Public Petition Committee
Thursday 10 September 2026
2nd Meeting, 2026 (Session 7)

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

Introduction

Petitioner	Lynne McRitchie
Petition Summary	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.
Website	https://petitions.parliament.scot/petitions/PE2099

1. This is a continued petition that was published on 14 May 2024.

2. A full summary of this petition and its aims can be found at **Annexe A**. Details of action taken by the previous committee are set out on the website highlighted above.

3. Every petition collects signatures while it remains under consideration. At the time of writing, 23,719 signatures have been received on this petition. Clerks understand that Jackie Baillie MSP, Michael Marra MSP and Meghan Gallacher MSP plan to attend for this item of business.

4. In relation to this petition, the Session 6 Citizen Participation and Public Petitions Committee stated the following in its Legacy Report:

> "The Committee undertook extensive work on this petition, including two oral evidence sessions and a visit to University Hospital Wishaw's neonatal intensive care unit. As a result of this work, the Committee wrote a substantive letter to the Minister for Public Health and Women's Health to highlight outstanding questions and concerns regarding the new model of neonatal care. Despite the Minister's response to the Committee, work is still underway on financial modelling, there are ongoing concerns about capacity in NHS Grampian and it remains unclear what additional support will be provided to families impacted by the new model."[1]

5. The Legacy Report recommended:

[1] Legacy Report of the Citizen Participation and Public Petitions Committee, Session 6

> "We invite the Session 7 Committee to consider the issues raised in the petition. Given the significant ongoing work on this issue, the Session 7 Committee may wish to review what progress has been made on the outstanding issues set out in our letter to the Minister".

6. The Committee sought the views of the Scottish Government on all petitions carried over from Session 6 to inform its consideration. This response is included at **Annexe B**, along with a response from the Petitioner.

7. The response from the Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs provides an update on work that has been carried out since the Session 6 Committee last considered the petition. Specifically, the response states, in relation to changes in neonatal service delivery:

> "A considerable amount of work has gone into developing the cost base, which is set within a Sub-National approach of east and west. The report concludes the proposed service model is deliverable and clinically appropriate, with implementation requiring additional funding.
>
> On conclusion of the Task and Finish Group meeting in June 2026, in order to support governance and implementation of the Neonatal Service Change in Scotland it has been agreed that the Task and Finish group will stand down and the national work will move to the Sub National Planning and Delivery Committee where it can be considered alongside wider system priorities.
>
> Outstanding elements, including operational modelling (cot capacity and patient flow), will be incorporated into the next phase of work within sub-national structures."

8. In her response, the Minister also expressed her concern about what she considers to be "repeated misinformation being presented to the public within the press and the Parliamentary Chamber since this announcement was made in July 2023", but indicated that she was "reassured to note the previous members of the Citizen Participation and Public Petitions Committee formally announced its acceptance of the clear clinical evidence that underpins the basis of the new model of neonatal care and that the recommendation made by the Best Start report will improve outcomes for the smallest and sickest babies of Scotland".

9. The Petitioner, in her submission to the Committee, sets out why she disagrees with the Minister's response.

10. At its meeting on 11 March 2026[2], the Session 6 Committee considered the petition and agreed to keep it open. At the end of that consideration, the Convener of the predecessor committee, Jackson Carlaw stated:

> "It is still a matter of huge public concern. The worries that the committee has expressed about the realities of delivering the plans on the ground are only magnified by the reports that we have seen this morning from Aberdeen

[2] https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=20146

> [relating to media reports about capacity issues at the Aberdeen maternity hospital]. Therefore, the reality of this situation must continue to be interrogated, and we will keep the petition open into the next parliamentary session".[3]

Action

11. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
September 2026

[3] Meeting of the Parliament: CPPP/11/03/2026 | Scottish Parliament Website

Annexe A: Summary of petition

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

Petitioner

Lynne McRitchie

Date Published

14 May 2024

Petition summary

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.

Previous action

A petition against the proposal has over 20,000 signatures.

Numerous communications to MSPs from concerned parties.

