

INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the hybrid online RWG meeting

Thursday 8 September 2022

Present:

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| Dr Chris Stenton | Chair |
| Dr Lesley Rushton | 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 |
| Ms Ellie Styles | DWP IIDB Policy |
| Ms Mandeep Kooner | DWP IIDB Policy |
| 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. Dr Rushton and Professor Burton stated they were involved with the All Party Parliamentary Group (APPG) on Coronavirus, specifically long-covid.
- 1.3. The Chair noted that the DWP legal observer, Catriona Hepburn, had moved to another role and that Natalie Carolan would be their replacement.

2. Minutes of the last meeting

- 2.1. The minutes of the meeting held in May 2022 were cleared with minor edits required.
- 2.2. The Secretariat will circulate the final minutes to all IIAC RWG 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 asking DWP officials for an update on the progress of the command paper which had been submitted to Ministers for consideration.

- 3.2. A member of the Secretariat responded that Chloe Smith MP, (previously Minister for Disabled People, Health and Work, (MfDP)) had been appointed as Secretary of State (SoS) for Work and Pensions and a new Minister of State, Victoria Prentis MP, had been appointed, but their portfolio was unclear at this point.
- 3.3. As new ministers had been appointed across Government, due to the appointment of a new Prime Minister, urgent work requiring decisions was being prioritised for the first couple of weeks. The IIAC command paper was not classed as requiring an urgent decision, but the Secretariat will be engaging with the private office of the SoS in the next few weeks to review the protocols for handling the command paper, given this was cleared for laying in Parliament by Chloe Smith MP in her previous role as MfDP.
- 3.4. Another official agreed and offered to work with the Secretariat to provide support to get the command paper laid.
- 3.5. The IIAC Chair stated they felt it was useful to have spoken with Chloe Smith before their appointment as SoS and would be happy to meet any newly appointed minister to discuss aspects of the COVID command paper.
- 3.6. The Chair moved the discussion on to focus on the current status of COVID-19 and stated the disease is changing in relation to variants, effects of vaccines and changes to workplaces. The published literature is also changing, with a great deal being published, which can make it difficult to keep up to date.
- 3.7. The Chair drafted a paper, circulated in meeting papers, which summarised their view on what changes could be expected, what the issues are and what may need to be monitored, taking account of the evolving literature. The APPG report on long-covid illustrated some of the challenges which the Council may face.
- 3.8. The Chair gave an overview of this paper on long-covid. This is still poorly understood in relation to numbers affected and the severity of the condition. There is a group of patients who have a severe debilitating condition, similar to ME, following COVID, but these numbers are probably relatively small. There is a much larger number of patients who self-report, via surveys etc, as having a number of symptoms related to long-covid. This has led to the perception that a large number of people are seriously ill, which is probably not the case and not supported by the literature.
- 3.9. The Chair believed that long-covid is still poorly understood in relation to the underlying mechanisms. There have been a few mechanistic papers which have looked at different markers, where small differences were reported, but nothing of significance so far as any decisions by the Council might be concerned. The Chair felt this was one of the big challenges to be faced for the Council.
- 3.10. A member reported that there was a blood test with a CE mark which measures inflammatory markers +CD14/CD16 which has been approved in Europe. Another member responded that they felt that this was still a research tool. The UK PHOS-COVID study reported minor associations with some inflammatory markers, but the differences were very small. It was noted that

the European test may not be specific to long-covid as other factors will influence elevation of these inflammatory markers. The member agreed to share the reference for consideration.

