INDUSTRIAL INJURIES ADVISORY COUNCIL
Minutes of the hybrid online RWG meeting
Thursday 19 May 2022

Present:

Dr Lesley Rushton	Chair
Dr Chris Stenton	IIAC
Professor John Cherrie	IIAC
Professor Damien McElvenny	IIAC
Mr Doug Russell	IIAC
Dr Ian Lawson	IIAC
Professor Kim Burton	IIAC
Dr Jennifer Hoyle	IIAC
Dr Rachel Atkinson	Centre for Health and Disability Assessments
Dr Anne Braidwood	MOD
Ms Lucy Darnton	HSE
Mr Daniel Johns	DWP IIDB Policy
Ms Ellie Styles	DWP IIDB Policy
Ms Mandeep Kooner	DWP IIDB Policy
Ms Jo Pears	DWP IIDB Policy
Ms Alexandra Ciupka	DWP IIDB Policy
Ms Catriona Hepburn	DWP Legal Team
Mr Stuart Whitney	IIAC Secretary
Mr Ian Chetland	IIAC Secretariat
Ms Catherine Hegarty	IIAC Secretariat

Apologies: Dr Emily Pikett

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. When members were reminded to declare any potential conflicts of interest, it was noted that declarations made at the previous meeting were still valid.

2. Minutes of the last meeting

2.1. The minutes of the meetings held in February and March 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 current draft of the paper which had been circulated with the meeting papers along with the appendix which has been updated with the latest RIDDOR statistics. This report still contained tracked changes and will

require a lot of editorial work, however many of the coments were semantics and did not alter the main emphasis of the paper. The Chair asked that the discussions focus on issues which members feel are important and which may not have been addressed, such as time limitations which has been raised by a member.

3.2. Discussions had taken place on how to amend the infection sections and the summary had been redrafted using less overtly scientific language for the lay-person to understand. The Chair noted that the HSE had commented on the prevention section and this had been amended accordingly.

3.3. Before the discussion on the paper started, the Chair asked the secretariat to clarify the timescales involved in getting the command paper published and laid before Parliament before summer recess. It was explained that the process would need to be started soon as the summer recess normally commences mid July, so a finalised (subject to minor editorial changes) would need to be available to set the Parliamentary process in motion. It was felt that when a final version of the paper was available, this could be cleared by the main Council by correspondence.

3.4. The Chair then moved onto discuss the paper and asked that members focus discussions and decisions on:

- The prescription as it stands;
- the disease complications; and
- the occupational groups impacted.

3.5. The section on sequelae from infection with SARS-CoV-2 was discussed and the Chair raised the issue of the description of the impairment leading to disability and whether terms such persistent, persisting or permanent were appropriate. A member commented that the symptoms were often described as relapsing and remitting, with a biphasic nature. Permanence is difficult to ascribe as it is still early in the monitoring of these symptoms. However, another member felt that the terms relapsing/remitting often referred to the unexplained symptoms of long-covid, which are not being considered for prescription at this time. The conditions which are being recommended for prescription e.g. lung fibrosis often do not improve. They also felt that ‘permanent’ would be inappropriate to use.

3.6. Members agreed that removing these terms from that particular section would allow the rest of the paragraphs to flow better as the defined conditions are adequately described elsewhere.

3.7. The section which identifies the range of conditions was discussed and it was suggested by a member that the order in which they are written be changed to indicate the defined conditions first and end with post-intensive care syndrome (PICS), which was agreed. There was also discussion around reordering the paragraphs and removing some overlapping text which refer to long-covid to provide a better flow.

3.8. A member felt that the section which deals with clinical coding was too complex and too long, so it was agreed this could be cut down or put into appendices.

3.9. A member stated that the section which describes thromboembolism needs to be refined and agreed to redraft the text to reflect that venous thrombosis would not be included and to focus on pulmonary embolism.

3.10. The discussion moved on to the proposed prescription and other than the reordering of the conditions which was agreed previously, the Chair asked if members were content with the diseases indicated and there was no dissent. The Chair then asked the same question for the occupations listed and it was felt that social workers who had patient/client contact should also be included. A member asked that it be made clear that hospital porters/cleaners etc (ancillary workers) would be included as this group of workers would also have had patient contact. There was discussion around the use of the term 'contact' or whether 'proximity' or 'close proximity' would be more appropriate, and reference was made to the minutes of the previous IIAC minutes where this had been discussed. However, it was agreed that working in proximity to patients/clients should be used and more detail would be included in supporting guidance.

3.11. Also discussed was the issue of other occupational groups impacted by COVID-19 as the current recommendation for prescription only lists health & social care workers (H&SCW). The Chair felt that at this stage it would not be practical to include other occupations as this would delay the paper – they are aware of other publications which are expected to report in the future which may provide more evidence for other occupations, which could follow in further IIAC papers. A member commented that they felt this should be clearly explained in the current command paper, but it was agreed this was adequately covered. It was pointed out, and should be clearly explained that H&SCW were more likely to be at much greater risk because they were dealing with infected patients whereas other occupations were dealing with the general population which had a mix of infected and non-infected people.

3.12. Further data on other occupations are expected later in the year and it was agreed that by stating the evidence for other occupations is insufficiently robust at this time was sufficient.

