INDUSTRIAL INJURIES ADVISORY COUNCIL
Minutes of the hybrid online meeting
Thursday 17 October 2024

Present:

Dr Lesley Rushton	Chair
Dr Chris Stenton	IIAC
Dr Ian Lawson	IIAC
Professor Max Henderson	IIAC
Professor John Cherrie	IIAC
Professor Damien McElvenny	IIAC
Dr Jennifer Hoyle	IIAC
Dr Gareth Walters	IIAC
Ms Lesley Francois	IIAC
Mr Steve Mitchell	IIAC
Dr Sharon Stevelink	IIAC
Mr Dan Shears	IIAC
Dr Claire Leris	MoD observer
Ms Lucy Darnton	HSE observer
Mr Lee Pendleton	IIDB observer
Dr Rachel Atkinson	Medical assessment observer
Dr Marian Mihalcea	Medical assessment observer
Dr Matt Gouldstone	DWP IIDB medical policy
Ms Parisa Rezai-Tabrizi	DWP IIDB policy
Ms Georgie Wood	DWP IIDB policy
Mr Stuart Whitney	IIAC Secretariat
Mr Ian Chetland	IIAC Secretariat
Ms Catherine Hegarty	IIAC Secretariat

Apologies: Dr Richard Heron, Dr Sally Hemming

1. Announcements, conflicts of interest statements and sign-off of minutes

1.1. The Chair welcomed all participants and set out expectations for the call and how it should be conducted.

1.2. Members online were asked to remain on mute and to use the in-meeting options to raise a point.

1.3. Members were asked to declare any potential conflicts of interest. Dr Gareth Walters announced that he was part of a group which had been awarded a project grant by Boehringer Ingelheim to look at interstitial lung disease and fibrosis.

1.4. DWP IIDB policy announced that changes had been made to the contracts awarded to carry out health assessments. Observers from each of the new providers would be invited to attend IIAC meetings.

1.5. The current IIAC chair is due to retire on 31 March 2025 and the campaign to recruit a replacement has been launched, with a closing date of 25 October 2024. Members were encouraged to circulate the details to promote the campaign.

1.6. The Chair announced that the process to lay the transport and education COVID-19 command paper has started, with a provisional date set for week

commencing 11 November. The Chair noted that COVID-19, particularly long COVID, was continuing to be monitored by the RWG.

Minutes of the last meeting

1.7. The minutes of the July meeting and the action points had been circulated to members to comment on and agree. Outreach activities were discussed with a number of initiatives underway. Representatives of workers gave an update on the ideas they had been working on to promote IIAC amongst the trade unions. Action points were cleared.

2. Neurodegenerative diseases (NDD) in professional sportspeople

2.1. The Chair indicated that a meta-analysis would be carried out to scrutinise the data from the studies identified in the draft paper which had been circulated at the last meeting. Progress updates will be given to RWG.

2.2. The Chair reflected that after an initial review by members, amyotrophic lateral sclerosis (ALS) was the first NDD to be considered, with Parkinson's disease (PD) and dementia (cognitive impairment) areas of interest. To progress these additional areas, the Chair and a member drafted specifications to outsource reviews. A member commented that the initial review carried out would be useful to any organisation which may carry out the subsequent investigations.

2.3. A member commented that the ALS draft paper is fairly advanced but there is no clear-cut decision and the outcome of the meta-analysis is awaited. The member also commented that they felt PD may be relatively discreet, but dementia/cognitive impairment is likely to be a big topic to review with a lot of literature. Another member commented that studies often define cognitive impairment in a number of ways and felt that the Council should be clear in how this is defined for its purposes.

2.4. There was some discussion around potential suppliers which may be suitable.

2.5. Members were in agreement with the proposal to outsource the follow-up additional reviews.

3. Commissioned review on respiratory diseases

3.2. The Institute of Occupational Medicine (IOM) gave a short presentation on initial specifications and the final outcomes of the review.

3.3. The intention was to look at occupational causes of respiratory cancers and COPD with a view to determining if new prescriptions were required or if existing prescriptions needed to be changed.

