

**Industrial Injuries Advisory Council (IIAC)**  
**Minutes of the hybrid online meeting**  
**Thursday 7 July 2022**

**Present:**

Dr Lesley Rushton	Chair
Professor Raymond Agius	IIAC
Dr Chris Stenton	IIAC
Mr Doug Russell	IIAC
Dr Ian Lawson	IIAC
Professor Kim Burton	IIAC
Dr Andy White	IIAC
Dr Jennifer Hoyle	IIAC
Dr Max Henderson	IIAC
Ms Karen Mitchell	IIAC
Ms Lesley Francois	IIAC
Professor Damien McElvenny	IIAC
Dr Gareth Walters	IIAC
Mr Keith Corkan	IIAC
Mr Daniel Shears	IIAC
Professor John Cherrie	IIAC
Dr Rachel Atkinson	CHDA observer
Ms Lucy Darnton	HSE observer
Dr Anne Braidwood	MoD observer
Dr Emily Pikett	DWP Medical Policy
Mr Daniel Johns	DWP IIDB Policy
Ms Ellie Styles	DWP IIDB Policy
Ms Mandeep Kooner	DWP IIDB Policy
Ms Jo Pears	DWP IIDB Policy
Mr Lee Pendleton	DWP IIDB Manager
Ms Catriona Hepburn	DWP Legal Team
Mr Ian Chetland	IIAC Secretariat/scientific adviser
Mr Stuart Whitney	IIAC Secretary
Ms Catherine Hegarty	IIAC Secretariat

**Apologies:**

None

**1. Announcements and conflicts of interest statements**

- 1.1. The Chair welcomed all participants and set out expectations for the call and how it should be conducted. Members were asked to remain on mute and to use the in-meeting options to raise a point.
- 1.2. The Chair welcomed Daniel Johns, an observer, as new member of the DWP IIDB policy team.
- 1.3. The Chair bade farewell to Jo Pears from the DWP IIDB Policy team who is moving on to a new role.

- 1.4. It was announced that Dr Chris Stenton has agreed to chair the RWG and Professor McElvenny has agreed to join this group.
- 1.5. A campaign to recruit new members for IIAC is underway. There are vacancies for employer and employees representatives as well independent scientific members. The campaign advert closed which attracted 9 applications. The interview short-list has been drawn up and interviews will be scheduled.
- 1.6. When members were reminded to declare any potential conflicts of interest, the following were noted:
  - Raymond Agius stated he is currently co-chair of the BMA occupational medicine committee.
  - Chris Stenton declared he is involved in a legal cases relating to pneumoconiosis and COVID-19.
  - Damien McElvenny stated he is involved in a number of COVID related projects through the IoM and University of Manchester. It should also be noted that Professor McElvenny is leading the IIAC commissioned review as the principle scientist employed by the Institute of Occupational Medicine (IOM), who were awarded the contract to carry out the review.

## **2. Minutes of the last meeting**

- 2.1. The minutes of the last meeting in April 2022 were cleared with minor edits required. The Chair thanked the secretariat for drafting the minutes of meetings.
- 2.2. The secretariat will circulate the final minutes to all IIAC members ahead of publication on the IIAC gov.uk website.
- 2.3. All action points have been cleared or are in progress.

## **3. Occupational impact of COVID-19**

- 3.1. The Chair started the discussion by thanking, again, all members who had contributed to the final draft of the paper which had been circulated in the meeting papers for information only. The Chair stated that the paper had been shared with Ministers to seek permission to lay before Parliament before the summer recess, with a suggested date of 14 July. However, this has not yet been confirmed. The Chair also indicated that she would be meeting with the Minister for Disabled People, Health and Work following the IIAC meeting to discuss the paper.
- 3.2. A DWP official gave an overview of the plans they had put in place to provide a briefing for Ministers which involved profiling and modelling the potential number of claimants and the occupations impacted. This can be an involved process but it is hoped that more detailed information could be provided to Ministers in the autumn. The official also indicated that they would probably need to come to the Council for more discussions and input as the impacting/modelling process progressed. A member asked if Ministers had chosen not to accept IIAC's advice in the past. The Chair stated this had

happened on a number of occasions and a full explanation had not always been given, but cost was a likely factor. The Chair offered to help in any way and would be available throughout the summer.