Jackie Bailie MSP brought forward a motion to debate this issue in the chamber on 20th September 2023.

Meghan Gallagher MSP also extended this debate to support the petition to stop downgrading of specialist neonatal services in NHS Lanarkshire during Member's Business on 20th September 2023 in Scottish Parliament.

Background information

These plans would affect services across Scotland, including specialist neonatal units in University Hospital Wishaw which is award winning, Ninewells in Dundee and Victoria Hospital in Kirkcaldy.

The centralisation of neonatal services to three units in Glasgow, Edinburgh and Aberdeen could place additional stress on expectant parents and premature babies. Clinical whistleblowers have said that the decision to downgrade these facilities could endanger the lives of vulnerable babies and place remarkable strain on families.

There is a particular focus on retaining services at University Hospital Wishaw (Neonatal unit of the year 2023). Downgrading this unit would mean that NHS Lanarkshire, Scotland's third largest health board, that serves a population of 655,000 people, may lose a high-functioning service for babies/families which would have a potentially disastrous knock on effect on services in NHS Greater Glasgow and Clyde, NHS Lothian and NHS Grampian.

Annexe B: Written Submissions

Scottish Government written submission, 7 August 2026

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

At the Committee meeting on Thursday 26 June, you agreed to write to the Scottish Government about petitions carried over from the Citizen Participation and Public Petitions Committee, and this letter is in response to PE2099.

I would like to take this opportunity to reiterate that this change is about saving babies' lives based on robust clinical evidence and expert advice. This change is being made to improve outcomes for the very smallest and sickest babies of Scotland to provide them with the best chances of survival.

This change in service delivery will bring Scotland in line with established practice across the rest of the UK and indeed the way neonatal care is delivered across the Western world.

The repeated misinformation being presented to the public within the press and the Parliamentary Chamber since this announcement was made in July 2023 is concerning and the distress this is evoking within the public cannot continue.

I therefore was reassured to note the previous members of the Citizen Participation and Public Petitions Committee formally announced its acceptance of the clear clinical evidence that underpins the basis of the new model of neonatal care and that the recommendation made by the Best Start report will improve outcomes for the smallest and sickest babies of Scotland.

Since the last Committee update provided by my predecessor took place in the previous Parliamentary session in March 2026, I am happy to outline some information to assist this new Citizen Participation and Public Petitions Committee membership.

Process

The recommendation to move to three Neonatal Intensive Care units was made in the Best Start report published in 2017. The recommendations of that report were accepted by Ministers when it was published, and this was communicated to the Scottish Parliament at that time.

The Best Start report was the culmination of the work of the Review of Maternity and Neonatal Services. The Review was chaired by an NHS Chief Executive and conducted by clinical experts, NHS service leads, academics and service user representatives. It examined choice, quality and safety of maternity and neonatal services in consultation with service users, the workforce and NHS Boards, and supported by analysis of current evidence.

The 24 members of the Review Group included representative clinicians who were drawn from 9 NHS territorial Boards, including each of the 7 Boards that host Neonatal Intensive Care Units (NHS Ayrshire and Arran, NHS Fife, NHS Grampian,

NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Lothian and NHS Tayside).

The Review Group recommendations were informed by the work of the Sub Groups, including the Neonatal Models of Care Sub Group. The 22 members of the Neonatal Sub Group also included representatives of each of the Boards that host Neonatal Intensive Care Units.

As part of the review, the Review team visited all 14 Boards across Scotland and met with teams from maternity and neonatal services. In addition, the Scottish Health Council led a programme of service user engagement across all NHS Territorial Boards, which were supplemented with bespoke service user events. Over 600 staff and 500 services users contributed to the review process.

The recommendations in The Best Start Report was a triangulation of the clinical evidence, the views of staff and service users, brought together by the Review Group.

The Best Start recommended that Scotland should move from the current model of eight Neonatal Intensive Care Units (NICU) to a model of three units supported by the continuation of current NICUs redesignated as Local Neonatal Units (LNU's).