- 3.11. A member commented that some papers had reported that amongst patients who attended clinics reporting fatigue there was a 40% rate of sleep apnea related to obesity. This may explain some of the symptoms being reported and may be relevant for some occupational groups. A member asked if adjustments/corrections should be considered where co-morbidities are observed. It was not known if the co-morbidities were causative of fatigue or whether fatigue caused the co-morbidities. However, obesity was considered to be a confounding element. The member felt this was an important factor when considering the literature as other changes such as weight-gain which occurred over the course of the pandemic may influence the development of longer-term health outcomes. A member suggested identifying issues which were not related to COVID infections and then decide how that relates to occupation.
- 3.12. The Chair reported that psychological morbidity may have played a role in post-COVID symptoms and exacerbated their effects. Anxiety was thought to be a common component of post- COVID symptoms. This may in part reflect secular changes in psychological morbidity in the population during the pandemic rather than being specifically COVID-related. There may be data on secular psychological changes and similarly for weight-gain. A member reported that studies were carried out early in the pandemic which looked at weight-gain and diabetes where the outcome was no real increase in type 1 diabetes but there was an increase in type 2, related to weight-gain.
- 3.13. It was felt that this was important to bear in mind as a background when considering long-covid. A study in the Lancet reported outcomes from a cohort of people who were followed throughout the pandemic, some of which developed COVID-19. This indicated that premorbid conditions predisposed people to having long-covid-type symptoms.
- 3.14. Another member commented that whilst the long-covid paper and subsequent discussion was interesting, they felt that there was little to add to that already reported in the command paper and felt that future literature may not change the Council's view. They questioned why COVID-19 was continued to be scrutinised other than the question of work-place outbreaks.
- 3.15. The Chair agreed that nothing had been published in the last 6 months which would alter the Council's recommendations laid out in the command paper, but that's not to say that this wouldn't be different in the future. The Chair felt that new information will emerge and it is important to identify and monitor this. The issue of timescales and whether the risks in certain occupations have been ameliorated is something which would need to be monitored.
- 3.16. Outbreaks are an important factor to consider. Data from outbreaks has been requested, but little work appears to have been done. Data on long-covid related to occupation are also sparse and slow in being published.
- 3.17. Another member commented that many of the symptoms associated with long-covid aren't necessarily disabling and felt that concepts used in physical

rehabilitation related to work-relevance of symptoms could be useful to inform the Council's thinking. A member felt this could be useful and asked if there are sickness absence data related to cause, which could give a handle on absenteeism or presenteeism. The member commented this was very difficult to achieve but felt there were likely to be some papers published which may help.

- 3.18. A member stated that unexplained chronic or intermittent fatigue would interfere with work. This has been difficult for the Council to assess but would continue to be an important issue. This member also said that the TUC had called for COVID to be recognised as an occupational disease and refers to IIAC's last position paper on this topic. The IIAC Chair added that it is not the Council's role to define an occupational disease and this is something which has to be clarified regularly. It was also noted that the Shadow Work and Pensions MP has also shown a lot of interest in this topic.
- 3.19. What to monitor going forward was brought up by a member who suggested that following the definitions of conditions such as chronic fatigue may be useful along with any advances in diagnostics.
- 3.20. A member felt that defining a search strategy and running this through the literature regularly could be useful but felt that listing the outstanding research questions the Council needs to be answered is more important. Any emerging literature could then be assessed against its relevance to these questions. The Chair agreed and asked for members views:
- Is there any new evidence for at-risk occupations?
 - Risk or changing of timescales related to occupations;
 - Definition, better understanding and diagnostics around long-covid;
 - Are there any other complications of the disease which have been overlooked; and
 - Outbreaks – definition which could be applicable for Council purposes
- 3.21. Outbreak data would help inform the views of the Council – there were a number of outbreaks, some large, but obtaining the data has been difficult. The issue of definition of an outbreak was discussed as there are a number of definitions used which complicates matters for the Council.
- 3.22. Another complicating factor is where agency workers move around workplaces. A member commented that they felt the definition of an outbreak should not be something the Council should be involved and this should be left for other agencies to decide. However, the Chair felt IIAC could define an outbreak for its own purposes, which may work in principle, but not necessarily in practice. The data are needed in order to look at this effectively.
- 3.23. A member commented that if the recommendations of the command paper were accepted, other occupational sectors may question why their occupation wasn't covered – currently data are sparse to provide the evidence required. A member felt that additional data on deaths would help, so they will ask researchers active in this area what may be available.
- 3.24. Recording of occupation relating to a disease is often very poor, so the IIAC Chair will be engaging with a number of organisations to seek improvements in this area.

