The Scottish Parliament
Pàrlamaid na h-Alba

Citizen Participation and Public Petitions Committee

Jenni Minto MSP
Minister for Public Health and Women's Health
Scottish Government

27 February 2026

Dear Jenni

PE2099: Stop the proposed centralisation of specialist neonatal units in NHS Scotland

Calling on the Scottish Parliament to urge the Scottish Government to stop the planned downgrading of established and high-performing specialist neonatal intensive care services across NHS Scotland from a level three to a level two and to commission an independent review of this decision in light of contradictory expert opinions on centralising services.

Introduction

The Citizen Participation and Public Petitions Committee has been considering the Scottish Government's decision to introduce a new model of neonatal care, which will reduce the number of neonatal intensive care units from eight to three. The Committee met families with lived experience, took evidence from those involved in the review, and then took evidence from you.

The Citizen Participation and Public Petitions Committee has been considering petition PE2099: Stop the proposed centralisation of specialist neonatal units in NHS Scotland, lodged by Lynne McRitchie.

The experience of neonatal intensive care can be acutely traumatic, with a lasting impact on the health and wellbeing of families. It is a distinct experience that requires compassionate, family-centred healthcare.

The Committee is concluding its work on petitions, but believes there are remaining questions about the implementation of the new model and the support that is offered to affected families.

The Scottish Government has set out that the recommendation to move from eight neonatal intensive care units to three was underpinned by strong clinical evidence. The British Association of Perinatal Medicine set out that the survival of babies born

before 27 weeks is improved when birth occurs in a neonatal intensive care unit that looks after at least 100 very low birth weight babies (birth weight <1500g) per year.

The British Association of Perinatal Medicine recommends that neonatal intensive care units should admit more than 100 very low birth weight (birth weight <1500g) babies per year and should undertake at least 2000 intensive care days per year.

The Scottish Government has set out that the smallest and sickest babies (born at <27 weeks gestation, those with a birth weight <800g and any baby requiring complex or prolonged intensive care) will now receive care from a neonatal intensive care unit in Edinburgh, Glasgow or Aberdeen.

Approximately 1,100 babies require a significant level of care which is described as intensive care each year in Scotland. The Scottish Government's options appraisal set out that it expects around 50-60 babies (born <27 weeks gestation, those with a birth weight <800g and any baby requiring complex or prolonged intensive care) to be affected by the new model of care per year.

The Committee accepts that the Scottish Government's decision to adopt a new model was made on the basis of clinical judgement to deliver improved health outcomes for the sickest babies. However, in order for clinical outcomes to be improved, the new model must be implemented and delivered effectively. The Committee is therefore concerned by the outstanding questions on capacity, resources, and finances.

We also heard concerns about the impact the new model could have on families. As part of its work on this petition, the Committee was fortunate enough to meet families with lived experience of neonatal intensive care. The testimony provided set out the practical reality for families with babies in intensive care and highlighted gaps in the support that is currently offered. The Committee therefore remains unconvinced by the Scottish Government's assurances that the new model will deliver truly family-centred care.

Throughout the Committee's work on this petition, we have been struck by the lack of clear information shared with the public. The information gap has led to misunderstandings and fears about what the new model will mean in practice for families. In order for families to feel reassured about decisions taken by the Scottish Government, it is essential that they can understand what those decisions will mean for them and others.

Background

In 2017 the Scottish Government published 'The Best Start: Five-Year Forward Plan for Maternity and Neonatal Services in Scotland' (the Best Start). This document outlines that it was the result of the Strategic Review of Maternity and Neonatal Services in Scotland, which was announced in early 2015. The plan goes on the state that the "aim of the review was to make recommendations for a Scottish model of maternity and neonatal care that contributes to the Scottish Government's aims of person-centred, safe, and effective care, provides the right care for every woman and baby every time and gives all children the best start in life."

This Best Start report included a key recommendation that Scotland should move to a model of three-to-five neonatal intensive care units (NICUs) in the short term, progressing to three units within five years supported by the continuation of local neonatal and special care units.

The new model of care will see babies born at <27 weeks gestation under 800 grams or in need of multiple complex interventions cared for in Edinburgh, Glasgow or Aberdeen.

It is expected that this change will affect 50-60 babies per year. Despite the relatively low number of babies and families impacted by this change, the public and MSPs have taken a considerable interest in this change.