Following the publication of the Best Start report, the Best Start Implementation Programme Board was established.

The Programme Board agreed to establish the Perinatal Sub Group, which was tasked with taking forward the recommendations on Neonatal Intensive Care. The members of the Perinatal Sub Group were appointed so as to provide a range of expert voices from across Scotland, including the Chair of the Scottish Neonatal Consultants Forum, the Chair of the Scottish Neonatal Nurses Forum, a nominated representative from Heads of Midwifery, and representatives from the Scottish Ambulance Service and ScotSTAR and Bliss, a leading charity representing neonatal families.

The Perinatal Sub Group, with support from NHS National Services Scotland, developed an options appraisal process to determine which units should be providing Neonatal Intensive Care. This multi-stage process was informed by expert clinical opinion and service user representatives, and their recommendations, published within the Options appraisal report. The Options Appraisal Process recommended that Queen Elizabeth University Hospital, Edinburgh Royal Infirmary and Aberdeen Maternity Unit should be designated as the three Neonatal Intensive Care Units for Scotland.

I am keen to make clear that there is significant misinformation circulating that suggests some neonatal units will be closing. This is categorically untrue. Local Neonatal Units (LNU's) will continue to provide a level of intensive care under the new model and no neonatal units are closing. However, the most preterm (babies born at less than 27 weeks gestation) and sickest babies (those babies requiring multiple complex life support or neonatal surgery) will receive specialist complex care in one of the three NICUs and will be returned to their LNU as soon as clinically appropriate. Families are also supported to stay with their baby via the Young Patient

Family Fund (YPFF), which helps families of young inpatients under 18 to cover some of the costs of hospital visits.

The YPFF is designed to support the families of all babies, children and young people aged under 18, who require inpatient care in Scotland. The fund helps with travel, subsistence and accommodation costs to ensure families can remain close to their child during a hospital stay.

The Criteria to Define Levels of Neonatal Care Including Repatriation Within NHS Scotland: a Framework. describes a clear framework across NHS Scotland for:

- The management of babies who require Intensive Care, High Dependency Care or Special Care.
- The safe and efficient transfer of babies to the most appropriate care facilities to receive care to meet their clinical requirements.
- The safe and effective repatriation of babies to the nearest appropriate care facility as soon as clinically indicated.

In advance of these changes, the model was tested in two early implementer areas, involving four units, and the learning from that has informed the wider programme of implementation.

Evidence

The recommendations for the new neonatal model of care were underpinned by strong evidence that population outcomes for the most premature and sickest babies are improved by delivery and care in units looking after a critical mass of these babies, with experienced staff, and with full support services. These services include access to on-site paediatric, surgical, laboratory and radiology services, which are beneficial for the most preterm babies.

The smallest and sickest babies are defined as defined as Singletons < 27+0 weeks, Multiples < 28+0 weeks or those weighting < 800 grams or who need multiple complex intensive care interventions or surgery.

A review of evidence was carried out by Dr Anna Gavine, Dr Steve MacGillivray and Prof Mary Renfrew of the University of Dundee - Maternity and neonatal services: efficient evidence review. The evidence showed that outcomes for very low birth weight babies (VLBW) are better when they are delivered and treated in NICUs with full support services, experienced staff, and a critical mass of activity.

This evidence has since strengthened with the publication in 2021 of the British Association for Perinatal Medicine (BAPM)) Framework for Practice, which sets out optimal arrangements for neonatal intensive care and is the recognised optimal model for neonatal intensive care in the UK. That includes the finding that Neonatal Intensive Care Units should admit at least 100 VLBW babies a year, based on evidence of improved outcomes for preterm babies in the UK when they are born and cared for at tertiary units compared with units providing a lower level of care.

Following a meeting in November 2023 between the then Minister for Public Health and Women's Health and the Deputy Chief Medical Officer, the Deputy CMO was asked to review the evidence, the options appraisal report and the situation post-COVID.

