

Citizen Participation and Public Petitions Committee

consideration of petition [PE2099: Stop the proposed centralisation of specialist neonatal units in NHS Scotland](#)

Visit to University Hospital Wishaw on 8 September 2025

Background

On 8 September 2025, the Committee visited University Hospital Wishaw to meet with the Petitioner, families and staff to explore the issues raised in petition PE2099: Stop the proposed centralisation of specialist neonatal units in NHS Scotland.

The petition is 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.

The Best Start Report recommended a reduction in the number of neonatal intensive care units from eight units, to three-five. It was then determined that the number of neonatal intensive care units would be reduced from eight to three.

The information gathered during this visit will help the Committee decide what action it wishes to take on the petition.

The Committee is grateful to those who shared their personal experiences and concerns about the proposed downgrading of Wishaw's neonatal intensive care unit (NICU) from a level 3 provider, to level 2.

A [SPICe briefing](#) on the issues raised in the petition is available on the petition webpage.

Meeting with the Petitioner and families with experience of neonatal care

The families who met with the Committee emphasised the importance of their stories being heard. One participant remarked that by contributing to the discussion, she wished to highlight the human aspect of the Scottish Government's proposed changes.

Impact on relationships

Social isolation

The parents pointed out that when their babies were in the NICU, the world continued around them. The participants emphasised that they were still required to pay bills, look after their homes and care for other children. The value of having support from family and friends during this time was emphasised.

Participants shared concerns that if mothers and babies are transferred for treatment in a unit further afield, the family could become isolated from their support networks. They felt that isolation from support networks and other children in the family could have a lasting impact on relationships and lead to poorer mental health outcomes for the parents.

Parent and baby separation

Families shared their personal experiences and emphasised the importance of being in close proximity to their babies, either as a patient in the same hospital or by living a short car journey away. They shared that being close-by allowed them to have the recommended early bonding experiences such as skin to skin and breastfeeding, as well as being present during medical emergencies.

While the plans state that efforts will be made to identify and transfer babies and mothers with high dependency needs before birth, participants stressed that often high dependency needs don't become known until an unexpected emergency during or after birth.

The participants raised concerns that under the proposed changes, mothers who require emergency medical care in Wishaw would be unable to travel with their babies to a level 3 unit, resulting in separation after birth.

Socioeconomic context and financial impact

Socioeconomic context

According to the Scottish Index of Multiple Deprivation 2020 there are several areas in North Lanarkshire which are amongst the most deprived, including in Motherwell which is immediately serviced by University Hospital Wishaw.

Participants felt that when making the decision to downgrade Wishaw's NICU, there was 'little to no consideration' of the socioeconomic deprivation and health inequalities of the communities serviced by NHS Lanarkshire.

Participants emphasised that preterm birth rates are significantly higher in areas of deprivation. The group noted that in the 2016 dataset used in the options appraisal, Wishaw had the 3rd highest number of neonatal admissions in Scotland.

The participants also explained that public transport links for low income families without a car are limited.

Costs

Families emphasised concerns about the financial impact on families transferred to an NICU further afield than Wishaw.

The [Young Patients Family Fund](#) provides reimbursement for costs incurred by the primary carer or sibling of a young inpatient receiving hospital care. While participants could see the value in the Young Patients Family Fund, they felt that it was not sufficient to cover the needs of families.

Under the Fund, the primary carer can claim back for one return journey per day to the hospital. However, participants stated that this does not adequately support

parents with other responsibilities throughout the day, such as school pick-up for other children.

The hospital may provide meals or meal tokens free of charge. Any cost of other meals can be claimed up to £8.50 per eligible visitor, per day, through the Fund.

Claims can be made on a weekly basis and payments are provided as reimbursement of costs already incurred. The participants highlighted the socioeconomic context for many patients in the NHS Lanarkshire Health Board area, stating that it will not always be feasible for parents to incur costs for reimbursement at a later date.

Options appraisal

The participants stated that while they support the recommendations of the Best Start Report and agree with the data and evidence related to improved outcomes, the group has serious concerns regarding the options appraisal and the decision making process.