- 3.3. A member of the secretariat added that it had been made clear in briefings that the COVID paper was offering advice to Ministers and no decision was required from them at this stage on whether to accept the recommendations as this would follow after DWP policy colleagues had completed the impacting process.
- 3.4. A member commented that COVID-19 is a rapidly evolving field and it is possible that at some point the Council may want to change its recommendations. The Chair stated that after the report is laid, it stands and in the Chair's view, shouldn't be changed – future work which the Council may carry out will be guided by the evidence. Subsequent reports may add to the advice given which Ministers could choose to accept part of, or all of, or reject the recommendations.
- 3.5. There was some discussion amongst members around the possibility of the paper not being laid nor published. The Chair suggested to let events unfold and work with the outcomes. The recent tribunal hearing where long-covid had been classed as a disability had sparked much interest across Government and IIAC's paper is likely to contribute to that debate.
- 3.6. A member raised the issue of removal of protective pay for NHS and care workers who would be looking for alternative ways of support.
- 3.7. An observer offered to share the methodology of trying to prescribe or advise on compensation payments for an evolving scientific and medical understanding i.e. development of a date of change of medical opinion – similar to that used for Gulf illness. The Chair expressed her thanks and stated this would be useful.
- 3.8. The observer also offered to share their experience of the military which although has a different population dynamic than that of the wider general workforce, the underlying principles of policy and the way ahead are the same.

#### **4. RWG Update**

##### **Future work programme**

- 4.1. The Chair introduced this topic by explaining the Council had a rolling programme of work (shared with members in meeting papers) and wanted to discuss with members topics which could be taken forward. Top of the list is to continue to monitor the evolving situation with COVID-19 and a strategy needs to be developed to do this. The issue of long-covid will be challenging around self-reporting and diagnosis, so this needs careful consideration.
- 4.2. The Chair announced that additional annual funding had been secured to allow the Council to source additional scientific support, which could involve some outsourcing.
- 4.3. The Chair referred to the sources which add to the work programme, such as reactive elements (such as correspondence or other requests), but the

Council can also choose its own topics, which the Council does not have a strategy for.

- 4.4. The Chair asked members for their thoughts and a member commented that they felt it was important that the work the Council does to review operational aspects of IIDB as it has done for Dupuytren's for example. The member also felt that looking at why claims had been disallowed was also important to ensure PDs were fit for purpose and working as the Council intended. The Chair commented that this has sometimes been difficult due to the paper-based processes of IIDB. The Chair also added that as new members were being recruited, it would be worthwhile arranging another session with DWP IIDB operational staff to get an overview of the claims processes.
- 4.5. The Chair also felt that it may be appropriate to revisit 'old' prescriptions (e.g. infectious diseases) as had been done with PD D1. A member suggested carrying out an exercise to look at when a prescription was made and when it was last reviewed and which may have significant numbers of claimants.
- 4.6. An official stated that mental health (MH) was an area which could be looked at with respect to IIDB either as a consequence of having that prescribed disease or from the accident provision.
- 4.7. The Chair agreed MH is an important topic and felt that women's occupational health has not been properly represented, which is likely to be historical.
- 4.8. A member made the point that MH aspects of claims had briefly been looked at pre-pandemic but had been put on the back-burner and should now be revisited. There were also a number of elements of respiratory diseases such as iron-exposed workers who develop pneumococcal pneumonia especially if they had been on intensive care. This drew an analogy with post-intensive care syndrome which was one of the recommendations for prescription in the COVID command paper.
- 4.9. Another member stated that firefighters may need to be revisited as IARC had recently declared firefighting as a carcinogenic occupation with evidence for mesothelioma or bladder cancer. The Chair commented that in its last review, excess risks were identified but none reached the doubling of risk criterion. When IARC monograph is published, this will be reviewed and a view taken whether further work would be required.
- 4.10. Another member brought up the topic of neurodegenerative diseases in sports people and indicated a stakeholder had requested a meeting with selected members to discuss the issue – a meeting is in the process of being arranged. A number of papers have been received which will help inform the investigation.
- 4.11. A member commented on the MH discussion adding they felt there were different important elements such as MH as a comorbidity in relation to a physical condition and exposures such as stress as a causative agent. This member is involved in a review into stress and depression and recently looked at the occupational causes of burn-out with MH outcomes. This member also asked if there should be a prioritisation process applied to the work programme and whether the doubling of risk criterion should be

