

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

Minister for Public Health and Women's Health written submission, 1 September 2025

In addition to my letters of the 11 and 27 October 2024 I would like to provide the Committee with an update prior to the scheduled visit to the University Hospital Wishaw on the 8 September 2025.

We have continued to be proactive in listening to the concerns of both the clinical teams and the public throughout Scotland and what is clear from the clinical community is an agreement that the new model of neonatal care will give the smallest and sickest babies in Scotland the best chance of survival.

As noted in my written submission a range of neonatal and maternity clinical voices were represented both in the development of The Best Start report that made the recommendations to move to three neonatal intensive care units, and in the development and undertaking of the Options Appraisal process that determined where those units would be located.

The recommendation was based on evidence that outcomes, including survival, for the very smallest and sickest babies are best when they are cared for in units with high volume throughout (defined as care for more than 100 very low birthweight babies a year) and where there are colocated specialist services (such as neonatal surgery). This evidence is widely supported and now forms the basis of professional guidance published by the British Association for Perinatal Medicine (the professional body for neonatology and a specialist society of the Royal College of Paediatrics and Child Health), and the majority of existing service models in other parts of the UK are aligned to this.

Based on the number of very low birthweight babies that are born in Scotland the Best Start Programme Board determined that three units would be a sustainable model for Scotland. I think all parents across Scotland would expect us to act in the interests of the best evidence and deliver services that improve the chances for the very smallest and very sickest babies.

Over the course of this year we have continued to work with the Regional Chief Executives and NHS Boards to implement this service change.

Since implementation of Best Start commenced in 2017 Scottish Government has provided over £30 million of funding to NHS Boards to support implementation of the Best Start recommendations of which £6.5 million has been provided to NHS Greater Glasgow and Clyde and NHS Lothian for implementation of the new model of neonatal intensive care (£3,570,400 to NHS Greater Glasgow and Clyde and £2,873,051 to NHS Lothian since 2019). We are discussing providing similar support for NHS Grampian. This funding is focused on supporting Boards through the transition process.

The three NHS Regional Chief Executives, who are leading implementation for the North, East and West regions, established a Task and Finish Group in March 2025. The Group's membership comprises of the NHS Regional Chief Executives, Regional Planning Directors, SG officials and service leaders bringing working knowledge and understanding of current services, to lead delivery of the work.

The remit of the group is to oversee and support national action and coordination required for delivery of Regional Implementation Plans to be undertaken collaboratively across regions to identify the practical steps that are possible to take to deliver the evidence-based model.

An update was provided to the NHS Scotland Executive Group in July 2025 noting that the Task & Finish Group had met on two occasions and is progressing:

- A Financial Plan to assess the cost requirements for neonatal cot and maternity capacity, with recommendations for transfer of resource between Boards, through collaboration between the 3 NICU Board Finance Leads and Regional Planning Directors.
- Mechanisms to provide assurance that the new model is achieving quality outcomes and delivering care as local to the mother and baby as possible.
- Overseeing the implementation trajectory.

The next meeting of the Task and Finish Group will take place on the 19 September 2025.

As previously outlined, Scottish Government commissioned Consulting firm RSM UK Consulting LLP to undertake detailed modelling work to fully map the capacity requirements across the system to inform capacity building and implementation of the new model. Forecasts incorporated demographic changes, incidence trends, flow of babies between units and operational assumptions.

The principles underpinning the changes to neonatal intensive care are supported by the Scottish Executive Nurse Directors (SEND) and by the Directors of Midwifery. However, concerns were raised about the implications of this change for maternity services. The Directors of Midwifery highlighted that additional data and evidence gathering was required for maternity services to inform maternity capacity implementation planning.

SEND, in support of the Directors of Midwifery, recommended that the Scottish Government undertake national-level data collection to understand the impact of the neonatal care remodelling on maternity services. This work is underway and will report to SEND, Directors of Midwifery and Regional Planning Chief Executives. The report will summarise the data provided by NHS Boards to the Scottish Government to inform consideration of maternity capacity requirements under the New Model of Neonatal Care.

Support for families who will be affected under the new model of neonatal care is also ongoing and we continue to prioritise parents as key partners in caring for their baby and have facilities on neonatal units so that parents and siblings can be with their baby as much as possible.

I have met with Bliss the charity for neonatal families and discussed the variations of access to the Young Patients Family Fund (YPFF) and accommodation resources within Boards. In order to mitigate these inconsistencies SG officials have worked with the YPFF leads within Boards and updated Terms and Conditions have been developed to provide clarity.

Furthermore, I look forward to supporting Bliss in October 2025 when I present Forth Valley Neonatal Unit with their Bliss Baby Charter gold award.

The Scottish Perinatal Network has continued with their programme of work underway to support all Boards in Scotland to strengthen processes and pathways to ensure extremely pre-term babies are born in units with an alongside Neonatal Intensive Care Unit. Babies receiving care in one of the three intensive care units will be transferred back to their local neonatal unit for ongoing care as soon as possible.

In addition, the Scottish Perinatal Network has developed an [information webpage](#) to allow families to access vital information on the unit they may be attending to assist in eliminating any uncertainty for families.

Previously you asked how the new model will affect care for high-risk babies not born at a hospital with a neonatal intensive care unit between birth and transfer to such a unit.

In the case of an unexpectedly unwell baby or, if there is no time to transfer the woman before a preterm birth, the baby will be born in the nearest hospital and given immediate short-term intensive care on site to stabilise the baby, before being transferred to a NICU by the specialist neonatal transport service ScotSTAR when it is safe to do so. This is a well established model that operates currently across Scotland in our Local Neonatal Units such as Forth Valley Royal, Royal Alexandra Hospital in Paisley and Raigmore in Inverness and in our Special Care units in St Johns, Dumfries and Borders.

ScotSTAR has now created a [short video](#) to support families, explaining what's involved in a neonatal transfer and answers commonly asked questions. It is also a helpful source of information for staff who have not experienced neonatal transport.

I hope this information has provided additional reassurance to the Committee that we continue to look at all areas highlighted by the committee in October 2024 as part of the implementation process so we can provide the best care in Scotland for our neonatal babies.

Yours sincerely,

Jenni Minto MSP

Minister for Public Health and Women's Health