provided some informal feedback. Papers were selected which were relevant to the topic and full copies obtained.
3.3 An initial data extraction table to record some key aspects of the papers was formulated and data from the first 14 papers have been extracted.
3.4 Brief findings indicate the studies are of variable quality, some entailing small numbers of subjects. Most studies are cross sectional or reviews.
3.5 Most of the studies looked at so far do not show a doubling of risk for knee OA in professional footballers. However, some have identified a doubling of risk. These studies seem not without issues, but a formal quality appraisal has not been done.
3.6 Two other studies are of questionable relevance since they involve Australian Rules football and American Football – different physical exposures.
3.7 Most studies which measured the variables conclude that increased BMI, older age, and history of previous (internal) knee injury increase the risk of OA.
3.8 Next steps - to do more than offer this basic overview will entail considerable time and effort. The heterogeneity of the articles, their populations, their methodology, and their data will make interpretation somewhat complex.
3.9 Council thanked the review team for their considerable efforts and agreed a fuller picture would be apparent when all of the research papers have been appraised. It is anticipated this may be completed for the RWG meeting in September 2019.

4. Dupuytren's contracture

4.1 The Council had previously agreed terms for the prescription of this condition and fed this back to DWP IIDB Policy officials to draft the regulations, which are expected to come into force in the latter part of 2019.
4.2 IIDB Policy officials explained that it has been predicted the new prescription will attract a large number of claims in the first 12 months. They have been working with DWP operational staff and Centre for Health and Disability Assessments (CHDA) to plan for and manage the increased number of claims as a surge will have impacts and may create backlogs.
4.3 Claims for IIDB are assessed by Doctors where required but assessments for other DWP benefits can be carried out by other qualified healthcare practitioners (HCP).
4.4 The Council was consulted on a proposal to use other HCP, such as physiotherapists, to carry out assessments for Dupuytren's claims to create flexibility.

4.5 Members raised some concerns around the competency of these HCP to carry out assessments and there may be a perception issue with stakeholders that Doctors were not being used, which may impact on appeals.

4.6 It was stated care would be needed in accurately determining if a claimant had the condition and to determine the degree to which a claimant had been affected, if that was the case.

4.7 It was stated there had been a precedent set in the past where nurses took the work histories of PD A14 (Osteoarthritis of the knee) claimants but assessments were carried out by doctors. This had worked well.

4.8 The Council felt this type of joint approach, accompanied by specific training and guidance for HCP, could be the best approach.

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

5.1 There is no doubt consistent evidence exists of a strong increase in the incidences of melanoma among pilots and air flight crew. Evidence produced from a meta-analysis of data obtained from air crew indicated a doubling of risk for melanoma which may be related to time spent flying. However, there are inherent difficulties in many of the studies in distinguishing between occupational and leisure exposure to natural UV light (sunlight).

5.2 A member drafted an outline of a paper which was circulated to meeting attendees. Whilst it has been incontrovertibly established that melanoma is caused by UV/sun exposure, this paper summarised the evidence and considered other possible causes of melanoma such as cosmic radiation and disruption of circadian rhythms. The mechanism is not known, but the effect is still there.

5.3 Members consulted Public Health England (PHE) experts to establish if they were aware of the link between air-crew and instances of melanoma. Ionising (cosmic) radiation is high energy and would tend to go through the body, impacting on internal organs rather than the skin. However, pilots do not routinely wear dosimeter badges, so the dose of ionising radiation they are likely to be exposed to is unknown. However, it is suggested this occupation is subjected to significantly higher doses of ionising radiation.

5.4 It has been established UVB is mostly blocked by windshields, but UVA can penetrate. A PhD thesis was uncovered which is of relevance. This involved interviewing pilots to determine their flying patterns.

5.5 It was established 80% of short-haul flights and 60% of long-haul flights were carried out in daylight. It was also suggested that when flight-crews were on stopover, they tended to be asleep during the day.

5.6 Members returned to the ‘dos Santos Silva’ paper which showed skin melanoma rates were increased in both flight crew and air traffic controllers (ATCOs) with rates among the former increasing with increasing number of flight hours.

5.7 However, internal analyses revealed no differences in skin melanoma rates between flight crew and ATCOs. This may be an anomaly as many ATCOs have a pilot’s licence and in the past flying was included as part of the training to become an ATCO.

5.8 The paper was debated at length with some members expressing concern that should this be recommended for prescription, there is no explanation of mechanism of action and there is no exposure to describe.

5.9 It was pointed out that when a prescription is drafted, recommendations are made to minimise the exposure from an employer and employee perspective, but in this case the exposure is unknown.

5.10 However, other members stated it would be difficult to not prescribe as the evidence is very clear. It was pointed out that pilots are 2nd on the list of death from melanoma.

5.11 There is evidence the risk of developing melanoma is linked to time spent flying, so it was felt that any prescription should reflect this and should be cumulative given the sometimes transient nature of employment of cabin crew.

5.12 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.

5.13 In order to guage the views of members and arrive at a consensus, a show of hands was requested to determine if melanoma in air crew shoud be prescribed. There was a large majority in favour of prescription with 2 members voting against.

5.14 Consquently, it was decided to write a command paper with the aim of providing a draft copy to the next full Council meeting in October 2019.

6. COPD and coke oven workers

6.1 Coke oven workers are not covered under the Industrial Injuries Scheme for COPD, so the Council considered the implications of recent judgements that COPD is caused by work in coke ovens and if the prescription for COPD should be reviewed as a result.
An initial scan of the literature indicated some of the published studies were fairly old and some of the evidence may be contradictory. It was noted that many of the cases were settled out of court, but where judgements were available, these were reviewed by a member – the Council was provided with the overview at a previous meeting.

6.2 A member submitted a draft paper for the Council to discuss.

6.3 The paper summarised:

6.3.1 Mortality studies of specific working populations - mortality rates were modestly elevated with a less than doubled risk of death from respiratory disease, but can under estimate the overall COPD burden

6.3.2 Lung function studies – a more precise way of identifying COPD.

6.4 From the literature available, only 1 paper published by the Chinese showed a doubling of risk, but there were concerns about technical elements of this paper.

6.5 As the reviewed literature shows inconsistencies and methodological issues, it was decided selected members would revisit the studies included in the review in more detail at RWG in September 2019 before deciding how to proceed.

7. Asbestos exposure in non-recognised occupations

7.1 Correspondence from a MP brought to IIAC's attention the case of an electrician who developed lung cancer following asbestos exposure whilst at work. Their claim for IIDB had been turned down because he was not in a prescribed occupation. A literature search found no direct evidence specifically for electricians. In May, the RWG decided to consider asbestos exposure in non-recognised occupations in more detail, widening the scope to encompass all construction trades.

7.2 The literature searches carried out did not find papers which were specific to the topic, probably due to its wide scope.

7.3 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 chair will work with members to define the scope and parameters of the review with a broader remit.

8. Public meeting

8.1 In advance of the biannual public meeting in Leeds on 11 July, the Council received a number of written questions. It was decided that where these were relevant to the work of the Council, they could form part of the public meeting. Any questions which were directed at the DWP or its contractors would be dealt with in the margins of the meeting.

9. AOB

9.1 It was felt the provision of IIDB stats were found to be helpful and the Council would like to continue to receive these.

9.2 HSE produce annual statistics and it was felt it would be useful for IIAC members to receive copies of this.

Date of next RWG Meeting: 12 September 2019
Date of next IIAC Meeting: 24 October 2019