3.4. 6 disease/exposure combinations were selected, with agreement from IIAC for further work:

- Silica + COPD
- Silica + lung cancer
- Cleaning products + COPD
- Farming/ pesticides + COPD
- Chromium VI + lung cancer
- Asbestos + lung cancer

3.5. IOM produced individual reports for each topic and a final compendium report.

3.6. The conclusions of the final report indicate:

- Silica + COPD – likely to be insufficient evidence to recommend prescription, however, not all occupational circumstances may have been picked up. The focus of the literature search was on silica, not necessarily on occupations where high exposures to silica might have occurred. Further work on construction or foundry workers may be something for IIAC to consider. Other occupational sectors such as stone masons or those manufacturing/installing kitchen worktops (composite stone) may also warrant further investigation. At this point, members raised an issue they had become aware of where very serious cases of silicosis had occurred in younger workers involved in this type of work.
- Silica + lung cancer – there was a lack of evidence for a doubling of risk for lung cancer in the absence of silicosis. However, there was a lack of epidemiological evidence, so there may be a case to look at some exposures such as miners exposed to freshly cut sandstone or kitchen worktop installation workers. The current prescription PD D11 also has occupational requirements which may need to be reconsidered. The Chair suggested that toxicological information be considered when conducting future reviews, especially where cancers are concerned. Dose-response data should also be considered.
- Cleaning products + COPD - other occupations such as nurses were also included as their roles involved a large amount of cleaning. There was evidence for raised relative risks in studies, but none was doubled. This is likely to be an area of growing epidemiological interest, asthma has also been looked at so there may be an overlap with COPD.
- Farming/ pesticides + COPD – some albeit limited evidence of increased risks was found, so it was recommended to continue to monitor this topic, with farming methods changing and more work indoors. Pesticides is considered a complex topic to study due to variety of exposures and may need to be considered separately.
- Chromium VI + lung cancer – the current prescription, PD D10, describes 3 chromates, exposure to which, would qualify. There are excesses of risks which are more than doubled in the early years of chromate production. However, it is unclear whether the 3 forms of chromate described in PD D10 are those which are now present. A change in process from the 1980s may indicate that risks are no longer doubled for chromate production and may require further work to determine if the prescription is adequate. Other occupational exposures may need to be considered such as welding, chrome plating and work as a painter involving chrome-based paints.
- Asbestos + lung cancer – most of the epidemiological evidence was from textile workers and miners. There did not appear to be a rationale for PD D8 for keeping the occupational circumstances in addition to asbestosis. Other occupational circumstances, such as construction

workers, may warrant additional consideration. More recent research modelling dose-response data could be reviewed to determine whether a threshold exists and to explore the independence of lung cancer from asbestosis.

3.7. The Chair thanked IOM and indicated there was a lot of follow-up work required. There was some discussion around how the reviews would be published. It was suggested that the summary report be published, accompanied by an IIAC foreword, with the individual reports included as annexes.

3.8. The Chair acknowledged the great deal of work put into the review by IOM and thanked them for the outcomes.

3.9. The Chair also commented, in general terms, that many of the PD 'D' diseases were out of date as many of the occupations no longer exist.

3.10. A member asked for clarification about smoking in relation to IIDB where the relative risk for an exposure only exists in smokers. A member commented that, for example with asbestos and lung cancer, it may be assumed that there is a multiplicative interaction, so the increased risk for smokers is the same as for non-smokers. However, this is just an approximation.

3.11. Another member added that it depends if the epidemiological studies use internal or external comparisons for analysis – how the levels of smoking in the working population compare to the general population.

4. **Work programme update**

Scoping review into women's occupational health

4.1 The Chair invited IOM to give a progress report on the work carried out so far.

4.2. IOM reminded members of the purpose of this scoping review:

- To search for authoritative reviews and large-scale cohort or case-control studies to identify the industries, occupations and exposures associated with non-malignant occupational diseases that occur (a) only in women or (b) where women are potentially at greater risk than men, where both are similarly exposed.
- To give an approximate estimate, where feasible, of the range of the magnitude of the risks and the numbers/proportions likely to be affected.
- To assess the size of the literature base for outcomes/exposures for more detailed evaluation of the specific health outcomes and occupations/occupational circumstances.

4.3. Work completed to date:

- Investigation of employment patterns of women.
- Identification of relevant health endpoints: Musculoskeletal, reproductive, anxiety & depression, burnout, obesity.
- Identification of relevant occupational groups: 14 identified including healthcare, hair and beauty, teaching, hospitality, administrative roles.
- Development of search strings and literature searches focusing on reviews from the past 20 years.

- Screening of titles and abstracts identified 306 papers for full text review.

