

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

Petitioner written submission, 25 February 2026

Firstly, to the committee – thank you for continuing to consider this petition. As of 24/02/26, it has 22,500 signatures.

It would be of interest to know how the plans to expand capacity at the NICU units (number of cot spaces and appropriate staffing levels) in Glasgow, Edinburgh, and Aberdeen are coming along, as well as the developments in having additional accommodation for parents to enable them to stay with their babies.

There are a number of policies that contradict this process. In particular the recently announced Scottish Government's Scottish Approach to change, and the UNICEF Baby Friendly standards.

We keep hearing from the Minister for Public Health and Women's Health that this decision "has been made on the evidence of clinical experts." The policies and guidance listed above all state that parents and parental voice should be at the centre of the baby's care. This has not been the case in the Options Appraisal process, or through the process of this petition. The Scottish Government continue to repeat the message that 'No Neonatal units are closing.' Residents in the Motherwell and Wishaw constituency received a letter from Claire Adamson MSP on the 15th January 2026 stating this.

This has never been the question, and I believe by repeating this the Scottish Government is trying to deflect from the genuine concerns about the new model of care. Over 22, 000 people have now signed this petition, and the Scottish Government continues to dismiss these concerns.

Scottish approach to change – creating a pathway to do change well. Developments in health talk about one of the key enablers of high quality change is taking a people led approach.

"Taking a people-led approach ensures that changes in health and social care truly meet the needs of those they are intended to serve. It means engaging with people, with dignity and respect, as partners in designing and delivering change.

When services are people-led, outcomes become personal, coordinated, and enabling rather than standardised or system-focused. "

<https://www.healthcareimprovementscotland.scot/improving-care/scottish-approach-to-change/enablers-of-quality-and-change/people-led/>

There are a number of headings under this that I believe the Scottish Government is failing in with regards to the downgrading of neonatal care being provided at University Hospital Wishaw. For example "Meaningfully engaging people in the design of changes".

Families and NHS Lanarkshire were not involved in the Options Appraisal process. The CEO of Bliss has confirmed they in fact did not carry out consultation with parents. Their input was a general representation of what parents have told them throughout the course of their work.

When the Minister did meet with concerned parents, her message was clear, and she has stated on more than one occasion that “the decision has already been made.” The Scottish Government has heard statements from parents about the impact the proposed downgrade of care would have had on their family, yet the message continues to be that ‘the decision has already been made and that no units are closing.’ This is leading to scaremongering by the Scottish Government and shows a disrespect for the trauma that families have had the courage share.

There is a lack of trust, collaboration, and meaningful engagement with parents and the Scottish Government continues to see the Clinical Experts involved in the Options Appraisal process as the only experts.

The Scottish Government has heard concerns from parents, neonatal clinicians, maternity clinicians and they are still pushing ahead with this. They are failing to shift the power to people and communities and negating their responsibility to be trauma informed.

Another of the steps of change is prototype and test.

The Committee has heard from clinical experts who were invited to attend the committee discussion, that outcomes for the babies and families who have been transferred to a different unit will not be known for another 10 years. There is no measure of the impact this change will have, and has had on families.

If we look at the review for implementation step, again, people with lived experience are referenced.

We keep hearing that this downgrade of care is in the interests for the best outcomes for babies in Scotland, but the data is not available to support this. Again, clinicians have stated to the Committee that outcomes will not be known for another 10 years.

Part of the conversation from HIS at the launch event was that it is not acceptable to take a project that worked in one area and replicate it in another without the evidence and necessary changes to accommodate locality. This aspect is massively failing from the Scottish Government, and much of the evidence that has been presented to the Committee is how this redesign has worked in England. This takes no account of the concerns re Lanarkshire's geography, demography and economic landscape.