3.13. The Chair asked members if they had any further comments on the paper and a member asked if the following could be considered:

- Include a paragraph which could quantify the risks faced by H&SCW.
- Outbreaks should be covered more, but it was pointed out the inadequacy of the current data precludes this being included in this paper. Outbreaks could be covered by the accident provision and the narrative could be strenthened.
- Some of the figures in the paper add little value and could be included in appendices – it was agreed this would be discussed and editorial decisions taken by the Chair.

3.14. The Chair thanked a member for redrafting the summary section which was amended to read more clearly for the lay-person. It was felt that the point raised earlier about not currently recommending prescription for other occupations should be included here.

3.15. A member felt that the discussion section should include explanations for the Council not specifying proximity nor timescales in the prescription. The Chair asked the member to provide wording to cover their concerns.
3.16. Another member raised again the point around H&SCW being at greater risk of infection because of being closely involved with COVID-19 patients and felt this needs to be made clear in the summary.
3.17. The Chair drew the discussion to a close and thanked all members again for their contributions.

4. Proposed position paper on PD A11 epidemiology review – hand/arm vibration syndrome (HAVS)

4.1. The Chair introduced the topic by stating that a command paper setting out recommendations to change the prescription PD A11 had been signed off at the last full Council meeting. The author of the command paper has also drafted a supporting position paper, which reviews the epidemiologigal evidence, to accompany the command paper.
4.2. The author gave an overview of the paper explaining that the scientific literature of this topic had not been reviewed by the Council for some time.
4.3. The position paper sets out the reasoning behind the recommendations made in the command paper and expands upon the vibration magnitude exposure within some occupations where this may be reasonably high.
4.4. The paper concludes that whilst the command paper recommends an expansion of the list of tools, it is essential that clinical and occupational histories be taken during the claim and assessment made to establish if there has been sufficient intensity and duration of exposure.
4.5. The author invited comments and the Chair asked why certain occupations, such as dentists or gardeners, were singled out in the paper. The author responded that the occupations listed stood out in the literature review as having some association but not robust epidemiological evidence which illustrated the difficulty in definitively ascribing the condition to an occupation. It was agreed to strengthen this point in the paper.
4.6. The author made the point that if the recommendations in the command paper are accepted, detailed guidance would need to be written to support the claims process.
4.7. The Chair commented this was an interesting conundrum as it is unlikely that studies would be published on these occupations/tools to allow the Council to apply its criteria of doubled risk, so the recommendations in the command paper may be challenging to implement. The author stated that unless the claimant met the clinical and the exposure criteria, it would be unlikely that claim would proceed. However, if those critera were met, the claim would be scrutinised in more detail at the assessment stage.
4.8. Presumption was discussed as the tools listed on the current prescription may benefit from ‘presumption’ whereas the new list of tools would not, so there would be the opportunity to reject claims where exposure was insufficient e.g. the length of time using a tool.

4.9. The Chair concluded that they felt this was a useful paper and thanked the member for their hard work in drafting the paper. No further comments were received, so the paper will be put before the full Council for discussion and final clearance.

5. Commissioned review into respiratory diseases

5.1. In the previous IIAC meeting, it was confirmed that the Institute of Occupational Medicine (IOM) had been appointed to carry out the commissioned review.

5.2. The review has commenced and Professor Damien McElvenny is leading this from the IOM – this had been previously declared as a potential conflict of interest.

5.3. The Chair asked Professor McElvenny to give an overview of progress to date as Professor McElvenny had temporarily dropped out of the last meeting of the full Council.

5.4. The secretariat had circulated to all members a request to comment on the prioritisation of the next stages of the review to help select disease/exposure criteria to look at in more detail. Professor McElvenny asked that this be recirculated with a deadline to respond which would help inform the next meeting between IOM and IIAC.

5.5. The Chair commented that they had received a message from a member who has close links to the association of personal injury lawyers who had made some suggestions for further work, mostly around asbestos and certain occupations – this note will be shared with IOM. This member has also reviewed recent tribunal decisions and has made suggestions for consideration and may be useful to discuss.

5.6. A meeting will be arranged between IOM and IIAC with a view to providing a report into the next full IIAC meeting in July. It was suggested that the evidence tables IOM had compiled be recirculated as the Chair felt these were useful.

6. AOB

Correspondence

6.1. A member received correspondence requesting their opinion on the 1992 HAVS paper and give an opinion on carpal tunnel syndrome (CTS) and occupational vibration. It was decided the member would respond on behalf of the Council as they were best placed to do so as an expert in the field and state that should further clarification be required to approach IIAC directly.

6.2. Correspondence has been received from the Asbestos Victims Support Group Forum (AVSGF) raising concerns around the taking of medical histories and % disabilities associated with PD D1 – discussed at the last full IIAC meeting.

6.3. The Chair felt that this letter should be referred to DWP to consider and in the meantime, a member had written a response which will be reviewed by the Chair.

6.4. The TUC, in conjunction with the PFA, had been in touch to ask for a meeting with IIAC to discuss neurodegenerative disease in footballers. The secretariat will facilitate a meeting.
6.5. A member suggested that it may now be appropriate to review the work programme and suggest topics to take forward.
6.6. The Chair mentioned that a recruitment campaign will be launched shortly as replacements will be required for employee, employer representatives and independent scientific members.
6.7. The Chair thanked everyone for attending and participating and drew the meeting to a close.

Date of next meetings:
IIAC – 7 July 2022
RWG – 8 September 2022