Scoring

The participants believe there were significant inconsistencies in the scoring of the units. Following a review of the report and ranking, the group determined that the future of the units was determined by the scoring process. However, it was felt that the use of incorrect and out of date information regarding the services available at each unit caused a wide disparity in the scoring. The group also noted that the data collection took place without appropriate guidance to ensure a standardised system of scoring.

The group recognised that a small range of disparity in scoring would be expected based on individual interpretation of the data provided, likely linked to background/experience of the scorer. However, the participants felt that the range of scores raises significant concerns about the process.

Consultation and engagement

The participants emphasised that there was a lack of engagement with users of the service. They stated that no consultation took place with parent groups, political representatives, members of the Health Board or staff and experts within Wishaw's NICU.

The participants shared that the Scottish Government's engagement with Bliss, a charity for babies born premature or sick, involved collecting generic information from the charity rather than undertaking meaningful, direct engagement with its service users.

The participants questioned how a decision on neonatal services could be made without thorough consultation with families.

Meeting with staff from Wishaw's neonatal intensive care unit and NHS Lanarkshire

The Committee met with staff from the neonatal intensive care unit (NICU) in University Hospital Wishaw and staff from NHS Lanarkshire. The participants echoed concerns raised by the families, including –

- socioeconomic context in Lanarkshire
- isolation from support networks in the community
- the impact on other children in the family
- lack of consultation with families

Support and access to services

The staff group emphasised the value in families being close to home and established support networks when mothers and/or babies require medical care.

The group also noted that moving parents away from their local GP can impact on access to support, including access to mental health services.

Options Appraisal

The staff at Wishaw reviewed the Options Appraisal Report and concluded that they are not in agreement with the proposed changes to services provided by Wishaw's NICU. The staff group believe the plan is flawed and not in the best interests of service users in NHS Lanarkshire.

Transparency and representation

It was felt by the staff group that the outcome of the review was pre-determined, with a lack of transparency and openness throughout the process. This view was also shared by the families who met with the Committee.

The group shared that NHS Lanarkshire was not represented, resulting in a lack of joint informed decision making. It was noted that the Perinatal Subgroup included those with affiliations to NHS Greater Glasgow and Clyde, NHS Lothian, NHS Tayside, NHS Grampian, NHS Forth Valley and NHS Highland.

The participants also highlighted that the Scottish Ambulance Service was not involved in the review, even though there would be an increased resource requirement for the transfer of babies to level 3 units.

Data

Health Boards were asked to collate and review clinical data for the purposes of modelling for the options appraisal. The staff group shared concerns about this exercise, including a view that the pre-determined outcome of the review influenced the framework for this exercise. The group has been unable to receive information about the rationale for moving to three units, rather than four or five.

The group highlighted that there was no uniform approach to the extraction and review of data across Health Boards, which they believed was likely to cause discrepancies in the information provided.

Staff also felt that there should have been a longer period of time available to collate and review the data. The timeframe for this was under four weeks, including over the festive period, with some nil returns from other Health Boards. The group expressed the view that the data collection exercise should have taken place over several months.

Training and knowledge assessment

The group noted that the report did not mention an assessment of the skills, training and knowledge already embedded in the units. They highlighted that NHS Lanarkshire has a neonatal trained consultant workforce, with a large cohort of experienced Advanced Neonatal Nurse Practitioners.

The group pointed out that Wishaw has a higher numbers of infants at <27 weeks' gestation being admitted to the unit than in the Royal Hospital for Children in Glasgow. It was noted that with the smaller staff size, exposure to premature infants is higher per individual staff member which results in staff having more frequent experience with high dependency cases, even if the number of cases is lower when compared with larger units.

Impact on staffing and existing services

The group shared informal reflections from colleagues in the early adopter units who believe they are already deskilling by working at level 2 rather than level 3. The group noted that transfer between units is a convoluted process, then raised concerns about babies receiving level 2 care whilst waiting for transfer in a unit that previously had the skill and experience level to provide level 3 care.

It was noted that the staffing impact of taking midwives and specialists off the unit to transfer mothers and babies has not been considered.

The group also believe there will be notable impact on the recruitment and retention of staff in NHS Lanarkshire as a result of the proposed changes.