The Deputy CMO was not directly involved at any of the stages of the process previously. Having reviewed the material and speaking to relevant Scottish Government Advisers, the Deputy CMO confirmed that in her view the process was robust and took account of the available evidence and relevant clinical advice. She also noted that it involved clinical experts from both within Scotland and beyond, and that the process was informed by- and considered- existing guidance from well-respected clinical organisations. The Deputy CMO confirmed that her investigations produced no concerns about the process, or the validity of the conclusions reached.

The previous committee members also heard from Dr Stephen Wardle, Consultant Neonatologist and President of the British Association of Perinatal Medicine (BAPM) who also issued a written response to the Petitions Committee on the 19th November 2025.

Within this response and during his evidence to the committee, Dr Wardle reassured that BAPM are strongly in favour of progressing with the Best Start report and its findings in order to optimise care of the smallest and sickest babies in Scotland. BAPM support the centralisation of neonatal intensive care and the co-location of neonatal services with other paediatric services including paediatric surgery.

Within the written response Dr Wardle further outlined the additional clinical evidence that supports the centralisation of Neonatal Care.

Transfer

The transfer and repatriation of mothers and their babies is a normal component of neonatal care provision in Scotland, ensuring babies receive the most appropriate care at the correct time.

The intention with the new model of care is that mothers in suspected extreme pre term labour are transferred before they give birth (in-utero) to maternity units in the hospitals that have neonatal intensive care units. Those maternity units will have expanded capacity to receive those women.

Experience of operating this model of care in Ayrshire and Fife has shown that this works well, with the vast majority of mothers in suspected pre-term labour being transferred prior to birth with only a very small number of out of pathway transfers.

It is recognised that it will not always be possible to transfer mothers before they give birth, and in those cases the specialist neonatal transfer service, ScotSTAR will transfer those babies in specialist ambulances equipped to care for neonates. This has been established practice for many years in Scotland.

ScotSTAR has created a short video to support families and staff, explaining what's involved in a neonatal transfer and answers commonly asked questions.

Learning from the testing continues to inform change as we move forward with full implementation of the model across Scotland.

The Scottish Perinatal Network has a 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.

I must reiterate that the babies requiring specialist NICU care in one of the three centres will return to their local neonatal unit closer to home as soon as they are well enough to move and step down the care they need.

Capacity

In preparation to implement the next phase of implementation of the new model of neonatal intensive care, the 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. The approach to this work has included data collection and modelling alongside engagement with both operational and strategic stakeholders, to validate data, generate and test planning assumptions.

Activity and capacity data was collected from each of the eight units included within the model scope, as well as Public Health Scotland (PHS) and, Scottish Specialist Transport and Retrieval (ScotSTAR) / Scottish Ambulance Service (SAS). The report underwent a detailed review by the Perinatal Sub Group and has benefited from discussion with the three elected Regional Planners and Chief Executives.

The report was published on the 29th May 2024.

In addition, Scottish Government, alongside the Midwifery Directors of Scotland have undertaken additional maternity services data and evidence gathering for maternity services, to inform maternity capacity implementation planning.

Funding

The Scottish Government recognises that funding will be required to support Boards to make the transition to a reformed maternity and neonatal service. We are continuing to provide transitional funding to Boards, as we have done for NHS GGC and NHS Lothian since 2019, with additional support for NHS Grampian now being included. This funding is focused on supporting Boards through the transition process.

Since implementation of Best Start commenced in 2017 Scottish Government has provided over £32 million of funding to NHS Boards to support implementation of the Best Start recommendations of which £7.5m has been provided to NHS Greater Glasgow and Clyde and NHS Lothian for implementation of the new model of neonatal intensive care since 2019.

We are continuing to provide funding for the ongoing delivery of neonatal intensive care to those Boards and are discussing with NHS Grampian what additional support they require.

Parental Support

We continue to safeguard parents as key partners in caring for their baby. The Best Start aims to keep mothers and babies, and families together as much as possible with services designed around them therefore, we are providing them with the opportunity to feed into the development stages of implementation.