The petition highlighted concerns within the context of the service provided at the award winning University Hospital Wishaw's neonatal intensive care unit. It called for the Scottish Government to stop the planned downgrading of neonatal intensive care services and to commission an independent review of the new model.

The Committee has considered the petition on five occasions, including two oral evidence sessions. The Committee took oral evidence from:

- Dr Stephen Wardle, President, British Association of Perinatal Medicine
- Jim Crombie, Co-Chair, Perinatal Subgroup
- Dr Andrew Murray, Co-Chair, Perinatal Subgroup

We then took evidence from you to further explore the issues raised in the petition. Throughout its work on the petition, the Committee has come to accept the evidential basis for the Scottish Government's decision to adopt the new model of care in terms of improved clinical outcomes. However, the Committee believes the Scottish Government's implementation of the new model will require ongoing scrutiny in Session 7.

Implementation

During its work on this petition, the Committee heard concerns from families and practitioners about whether there would be adequate levels of capacity, resources and finances in place to support the new model. The Committee explored these issues with you and the Best Start Perinatal Subgroup Co-Chairs during oral evidence, but remains concerned that there is outstanding work that must be done to ensure the aims of improved outcomes for the sickest and smallest babies born in Scotland can be realised.

Resource, capacity and funding

The Committee heard evidence about the work to date on implementing the new model of care. As part of that evidence, we heard concerns about how much additional resource, capacity and funding will be required to support the change and whether these elements will be provided as required.

The Scottish Government has designated a Regional Chief Executive in each region to oversee the implementation of the new model, with implementation plans now established in Edinburgh, Glasgow and Aberdeen. The Committee welcomes this clear line of accountability for implementation.

In evidence to the Committee, you acknowledged that having the right infrastructure in place is essential to support implementation of the new model and to optimise the parents' experience. The Committee was therefore surprised to learn that modelling work on maternity capacity, financing and cot capacity was still underway.

The Task and Finish Group identified that modelling was required to consider the maternity capacity in the units. This was on the basis that for the majority of women, the expectation would be that transfer happens while in utero and would have an impact on wider maternity capacity. Similarly, the financial modelling is still underway to facilitate a model whereby "funding follows the babies".

The Scottish Government noted that the modelling has taken longer than expected and explained that capacity in the units will be built "as we move forward" with the new model of care. Given the significant impact the new model will have on families, the Committee is concerned by the incremental nature of this work and the level of uncertainty that remains.

In particular, it is not clear to what extent pressure on the ScotSTAR service might increase and how much resource could be required to support the service. In particular, the Committee is concerned about potential impact on transfers from remote and rural areas to the neonatal unit in the Aberdeen Maternity Hospital. During evidence to the Committee, you provided assurance that more resource would be provided to ScotSTAR if required. However, the Committee is concerned that the Scottish Government does not yet know whether more resource will be required for ScotSTAR and, if so, to what extent.

The Committee was also informed of concerns about existing capacity in the Queen Elizabeth University Hospital, Glasgow. During the visit to University Hospital Wishaw, participants highlighted that Wishaw has been used as overspill when Glasgow has been full. This raises questions about how an increased demand on Glasgow would be managed, and underscores the Committee's wider concern about whether adequate capacity, resources and finances are in place to support the new model.

Agility

With notable areas of uncertainty remaining, the Committee is keen to understand whether the implementation plan is flexible and agile enough to respond if the reality of delivering the new model of care does not match the modelling. For example, it is unclear whether capacity could be rapidly increased at one of the three neonatal intensive care units, or at a recently downgraded unit if there are unforeseen pressures across the neonatal service.

In order to deliver improved outcomes for families, the healthcare infrastructure must be supported by adequate capacity, finances and resources.

While the Scottish Government has offered assurances about the ongoing modelling work, the Committee remains unclear as to why full modelling was not completed before the final decision was made to adopt a new model of care, or before the implementation work began.

The Committee is concerned that poor implementation could curtail the improved clinical outcomes aspired to by the Scottish Government, and leave families without confidence in the new model of care. Therefore, the Committee is of the view that the modelling work should be completed before any units are downgraded.

Family centred care

Pregnancy can be a challenging and emotional time for families. This is amplified when there are risks to the safety and wellbeing of mother and baby.

