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

## Bliss Scotland written submission, 23 September 2025

### About Bliss Scotland

Bliss Scotland is the leading Scottish charity that champions the right of every baby born premature or sick to excellent neonatal care, experience and outcomes. We achieve this by improving care, giving voice to babies and supporting parents to be partners in care.

### Background

There are 14 neonatal units in Scotland, eight of which were Neonatal Intensive Care Units (NICUs). In 2017, the *Best Start: A Five Year Forward Plan for Maternity and Neonatal Services in Scotland* included the recommendation to reduce the number of NICUs in Scotland to three.

In July 2023 the Scottish Government announced that the location of the three NICUs would be Queen Elizabeth University Hospital in Glasgow, Edinburgh Royal Infirmary, and Aberdeen Maternity Hospital.

Under this new model **no neonatal units will close**, with the remaining NICUs redesignated as Local Neonatal Units (LNUs). An estimated 50-60 babies across Scotland each year will be cared for in a different hospital under these changes. This will typically be babies:

- born <27 weeks gestation
- weighing less than 800g
- needing complex life-support.

This change is intended to improve the care babies receive, meaning that more extremely premature and extremely sick babies will survive and survive well.

### Evidence for the new model of care

Multiple studies indicate that this model of care provides the smallest and sickest babies with the best chance of survival and quality of life. The EPICure 2 study in 2006 confirmed that NICUs with higher levels of activity had significantly better outcomes than smaller ones for babies born <27 weeks' gestation. Analysis from the UK-based Neonatal Data Analysis Unit published in 2014 showed that infants admitted to a high-volume neonatal unit at the hospital of birth were at reduced risk of neonatal mortality.

UK data is supported by international evidence. The French Epipage-2 study in 2011 revealed that fewer babies born 24-30 weeks survived to discharge in hospitals with lower volumes of neonatal activity. Survival without neuromotor and sensory disabilities at 2 years increased with hospital volume, from 75% to 80.7% in the

highest volume units. Evidence from the US, Australia and other parts of Europe also supports this approach.

The new model is in line with UK-wide clinical guidelines set by the British Association for Perinatal Medicine (BAPM), which detail the activity levels required to sustain a NICU service, as well as best practice globally. Indeed, the recent Ockenden Review into services at Shrewsbury and Telford Hospital and CQC reports from Leeds Teaching Hospitals highlight the importance of operating within guidelines and in-line with the appropriate designation.

**Bliss Scotland position**

Around 5,200 babies are born needing neonatal care in Scotland every year, of which around 1,100 receive intensive care. This volume is far too low to sustain more than three NICUs in Scotland.

Bliss Scotland fully supports reconfiguration of neonatal services in Scotland and believes strongly that reorganisation of services is necessary to ensure the sickest babies have access to the care most suited to their needs.

Bliss Scotland has been involved throughout the process which led to decisions being made to centralise neonatal intensive care in Scotland, initially as part of the review group which contributed to the Scottish Government's Best Start report. We were subsequently members of both the Best Start Programme Implementation Board, and its Perinatal sub-group, until this programme formally closed in late 2025. Our role has always been to advocate for what is in the best interests of babies born premature or sick.

**The current context**

A Task and Finish Group (TFG) was established in 2025 to oversee and support the final stage of the transition to three NICUs across Scotland.

Bliss Scotland is concerned that progress is stalling. There has been a lack of clear communications about TFG priorities, work plan and progress to date. Ongoing concerns regarding resourcing have not been addressed, including adequate staffing at the designated three intensive care units.

We also share concerns of families, like the ones the Committee recently met with in Wishaw, who are worried about the impact of transfer to a unit further from home. To be successfully implemented, the new model must have funding to develop on-unit accommodation for parents in each of the three NICUs, and ensure facilities on neonatal units meet the needs of the families using them

**Where will babies be cared for**

**For most babies who need neonatal care, this change should not affect where they receive care.**

Most babies will be transferred in-utero and will be delivered at a hospital with a NICU onsite, minimising the chance of long-distance separation from their mother post-birth.

Babies will typically be cared for at their nearest NICU. For example, women at risk of extreme pre-term birth in Lanarkshire will normally be taken to Glasgow for their baby to be born. In certain cases of very specialist care, for example access to ECMO (extracorporeal membrane oxygenation), the only service in Scotland is in Glasgow, where babies requiring access currently – and in future – will need to be born or transferred.

We are concerned about the significant levels of misinformation circulating regarding where babies will be transferred to once the new model of care is implemented. Neonatal services aim to care for babies as close to home as possible, and the new model of care is based on this principle; including repatriation of babies to unit closer to home when they are well enough.

**Practical support for families**

The Young Patients Family Fund, and the availability and quality of family facilities on neonatal units, will be of increasing importance as neonatal care is centralised. Bliss Scotland therefore believes that much more can and should be done to enhance the support available to families.

Funding must be available to develop on-unit accommodation for parents in each of the three NICUs, and alongside this, the Young Patients Family Fund should be reviewed to ensure the costs that can be claimed align with current inflation levels, and to improve the ease of making claims.