reconsidered. This was debated and it was pointed out that the Council is limited and guided by the legislation.

- 4.12. The point was made that the Council is still likely to be spending a lot of time on COVID so new topics would have to be prioritised. This member also commented on the accident provision as they had some concerns around the definition of an accident. This is straightforward in cases where there was physical injury (e.g. a broken leg) but less so in cases with post-traumatic stress or an infectious disease such as COVID.
- 4.13. An official responded by stating in general terms, an accident should be an identifiable event which leads to pathological change. Accident claims involving COVID have been received and in some cases it has been difficult to pinpoint where that accident occurred. Other cases have a more defined event.
- 4.14. A member commented that the reporting of an infectious disease from the perspective of the HSE doesn't specify the need to have an identifiable event. The Chair felt that this would be clearer from an IIAC perspective when there is an agreed definition of an outbreak. Further data from the PROTECT study is expected which may help inform the Council's continuing COVID investigation. The HSE also has data which may be relevant; the Chair agreed to follow this up.
- 4.15. A member drew the attention of the Council to a recent employment tribunal (ET) where long-covid had been classified as a disability. It was agreed it would be useful to review this ET case.
- 4.16. A DWP official gave an overview of some of the reasons for submitting an accident claim related to COVID and stated more was being done in this area in case more claims to the accident provision were received in wake of the command paper where claimants may not qualify for the recommended prescription.
- 4.17. A member commented that some infectious industrial diseases are caused by pathogens which shouldn't be in the workplace, but COVID is endemic in the general population, so it is difficult to ascribe it definitively to an occupation. The Chair felt that infectious diseases should be looked at, such as other viruses.
- 4.18. A member asked if long-covid would be covered by the accident provision and an official responded by stating only a small number of claims relating to COVID had been received and many of them had elements related to long-covid. Each claim is assessed systematically using the existing processes the healthcare practitioners have available.
- 4.19. A member had concerns that long-covid could potentially be compensated for under the accident provision and not under the recommendations for prescribed disease in the command paper. An official commented that some workers may not feel supported by the recommendations in the command paper and there may be a risk of influx of accident claims as a result. The Chair commented that the data wasn't available to support long-covid in the command paper, but will remain an absolute priority of the Council for the next report.

- 4.20. A member stated they felt the data for long-covid related to occupation may not be forthcoming soon as no reliable biomarker had been identified. They stated that many patients who were being treated in long-covid clinics often had long-standing comorbid conditions which contributed to the symptoms. They also felt that some of the studies being conducted or which had reported, had limitations such as lack of controls, often just descriptive or not peer-reviewed.
- 4.21. An official commented that they felt it would be difficult to ascribe long-covid to occupation as COVID-19 is now endemic in the population, so proving the disease was contracted at work would be very difficult.
- 4.22. A member checked the legislation relating to industrial accidents, which generally have to be confirmed by an employer and arose during the course of employment, so supporting evidence is important.
- 4.23. A member gave insight of post-covid clinics from a clinical perspective, where they felt they were less sophisticated, so it is unlikely to get any better insight into the underlying pathologies associated with long-covid. Follow-up studies are often self-reporting, so they suggested any further useful data may be limited. Another member commented that clinical activity and research evidence may become misaligned, which may impact the Council. There is also a question around causation and work. They felt that perhaps having a more functional approach rather than gathering symptoms may be beneficial, so having a different approach to measuring functional impairment may be required.
- 4.24. The Chair summarised the discussion by asking members to consider what they would like to look at on the work programme and what strategy could be adopted. Members were asked to email their preferences which will be collated.