We have a number of measures already in place to support families who have babies in neonatal care including:

- Providing accommodation for parents to stay on or near neonatal units;
- Roll out of the Young Patients Family Fund (formerly the Neonatal Expenses Fund) providing vital financial support covering the costs of travel, food and accommodation to allow families to be with their babies in neonatal care; and
- Repatriating babies to their local neonatal units as soon as clinically possible.

Update

My predecessor provided an update to the Citizen Participation and Public Petitions Committee in March 2026. Since my appointment as Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs, I have reiterated my support for the ongoing delivery of the new model of care to Parliament, and we continue to support units with the implementation.

In early 2025 the Regional Chief Executives established and chaired a Task and Finish group to undertake work that required national coordination to support the implementation of the new model. Scottish Government officials were included in the membership of the group.

The workplan defined by the group included maternity modelling work, outlined in the update to the committee in March 2026, which was completed in Q3 2025, and development of a Financial Model, and a finance paper was presented to the Task and Finish group on 26 June 2026. It also included development of a range of operation elements, including a patient flow dashboard and a neonatal activity flow protocol.

A considerable amount of work has gone into developing the cost base, which is set within a Sub-National approach of east and west. The report concludes the proposed service model is deliverable and clinically appropriate, with implementation requiring additional funding.

On conclusion of the Task and Finish Group meeting in June 2026, in order to support governance and implementation of the Neonatal Service Change in Scotland it has been agreed that the Task and Finish group will stand down and the national work will move to the Sub National Planning and Delivery Committee where it can be considered alongside wider system priorities.

Outstanding elements, including operational modelling (cot capacity and patient flow), will be incorporated into the next phase of work within sub-national structures.

Finally it may be of interest that the UK's leading charity for premature babies, Bliss, has also placed on record its public support for Scotland's approach.

I hope that you will find this update helpful and that this information outlines that a vast range of neonatal and maternity clinical voices have been involved 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.

As Stephen Wardle of BAPM's put it "if *we continue to provide care in lots of smaller units in an effort to avoid transfers, fewer babies will survive and there will be poorer outcomes*", this cannot be ignored.

Kind regards

Maree Todd
Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs

Petitioner written submission, 4 September 2026

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

Our campaign is about attaining best outcomes for the smallest and sickest babies, and their families. Disappointingly, the Minister has made accusations about spreading false information.

Outstanding questions arising from the Government's own documents and clinical evidence, including conflicting figures about baby number babies affected.

The Minister refers to 100 babies affected, while separate correspondence states 50–60. PHS data indicates around 1,100 babies require Level 3 care annually, yet projected figures are 50–60 or 100 babies, with Level 3 provision being removed from five centres. Evidence reviewed also appears heavily-focused on babies below 27-weeks, despite all gestations potentially requiring Level 3 care.

The Government's Review[4], concluded much evidence couldn't be applied to Scotland. Studies suggesting better outcomes in higher-volume units were described as "poor quality", at risk of bias, and observational only.

Yet it[5] shows increased mortality when vulnerable babies are **not** born in Level 3 care[6]: If the proposed model increases likelihood of babies being born outside Level 3 care, how is this risk addressed?

[4] Scottish Government's 'Review of Maternity and Neonatal services', Page 33

[5] Scottish Government's 'Review of Maternity and Neonatal services', Page 63

- Does the Government's evidence imply it cannot provide best outcomes?
- Should families be concerned if their baby is transferred there?

Finnish evidence cited by the Government shows no clear association between delivery volume and neonatal outcomes.

Finland doesn't have a nationally-centralised Level 3 model. The study found no clear volume-outcome association despite declining delivery volumes and increasing numbers of smaller-volume hospitals, challenging arguments for further centralisation based solely on volume.

NHS Scotland criteria[7] states LNU care isn't recommended for babies >27-weeks requiring complex/prolonged intensive care, or babies anticipated <27-weeks/<800g, who should aim for in-utero transfer to NICU. Yet it allows an LNU to set a ceiling of 28-weeks rather than 27 depending on demographics, staff expertise and facilities.