4.4. IOM presented a table which illustrated a summary of the 306 reviews by health outcome and occupation. The most studied occupational group was healthcare workers. Teachers and women who work shifts also featured highly.

4.5. Work is ongoing into a more in-depth investigation of the broad and unspecified groupings (e.g. healthcare, 'other' occupations, 'other' health outcomes):

Healthcare

- 123 papers identified
- 26 were studies of nurses; 15 were studies of physicians; 7 were studies of surgeons.
- Remaining studies covered ~ 40 other specialties e.g. psychotherapists, oncologists, paramedics.

'Other' health outcomes

- 81 papers identified
- Several were unspecified in the abstract or referred to 'health', 'general health' 'health issues'.
- Most common specified outcomes were cardiac related followed by eye disorders, diabetes.

4.6. The next steps for the project were then outlined by IOM:

- Complete the more in-depth screening of the 306 papers – this will include looking at the full texts where available.
- Prioritise papers for data extraction.
- Work to date has identified some exclusion criteria:
- Papers on occupations/occupational circumstances not relevant to IIAC (e.g. military veterans)
- Papers on injuries
- Papers not relevant to the UK.

4.7. IOM reported that the programme is on schedule and due for completion by the end of January 2025.

4.8. Mental health figured highly and discussion with members with expertise in this field yielded suggestions on how the different aspects could be grouped into categories to aid prioritisation of the literature:

- Suicide and self-harm
- Depression
- PTSD
- All the other aspects combined.

4.9. Quality of diagnoses was also highlighted as an important consideration.

4.10. A member felt that reproductive health outcomes should be included and another member felt that the mental health aspects of occupations where

women are in a minority could be examined. The converse could also be considered.

4.11. There was some discussion around the exposure elements relating to reproductive health e.g. teratogens or chemotherapy drugs. The Chair made the point that IIDB would only cover a worker and not the family, so an impact on a foetus or a child would not be covered.

4.12. A member commented that the Workplace Expert Health Committee (WHEC) published a report on work-related suicide which linked bullying/harassment to suicide. Other reports show that women may be more likely to suffer from bullying than men in the workplace. Some discussion on elements related to this followed on how this exposure/health outcome could be included.

4.13. A member asked that premature ovarian failure be included in the reproductive health section as there may be evidence that chemical exposure could be a factor.

4.14. A member pointed out that concerns had been raised for entonox (50% nitrous oxide/50% oxygen) gas exposure. Mental health at work and suicide are areas of concern for trade unions, related to that is isolation from families whilst working away.

4.15. A member asked if social care workers had been included in the healthcare section as this population is predominantly female and issues/risks are known to exist. It was felt that as the social care sector is a commercial business, it may be difficult to obtain data.

4.16. Shop workers/retail was raised by a member as a concern due to the number of assaults carried out against them, which has mental health consequences. Women form the majority of workers in this area.

4.17. A member made a point that there were studies which looked at the risk of mesothelioma and gender. The risks differed between men and women, with female exposure being related to office-type work. Lack of awareness of the risks of asbestos was thought to be a factor.

Other work programme activities

4.18. The Chair stated that most of the topics on the work programme had already been discussed but there were other elements for future work which warranted mentioning.

4.19. The section on the IIAC website will be revised as it is out of date. Some suggested future topics which could be considered:

- Welders – malignant and non-malignant diseases.
- The ‘B’ diseases (biological agents) – several PDs are out of date such as hepatitis or HIV. New zoonoses may also occur.
- The ‘D’ diseases – many of prescriptions are out of date with respect to occupations.

4.20. The reactive nature of the Council’s work also needs to be taken into account as this can alter priorities, COVID-19 being a good example.

4.21. A member raised the issue of the on-going COVID-19 review as this is likely to feature what economic support was given during the pandemic. Worker

compensation is likely to be raised, which could include IIDB, so additional reactive work for the Council may be required.

4.22. Members felt that the impact of COVID-19 had been significant, but as IIAC can decide its own priorities, items can be removed from the work programme as priorities change.

4.23. A list of suggested work will be drafted and shared with members for discussion after review at RWG.

5. **AOB**

5.1. The Chair returned to the topic of composite stone kitchen worktop/sinks manufacture/installation and severe silicosis disease in workers. It has been suggested that these workers have encountered some difficulty in successfully claiming IIDB for their condition. The PD D1 (pneumoconiosis) prescription was recently reviewed by the Council and recommendations made to simplify it.