- 3.25. The Chair moved on to discuss the accident provision of IIDB. This was felt to have wider application, not just related to COVID-19. Accidents may be an area to look at under the work-programme. However, some claims for COVID-related accidents have been received by the DWP and further details on these was requested.
- 3.26. The Chair described a House of Lords case where a firefighter claimed for PTSD as an accident related to repeated attendance at incidents. This indicated an accident may not necessarily be a discrete event, does not have to be unforeseen and doesn't have to be unintentional. The ruling stated claimants for accidents should show either:
- An event or incident has occurred;
 - The claimant suffered personal injury; and
 - The event or incident caused the injury
- 3.27. These criteria could apply to COVID-19 in the workplace, possibly with relation to outbreaks.
- 3.28. An observer mentioned that a paper had been published which looked at outbreaks, but the Council has reviewed that paper. They also stated the HSE has been involved in a number of investigations and the outcomes are expected soon. Community transmission is an important factor to consider, so HSE has developed a modelling system to look at outbreaks in workplaces, which may be useful for the Council.
- 3.29. A DWP official stated they would welcome a discussion around the accident provision as this issue is being discussed with lawyers, specifically the challenges around the accident provision and how this is currently interpreted. When the lawyers have given their views, the conversation will be widened to include the Council.
- 3.30. Anecdotally, more COVID-related accident claims are being received by DWP from claimants with varied occupational backgrounds, some of which have a high degree of disablement, which has included fatigue and mental health problems.
- 3.31. If the conditions were prescribed, this would remove the need for accident claims, but only for health & social care workers.
- 3.32. Given the high prevalence of COVID-19 in the general population, it was felt additional advice and guidance may need to be devised related to COVID-19.
- 3.33. The IIAC Chair felt it would be useful to have some examples of COVID-19 related claims received. An observer responded that some information had already been compiled and would make this available to the Council.
- 3.34. A member commented that should a substantial number of COVID accident claims be received, analysis of this information could provide a basis for extending the prescription to non-healthcare workers if the Council's recommendations are accepted.
- 3.35. An observer thanked members for an interesting meeting and offered to speak about outbreaks in relation to COVID-19. The WHO definition of an outbreak is only met when the comparator used is the expected incidence/prevalence of a disorder. There are additional factors which complicate matters such as waves, different incidences/prevalence, different

individual circumstances and travelling to work – these factors make trying to legislate for this disorder difficult. They stated they would set out their views in a note to the Council.

- 3.36. The observer provided a paper for discussion on information on “the concept of “change of medical opinion” which might be relevant to IIDB prescription as ongoing and ultimately more definitive understanding of COVID-19 related disorder emerges. This gave examples where decisions had been reversed when medical opinion/evidence changes. This concept could be applied to the current thinking on COVID-related disorders. The Chair commented this could be applicable to this topic and a number of others where evidence changes.
- 3.37. The Chair drew the discussion to a close and thanked all members again for their contributions.

4. Commissioned review into respiratory diseases

- 4.1. The review has commenced and Professor Damien McElvenny is leading this from the Institute of Occupation Medicine – this had been previously declared as a potential conflict of interest.
- 4.2. The Chair asked Professor McElvenny to give an overview of progress to date and a presentation was delivered. This covered:
- Project aim
 - Methods
 - Prioritisation
 - Next steps
- 4.3. A member asked how much overlap has been observed where exposures resulted in more than one condition – the studies appear to be quite different.
- 4.4. There was some discussion around items on the high and medium priority exposures/conditions.
- 4.5. Some of the exposures were deprioritised as there was little to distinguish between environmental and occupational exposures, which would make any potential prescription difficult. Some were also removed from the list as there were already prescriptions in place.
- 4.6. It was decided that the lists provided were adequate to take forward and nothing further needs to be added.
- 4.7. A meeting will be arranged between IOM and selected IIAC members to decide on further priorities with a view to providing a report into the next full IIAC meeting in October.

5. Neurodegenerative diseases (NDD) in sportspeople

- 5.1. The Chair introduced the topic stating it had received a lot of media attention and the Council was facing pressure from interested parties, mainly from the football sector. A member who is leading the investigation commented that the topic of neurodegenerative diseases was applicable to other sports and a decision needs to be taken on which contact sports to include. Rugby and football have the highest profile, but others such as American football and boxing may be appropriate.