The Options Appraisal records NHS Fife concerns that increased acuity means no anticipated saving in QIS staffing, LNUs will still receive babies requiring intensive care, and staff could lose confidence and become de-skilled when providing initial care for extremely preterm babies awaiting transfer.

- Where a baby is born in LNU, requiring level 3 care, how can babies and staff be safeguarded, given unavailability of resources and skill?

ScotSTAR transfers to England are on track for a decade-high, while Aberdeen, Edinburgh and Glasgow have simultaneously closed to new admissions, requiring Ninewells and Wishaw to provide Level 3 care. Capacity pressures raise questions about whether modelling has adequately tested scenarios where multiple Level 3 units simultaneously cannot accept admissions.

Scotland's proposal is different to elsewhere in the UK: it removes regional Level 3 provision and centralises such care.

Bliss's response to our concerns stated: "we don't think services are currently in a fit state to go ahead. We share many of your concerns about workforce, capacity and family support, and we are also concerned that the announced Maternity review so far does not explicitly include neonatal care."

This demonstrates serious concerns about workforce, capacity and family-support remain unresolved. The Government's submission states that, since 2017, £32 million has been provided to boards to support implementation, yet maternity services are still in crisis.

John Swinney commented to a constituent and myself that the review is of no consequence of this decision.

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[6] VLBW infants had a 60% increase in neonatal mortality (adjusted OR 1.60), extremely low birthweight infants an 80% increase (OR 1.80), and very preterm babies a 42% increase (OR 1.42).

[7] Neonatal care levels criteria: framework for practice - gov.scot

- How has capacity increased, since funding allocations?

- The Options appraisal report states capacity-building concerns. How have these been addressed?

Scotland's population, geography, rurality and travel distances aren't fairly represented, and based on population alone, BAPM critical-mass numbers cannot be met. SIMD data shows Level 3 care being removed from Scotland's most deprived areas, potentially widening inequalities.

The Closing the Gap report confirms better outcomes for babies <27 weeks delivered in a hospital with on-site NICU rather than transferred post-birth, identifying difficulty predicting preterm birth, clinical practice variation, staffing knowledge and training, antenatal care inequalities, and poor collaboration between maternity and neonatal teams as causing poor outcomes.

- If a baby presents at an LNU, what evidence demonstrates postnatal transfer produces equivalent outcomes to being born beside a Level 3 NICU?

- What clinical outcomes determine whether the new model is safe—including neonatal mortality, severe brain injury, transfer delays, emergency transfers, babies born outside the intended centre and waiting times for a Level 3 cot?

- What's the defined trigger to pause, review or reverse the reconfiguration if outcomes deteriorate?

Given conflicting estimates of babies affected, evidence base limitations, capacity pressures, Scotland's unique geography / population, and no evidence showing existing regional Level 3 units provide poorer outcomes:

- What robust clinical evidence demonstrates centralising all Level 3 neonatal care will improve outcomes for Scotland's smallest and sickest babies?

Accommodation should be available for parents to stay near their babies. NICU accommodation is extremely limited. Wider on-site accommodation is often accessed by families with relatives in any ward. Accommodation limitations are mentioned in the Options appraisal report.

- How has access to accommodation been increased?

The Young Patients Family fund is currently available with explicit criteria[8]:-

- Is the food and refreshments rate being increased?

- How will costs be claimed? Families currently pay up front.

[8] The criteria are: Milage for one return journey a day; £8.50 per day, per eligible visitor for food and non alcoholic drinks; and "Suitable and reasonable cost accommodation" (if accommodation cannot be provided by the hospital)

- Will both journeys be covered for parents travelling separately?

I note the Task and Finish group's work will move to the Sub-National Planning and Delivery committee.

- What were the outcomes of the Task and Finish group?

One criticism of the appraisal process is meetings and discussions weren't minuted, and decisions kept confidential until the Appraisal report was launched, when the decision was made. Parents were deemed as 'consulted' after the appraisal process. The Government are engaging in the same actions.