5.2. However, it was proposed that the first categories of the current prescription which covers silicosis should be applicable from an occupational perspective for IIDB. Members felt that the exposure to silica for these workers should be sufficient to allow for successful claims.

5.3. A member commented that the length of time taken to process the claims was also exasperating the situation as the health of these workers was deteriorating as they were seriously ill – the member felt strongly that a fast-track system could be applied in these cases. It was reported that some of these workers were in intensive care or waiting for lung transplants.

5.4. These cases could be the tip of the iceberg as members reported that the materials in question were being more widely used.

5.5. DWP IIDB policy agreed to discuss the matter internally and reach out to IIAC if advice were required.

5.6. An observer commented that at medical assessment stage, cases can be prioritised if there is evidence the claimant is seriously ill or at end of life.

5.7. Further discussion yielded that there may have been more cases which had not been identified as migrant workers may have returned home. Australia has banned the use of these materials, so advice from IIAC to the DWP could reference that.

Correspondence

PD D9 (diffuse pleural thickening, DPT)

5.8. A stakeholder has written to the Council asking that the prescription be revised as miners appeared to be excluded from claiming for this prescription due to the occupational element.

5.9. Several points were raised around the presence of asbestos in mines and the degree to which miners could be exposed. Evidence was apparent that the prevalence of mesothelioma, from exposure to low levels of asbestos, was relatively low in mineworkers.

5.10. A member pointed out that DPT is not uniquely an occupational disease as there were other causes (e.g. pneumonia).

5.11. The Chair commented that although cases of mesothelioma might be low in mineworkers, there is the possibility that these workers were exposed to asbestos from a number of sources and worked in a confined space. Consequently, this may mean that this exposure could also result in DPT, so the work history can be critical for clinical diagnosis.

5.12. There were some discussions around the diagnosis for DPT where the thickening becomes diffuse.

5.13. A member made the point that workers in schools are at risk from asbestos exposure and mesothelioma cases have been reported, so this issue may not be specific to mineworkers.

5.14. Additional contributions from members included the view that if a clinical diagnosis had been made and the work history established a potential asbestos exposure, then the prescription for PD D9 should be changed to allow for claims to be made. A member felt that DPT may be a disease of light asbestos exposure.

5.15. The occupational requirements of PD D9 would probably be difficult for mineworkers to qualify as the DWP decision-makers would be restricted to what the prescription specifies. Should IIAC feel that the prescription is not correct, then recommendations for changes would need to be made.

5.16. As there is the potential for mineworkers to be exposed to low levels of asbestos dust, the Chair felt that this needs to be examined as part of a wider review of the ‘D’ diseases. A member commented this would require some careful thought and would need to be considered by RWG. Another member pointed out that whilst some of the occupations listed in the ‘D’ prescriptions no longer existed, workers are still in jobs which expose them to asbestos, such as its removal or in building maintenance in construction. Secondary asbestos exposure is also still an issue.

Hypersensitivity Pneumonitis as a synonym for extrinsic allergic alveolitis.

5.17. DWP asked for advice on PD B6 and PD C34 as hypersensitivity pneumonitis (HP) is a synonym for extrinsic allergic alveolitis. HP is not listed on the prescriptions, but IIAC members were clear in their advice that this term should be included in guidance to ensure that claimants, or their doctors, using this term would be covered by the prescriptions.

Assessing disability for PD D1 (pneumoconiosis).

5.18. Correspondence had been received which set out a case to use gas transfer techniques to assess disability for the PD D1 prescription.

5.19. There was some discussion around the suitability of this technique vs the current used forced expiratory volume test. It was noted that where available, gas transfer results could be taken into account, but this technique may not be widely applicable to a medical assessment process.

5.20. Members felt that this was issue for DWP to look at and a response would be drafted to the correspondent.

Member AOB

5.21. A member noted that a recent publication in Occupational Environmental Medicine which described the worker compensation scheme in the Netherlands. This scheme uses the concept of presumably plausible for decisions on worker compensation. This takes account of the uncertainties in the evidence base. This could be something for the Council to consider. The Chair agreed and indicated the website could be updated to reflect the way the Council has brought in other ways to assess evidence

5.22. A member updated the Council on developments in the legal case involving rugby players who had developed NDDs. A legal firm involved in the case has been investigated for coercion.

Date of next meetings:
RWG –28 November 2024
IIAC – 16 January 2025