

Press release: UK expresses concern that Ukraine's fight against corruption is being undermined

Following recent events which appear to threaten the activities of the National Anti-Corruption Bureau, an FCO spokesperson said:

The UK has growing concerns that Ukraine's fight against corruption is being undermined. Corruption remains a major threat to Ukraine's stability and national security and is cited by Ukraine's electorate as the number one issue facing the country. The fight against it is fundamental to Ukraine's European choice and its aspiration to become a modern, prosperous and democratic state.

The National Anti-Corruption Bureau of Ukraine (NABU), in which the UK has invested significant resource, is a critical piece of the anti-corruption machinery in Ukraine, and has made great strides in its development and its investigations. Recent events, including interference in NABU investigations and the exposing of NABU's undercover officers, are a worrying sign that the future of independent anti-corruption investigations is under threat.

We hope that those in positions of authority will show leadership in progressing a joined up reform effort to eradicate corruption.

News story: Intimidation in Public Life: launch event

The Committee will be launching its report on intimidation in public life at an event on Wednesday 13 December.

The Committee will be publishing its report 'Intimidation in Public Life: A Review by the Committee on Standards in Public Life' on Wednesday 13 December. Copies of the report will be online from 10am.

On the same day, we will be holding a launch seminar about intimidation in public life from 10am to 11am in central London. A note of the seminar will be made available after the event. Limited spaces are available, so please contact the Secretariat by email at public@public-standards.gov.uk by 8 December if you would like to attend.

You can also follow the event on Twitter [@publicstandards](#) [#publiclife](#)

[Sign up](#) to updates from our website if you would like to hear more news about our review.

Press release: Screening committee recommends trial of testing babies for SCID

Following a review of the evidence, the independent expert screening committee recommends that screening for severe combined immunodeficiency (SCID) should be tried for a period of time in the NHS.

SCID refers to a number of rare inherited conditions which affect the development of a baby's white blood cells – these are an important part of the immune system and make it difficult for babies to fight infections. Around 15 to 25 babies are born with the condition every year in the UK. The treatment is a bone marrow transplant, which can repair the damaged immune system.

The trial period will allow the committee to gather information about the practicalities and likely effect of screening before a final recommendation is made on whether to include SCID in the NHS newborn bloodspot screening programme.

Screening, as part of the newborn blood spot screening programme, would look for babies with low numbers of white blood cells as a sign that they may have SCID, but the independent committee found that more evidence is required on whether screening for the condition would do more good than harm, as it is not clear:

- how many babies may be diagnosed with having the condition when they do not (false positives)
- what care and treatment to offer babies with other conditions that cause low numbers of white blood cells

Professor Anne Mackie, Director of Programmes for the UK National Screening Committee (UK NSC), said:

There is still uncertainty whether screening for SCID would lead to babies who are well being diagnosed with the condition and receiving unnecessary treatment. It's also unclear what would be the best care and treatment to offer babies who don't have SCID, but are found to have other immune deficiency conditions.

We need to find out if screening for SCID would provide overall benefits or do more harm by falsely diagnosing those without the condition. That is why the committee has recommended screening over a trial-period which will help them decide whether NHS screening for SCID should be recommended.

After careful consideration of the evidence, the UK NSC did not recommend introducing screening programmes for the following conditions:

Newborn screening for Cytomegalovirus (CMV)

Cytomegalovirus is a common viral infection found in children and adults which doesn't always have symptoms nor need to be treated. If it is passed from mother to baby during pregnancy this is called congenital CMV infection. Screening was not currently recommended as it is not possible to know which babies are going to develop long-term health problems. So more research is needed to distinguish between babies that will suffer from the infection and babies that will not.

Human T-cell lymphotropic virus (HTLV) in pregnancy

Human T-cell lymphotropic virus (HTLV) can be passed from person to person through blood transfusion or unprotected sexual contact. HTLV infection can also be passed from mother to child. This is usually through breastfeeding for longer than 6 months. Screening was not recommended as the risk of a mother passing HTLV to their child through breastfeeding is low unless breastfeeding is continued beyond 6 months.

Newborn screening for biliary atresia

This is a rare condition that causes the bile ducts to become blocked or inflamed. Bile is a digestive fluid necessary to digest fatty acids and vitamins. If it cannot drain away from the liver, bile can build up and cause serious liver damage in the early years. Screening was not recommended as there is no reliable test which could be used to find babies with biliary atresia in the first week of life.

Iron deficiency anaemia (IDA) in children under 5 years

IDA is the most common form of anaemia and occurs when iron levels are too low to support the production of red blood cells, usually because of a lack of iron in the diet. Children aged under-5 are especially at risk. It is possible that IDA may affect a child's development, but this is not known for certain. Screening was not recommended as it is not known how many children in the UK are affected. It is uncertain whether IDA in children under the age of 5 causes adverse developmental outcomes and whether it gets better without treatment. Also a suitable test is not yet available.