When the Committee met families with lived experience, members were moved by the powerful testimonies and struck by the difficult choices faced by parents. The Committee heard that it was not just the emotional toll that had a lasting impact, but also the practical challenges parents faced while their babies were in intensive care. Families stressed that life does not stop when a baby is in intensive care. Parents are still required to pay bills, fulfil other caring responsibilities and maintain social relationships.

The Best Start report set family-centred care as one of its core principles, and proposed a vision in which 'all mothers and babies are offered a truly family-centred, safe and compassionate approach to their care, recognising their own unique circumstances and preferences'.

The new model of care will place a new expectation on a small number of pregnant women and families to travel to a neonatal unit outwith their local area. Even though this will only affect a small number of families, the impact on those individuals could be significant.

Young Patients Family Fund

The Young Patients Family Fund (the Fund) provides reimbursement for costs incurred by the primary carer or sibling of a young inpatient receiving hospital care. The families who met with the Committee could see the value in the Fund, but felt that it was not sufficient to cover the comprehensive and varying needs of families.

Under the Fund, initial costs are met by the individual which can then be claimed back on a weekly basis or in full for the entire stay in hospital after the patient is discharged. However, the Committee heard that financial pressures mean it might not always be feasible for families to pay costs upfront.

The Fund offers the primary carer one return journey per day to the hospital. However, evidence to the Committee has stressed that this does not meet the needs of parents with other responsibilities throughout the day, such as school pick-up for other children.

The Committee welcomes the support already provided to families by the Scottish Government but recognises the gaps in support identified by those it met with in Wishaw. During evidence to the Committee, you highlighted the support that is currently available but did not commit to improving or expanding support schemes in recognition of the forthcoming changes.

Increased need for support

The new expectation that some mothers will be transferred to a neonatal unit outwith their local communities is likely to exacerbate the practical challenges faced by families. It is therefore reasonable to expect that adequate support will be provided to them by the Scottish Government. To date, the Committee is not clear whether the Scottish Government has undertaken an assessment of what additional support those families might require.

Given that the current support available to families is insufficient, the Committee remains unclear about how the Scottish Government can be confident that the care provided under the new model will be truly family-centred.

The Committee recognises that the Scottish Government's decision was made on the basis of clinical judgement to improve outcomes for the sickest babies but believes there has been a lack of consideration for the human impact that the changes will have on families. It is essential that, as well as ensuring the improved clinical outcomes are delivered, the Scottish Government delivers holistic family centred care.

The Committee suggests that the Scottish Government meets families with lived experience to understand what additional support will be required for those impacted by the new model of care. This exercise should inform a comprehensive review of the overall package of practical support offered to families with young children receiving inpatient care.

Clarity and communication

During the Committee's consideration of the petition it has found that communication from the Scottish Government has focused on a small number of key messages about the clinical evidence for its decision with a lack of accessible information aimed at reassuring concerned families.

The Committee believes this has left families, practitioners and MSPs with varying understandings of what the changes will mean in practice. In particular, this has led to misunderstandings that entire neonatal units will close and that a large number of cases will be transferred from local units to the centralised units.

As the implementation work progresses, the Scottish Government and Health Boards must prioritise clear and accessible communication with the public. The Committee considers that without leadership and clear communication, misunderstandings about the new model could persist.

Conclusion

As I have set out, the Committee recognises that the Scottish Government's decision was made on the basis of clinical judgement to improve clinical outcomes for the smallest and sickest babies. However, several important points remain unclear:

- whether adequate resources will be in place to support effective delivery of the new model
- what the outcome of ongoing modelling work will be
- whether the Scottish Government has fully considered the provision of practical support for families, particularly for the small number of families impacted by the new model of care.

In light of the outstanding issues identified through our work on the petition, the Committee concludes that the level of provision at existing neonatal intensive care units in Scotland should not be reduced until the areas of uncertainty have been addressed by the Scottish Government.

Given the limited time remaining in this parliamentary session, the implementation of the new model of care will be a matter for the next Parliament.

In order to set the next parliament up for this work, the Committee would welcome an update from you on the modelling work that is underway, a timeline of when each stage of the work will be complete, and an indication of what more the Scottish Government will do to deliver practical support to families impacted by the new model of care.

The Committee would be grateful to receive your response electronically, in Word format, by no later than **Friday 6 March**. Your response will be processed in accordance with the Parliament's policy on the treatment of written evidence.

On behalf of the Committee, thank you for your assistance.

Yours sincerely,

Jackson Carlaw MSP
Convener