## **5. Commissioned review into respiratory diseases**

- 5.1. The IOM gave an update from the meeting which had been held with the Chair and selected members where some decisions on how to proceed were taken. A list of priorities was discussed that will be investigated further which will be narrowed down and tables of evidence consequently produced. This will be fed back to the Council for further discussion.
- 5.2. The Chair added the list of priorities included COPD, diesel exhaust fumes and silicosis amongst others. The Chair also commented that a member had suggested lung fibrosis but at an early stage of the review it was decided this would not be in scope but the focus was to be on cancers. The Chair suggested fibrosis could be a subject for the work programme and encouraged the member to consider putting ideas forward.
- 5.3. It was also pointed out that asthma is also out of scope for this review.
- 5.4. It was agreed that the priority list will be produced before the end of August and taken to the RWG for discussion in September.

## **6. AOB**

## **Update from DWP IIDB policy**

- 6.1. The Chair invited DWP officials to give an update to members;
- An official didn't have much to add but noted the main focus is on the COVID command paper.
  - An official asked if IIAC would be interested in contributing to EUMASS (European Union of Medicine in Assurance and Social Security), which will be hosted by the UK in early 2023. The Chair agreed this would be something the Council would be willing to participate in and will await further details. The Chair considered this would be a good opportunity for the remit of IIAC to be explained and to make the point that the Council doesn't define what an occupational disease is but its remit is limited to giving advice and making recommendations which are relevant to IIDB.

## **Correspondence**

- 6.2. Correspondence has been received relating to carpal tunnel syndrome (PD A12) and whether symptoms should develop whilst the patient was still in the relevant occupational setting. It was pointed out that due to the condition being relatively common in the general population, presumption is not applied to this prescription. An exposure dose-response is also not apparent.
- 6.3. The Council had decided that the onset of symptoms must be whilst the patient was in the relevant occupational setting and no subsequent information has indicated the position of the Council will have changed. A response to the correspondent will be drafted.
- 6.4. An MP wrote to the Council indicating that, in their view, the prescription for Dupuytren's Contracture should give presumption to claimants where there is a diagnosis of the disease and no medical evidence to contrary that this was sustained as a result of working in the mining industry. It was pointed out that the prescription had been amended and currently medical evidence is not required if early onset of the disease has occurred when the patient is still in the relevant occupational setting. This will be included in the response.
- 6.5. Another MP letter was discussed where their constituent contracted COVID-19 and subsequently lost a limb. It was suggested that the accident provision of IIDB may be an appropriate route to follow.
- 6.6. Another MP letter had been cleared by the secretariat.
- 6.7. Previous correspondence from the ASVG was brought up and it was agreed a response would be drafted following the initial holding response given.

## **Other business**

- 6.8. A member gave an overview of the workshop they attended for arm's length bodies (ALB) on behalf of the Chair which was hosted by DWP and Ministers in Caxton House.
- The Secretary of State set out the priorities for the DWP, including the rise in the cost of living.
  - The meeting was an opportunity for ALBs to meet with each other.

- Benefit fraud was discussed, but no indication what element of this referred to IIDB.
  - Mental health (MH) issues were mentioned and this is thought to be at an all-time high.
  - The gender pay-gap and levelling up of employment opportunities for women were also covered. The workshop was also an opportunity for ALB's to co-operate and develop strategies for having a joined-up approach to many of the issues.
  - It was noted many of the topics covered, especially relating to women's health were important to the Council and another member offered to participate in any initiatives relating MH to work.
  - The Chair thanked the member for attending on their behalf.
- 6.9. The Chair suggested that whilst the hybrid approach to meetings worked well, members consider attending in person which may not necessarily be in London. Members were asked to give this consideration and submit their views by email.
- 6.10. The Chair thanked everyone for attending and participating and drew the meeting to a close.

**Date of next meetings:**

IIAC – 20 October 2022

Research Working Group – 8 September 2022