The UK NSC will review all these recommendations again in 3 years as part of its regular evidence review process or earlier if significant new evidence becomes available.

The latest screening recommendations were made at the UK NSC meeting on 25 October 2017, the [minutes of which are published today](#) (6 December 2017).

Background

1. The [UK National Screening Committee](#) is independent of, but supported by, Public Health England.
2. View the detailed [summaries of the recommendations](#) for all of the conditions mentioned.
3. Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

[News story: SMEs encouraged to form new health and social care marketplace](#)

The Government is encouraging technology-based small and medium-sized enterprises (SMEs) to supply to the public sector via a new marketplace for health and social care providers.

NHS Digital and Crown Commercial Service (CCS) have created a new Dynamic Purchasing System to provide consumers access to companies that supply Health and Social Care Network (HSCN) services. The DPS is now live, and will continue to grow as suppliers join throughout the term.

HSCN enables health professionals from NHS Trusts, hospitals, GPs, social care organisations and non-public sector bodies to communicate and share information, delivering efficient, effective public services that meet the needs of citizens.

A new network

For the last 13 years, a network previously known as N3 (New National Network) connected the NHS. N3 will be succeeded by HSCN – a network for all health and social care organisations, allowing any supplier that can become HSCN-compliant to provide services.

HSCN could be worth up to £500 million over the next six and a half years.

Niall Quinn, CCS Strategic Director for Technology said:

We aim to create a vibrant and dynamic marketplace that increases choice for health and care providers while encouraging competition between a greater number and range of suppliers, including SMEs.

All suppliers have to be HSCN Stage 1 compliant to join the DPS. The DPS application process has been simplified and removes the traditional lengthy framework tender process, removing the cost and resource required for that process.

Once on board, suppliers will be able to bid to deliver the service to thousands of public sector organisations across the UK.

Dermot Ryan, HSCN Programme Director says

Creating a competitive market for network services in health and social care, to drive both product innovation and value for money, has been an ambition of the HSCN programme since the outset. Working in partnership with Crown Commercial Service, the establishment of the HSCN dynamic purchasing system is a significant part of realising this ambition. The DPS will promote the formation of a thriving market in HSCN services and provide health and social care customers with an easy to use, low risk way of procuring compliant services.

Opportunity for small businesses

The move away from a framework model to the DPS was with suppliers and particularly SMEs in mind, reducing certain barriers to entry and enabling compliant suppliers to join over time.

Supplier feedback was positive on this move, with Ian Fishwick, Chief Executive of Adept Telecom, Commercial Director for Innopsis, and member of the Cabinet Office SME Panel commenting:

The new Dynamic Purchasing System for the Health and Social Care Network is a great example of how this form of procurement can be used for complex requirements. Previously many believed that DPS were only suitable for buying commodity products and this is now demonstrably not true.

One of the problems SMEs have with conventional frameworks is that if you miss the start then you are effectively cut out of the market for several years. With the HSCN Dynamic Purchasing System we have shown that businesses who comply over time can join in when

they are ready.

To find out more about HSCN, visit [the NHS Digital HSCN webpage](#)

To find out how to sign up to provide services through HSCN, [visit the DPS webpages](#)

Press release: Government and FCA crack down on older pension scheme charges

The saving over the past 4 years revealed today (6 December 2017) means high charges levied on members of older workplace, or legacy, pension schemes, are soon expected to be a thing of the past.

A report published by an Independent Project Board, commissioned to investigate high charges, found that £25.8 billion of assets in defined contribution workplace pension schemes were potentially exposed to charges of more than 1%, failing to give savers value for money. This has now been reduced by over 90%.

Since 2013, the government and the Financial Conduct Authority (FCA) have worked closely with these pension providers to bring their legacy schemes in line with the standards of new workplace pension schemes introduced since the launch of automatic enrolment.

Guy Opperman, Minister for Pensions and Financial Inclusion, said:

No one that saves into a pension scheme should have concerns that their savings are at risk of being eroded by excessive charges.

That's why we are tipping the balance back in favour of consumers, who will now see their schemes delivering better value and increasing their income in retirement.

By working closely with regulators and providers, we are committed to getting consumers the best possible deal.

The Independent Project Board found that these pension schemes, which are contract and trust-based and not covered by the government's pension charge cap on workplace pension schemes used for automatic enrolment, were charging excessive amounts for annual administrative charges, without justifying the extra costs.

Of the £25.8 billion of assets covering 1.5 million pension pots, between £5.6 billion and £8 billion was potentially exposed to charges above 2%, and nearly £1 billion to charges above 3%, with the latter often members with small pension pots worth less than £10,000.

The government and FCA continue to work with the small number of remaining providers to eliminate high costs and charges by the end of 2018, and has been clear that it will legislate, if necessary.

This is the next step government is taking to ensure savers receive good value for money from their pension, that their pension will meet their needs for retirement, and that savers are better able to maximise savings.

DWP and FCA published the most recent legacy audit report [Poor value workplace pension schemes: a review](#) in December 2016.

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