- 5.2. The member stated there are a number of difficult scientific issues around this topic which may be challenging to overcome, but they felt that the traditional route of looking for doubling of relative risks may be the best way to proceed. Further consultations with experts may also be appropriate but not necessarily at this stage.
- 5.3. One of the big challenges is the ageing population and death from neurological disease is now almost equivalent to that of death from cardiovascular disease. Consequently, it could be expected that more sportspeople would die from this condition irrespective of the sports played. It was suggested that former elite sportspeople generally live longer than the general population and so may be at greater risk of death from NDD.
- 5.4. It was suggested by the member leading the investigation that systematic reviews would be a good source of information in the first instance then decide on the scope of the literature to include and generate tables of evidence.
- 5.5. A member agreed that epidemiological evidence is a good place to start which may deliver evidence for footballers and rugby players, but possibly not other sports. They suggested looking at exposure equivalence across other sports which would ensure these are captured where the epidemiology is scarce. They also felt that concussion and repetitive head impacts needed to be considered.
- 5.6. The member agreed and felt that additional impacts other than those to the head need to be considered as these may cause 'brain shaking' when collisions take place. It was pointed out that it is only sports which employ people which would be relevant.
- 5.7. A member recalled the discussion with Prof Willie Stewart at an IIAC meeting where different types of NDD were identified with excess risks which had different diagnoses, different outcomes and different treatments, but when questioned, Prof Stewart stated the pathology was the same.
- 5.8. It was agreed that all types of NDD would be looked at across a number of sports to get the full picture.
- 5.9. Reference was made to a recent meeting between selected IIAC members and the Professional Footballers Association (PFA) who hadn't considered the prevalence of NDD in the general population and the relevance of having a control group. Another football representative umbrella organisation would be useful to consult. It was suggested that other bodies representative of their sports would also help inform the investigation.
- 5.10. A member also commented that the reliability of diagnoses of NDD can be an issue. Diagnoses over the last 10 years are considered to be accurate, but less so in the preceding time.
- 5.11. A member suggested to review the broad literature initially then narrow down when evidence is available. A research strategy will be devised and other members brought in to assist as required.
- 5.12. An observer commented that the dose of exposure in traumatic brain injury of all levels of severity needs to be considered. They stated that mild traumatic brain injury, e.g. concussion, is different to moderate or severe brain injury.

The observer offered to share papers which had been drafted for the independent medical expert group in the military as there may be areas of overlap which may be of interest.

6. Work programme prioritisation

- 6.1. The IIAC Chair reviewed the work programme document published on the IIAC gov.uk website and produced a short report for discussion and prioritisation. This included issues raised by members at a recent full meeting of the Council as well as issues raised by stakeholders.
- 6.2. Current ongoing investigations include long-covid, pneumoconiosis PD D1 review, NDD in sportspeople and the commissioned review into respiratory diseases, all of which are major topics to cover. It was noted that some extra funding had been sourced to provide additional scientific support, which could help in progressing some of the additional topics on the work programme. Some of the main topics are:
 - The DWP may ask the Council to look at some of the aspects of the accident provision of IIDB and also mental health as a primary reason for a claim or part of a disability assessment.
 - Women's occupational health has never been looked at and infectious diseases hasn't been reviewed for some time.
 - It was suggested IIAC should look at the operation of the IIDB scheme and some auditing carried out
 - A member is interested in airflow obstruction and lung fibrosis in general.
- 6.3. A quick high-level review of infectious diseases section indicated it was last considered in 2003.
 - A number of items were added in 2003.
 - Zoonoses needs to be reviewed as HSE have guidance and information on causes.
 - Hepatitis infections and HIV are likely to be out of date.
- 6.4. A member suggested approaching experts to advise how to take forward a review of infectious diseases, with HIV/hepatitis and zoonoses as a priority. Also ask if there are any other diseases which the Council should be aware of for consideration. This was agreed and the member will make contact with relevant experts.
- 6.5. It was also discussed whether diseases encountered by welders should be looked at as well as non-melanoma skin cancer in outdoor workers.
- 6.6. A member mentioned they were involved in a study looking at styrene exposure in the production of glass reinforced plastics.
- 6.7. A member asked for views on women's occupational health as there are sometimes criticisms from external interested parties that the IIDB scheme may be more tailored towards men. A member suggested that a researcher in this area be contacted for their views and the Chair stated this could be a topic for a future commissioned review. Members agreed this may be a topic for future work.
- 6.8. Other members felt that reproductive health, especially in relation to solvents, is a possible topic for further work.

- 6.9. A member commented that they felt this was an opportunity for a scoping review rather than members recommending individual topics. Members agreed with this approach.

7. AOB

- 7.1. An observer felt that the issue of ionising radiation is something for the Council to consider or at least to keep an eye on.

Date of next meetings:

IIAC – 20 October 2022

RWG – 24 November 2022