

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

## Bliss Scotland written submission, 4 December 2025

Bliss' role in the Best Start Programme new model of neonatal care  
December 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.

### Context

We are submitting this document in response to the **significant misunderstanding, and misrepresentation, of Bliss Scotland's role in the Best Start implementation process, which is important to correct.**

This document has been shortened to comply with the requirements to submit evidence to the CPPP committee. If you would like to read the full document, please email [josiea@bliss.org.uk](mailto:josiea@bliss.org.uk)

### What was the original proposal to introduce a new model of neonatal care in Scotland?

In 2015, the Scottish Government announced it would undertake a review of maternity and neonatal services in Scotland. This review took 18 months, and incorporated a [wide programme of engagement with service users](#), led by Health Information Scotland on behalf of the Scottish Government. Bliss was represented by our then Policy & Campaign Manager on the main review group (as one of 24 group members), and on the neonatal models of care sub-group (as one of 22 sub-group members). Both the main review group and the sub-group also included representation from Health Boards including NHS Lanarkshire, NHS Tayside and NHS Grampian.

The outcome of this maternity and neonatal review was the publication, in January 2017, of the [Best Start – Five Year Plan for Maternity and Neonatal Care](#). Based on detailed review of the latest evidence and clinical best practice, this included the recommendation: *“it is proposed that three to five neonatal intensive care units should be the immediate model for Scotland, **progressing to three units within five years.**”* The Scottish Government subsequently accepted the Best Start recommendations in full, and set up an Implementation Programme tasked with delivering these recommendations.

## **How was Bliss Scotland involved in the Best Start Implementation Programme?**

Following the publication of the *Best Start*, Bliss Scotland – represented by its Chief Executive – was asked to join the Best Start Programme Implementation Board (as one of 24 members), which was tasked with overseeing the implementation of all 76 Best Start recommendations. Bliss Scotland's Chief Executive subsequently also joined the Perinatal Sub-Group (as one of 21 members), which was tasked with providing more in-depth input to the implementation of the recommendations relating to neonatal care. Bliss Scotland was represented on both groups until the formal closure of the Best Start Programme in December 2024.

## **Did Bliss Scotland seek to engage with families as part of their input to the Programme Board or Perinatal Sub-Group?**

**Bliss Scotland's role as part of Best Start Programme implementation was not to engage directly with families**; indeed, the terms of reference for both the Implementation Board and the Perinatal Sub-Group prevented us from doing so, with specific requirements:

- *“to preserve the confidentiality of papers and discussions”*
- That members *“will not discuss or disclose any programme related management information without prior agreement from the Chair”*

In the discussions across both groups, **Bliss Scotland consistently put forward the importance of regular and ongoing communication with both families and neonatal health professionals**, and encouraged the Best Start Programme Team to develop a communications plan through which to do so; however Bliss Scotland was not in a position to initiate this communication directly.

Once the [decision had been announced](#) about the locations of the three neonatal intensive care units, in July 2023, Bliss Scotland continued to advocate very strongly across both groups for clear and regular communications with families about the plans, and for the Scottish Government to undertake rapid and direct engagement with families to shape implementation detail – **however Bliss Scotland was never tasked with undertaking this engagement directly**. When Scottish Government engagement did finally take place in June/July 2024, Bliss supported this through providing input on the questions asked through the [Citizen Space open consultation](#) and subsequent focus groups.

## **What did Bliss Scotland contribute through their input to the Programme Board and Perinatal Sub-Group?**

**Bliss Scotland's role on both groups was to advocate for what is in the best interests of babies born premature or sick, in line with our charitable mission**, and in the context of the implementation of the agreed Best Start recommendations.

At Bliss Scotland we recognise the significant concern from families that the proposals will result in a small number of the smallest and sickest babies having to travel further for their care, and the impact this will have on those families having to

travel far from home and away from their support networks. Indeed, this is already the situation facing families in other parts of Scotland without a NICU. **A significant focus for us throughout the Best Start was therefore on identifying how parents can best be supported to play a hands-on role in their babies' neonatal care, which we know is vitally important to babies and their families.**

Bliss Scotland worked closely with the Scottish Government to develop the Neonatal Expenses Fund, now called the [Young Patients Family Fund](#), which provides financial support for travel, food and accommodation costs for all neonatal parents. We have also advocated through the Best Start programme and wider campaigning for more dedicated [parent accommodation](#) on or near neonatal units so that families have somewhere to stay close by to their baby. In recent years we have also successfully campaigned for legislation which introduced a statutory entitlement to neonatal leave and pay for all employed parents through the [Neonatal Care \(Leave and Pay\) Act](#), which came into effect in April 2025, enabling both parents to be at their baby's cotside throughout their neonatal stay.

### **What has happened since the Best Start Programme formally closed at the end of 2024?**

Since the formal closure of the Best Start Programme at the end of 2024, Bliss Scotland has continued to push for progress with the implementation of the new neonatal model of care through a variety of means, including briefing parliamentarians for debates in the Scottish Parliament and through letters and meetings with officials and Ministers. We understand that a Task & Finish Group has been established with representation from the three NHS Scotland regions to finalise and take forward detailed implementation plans for neonatal reconfiguration.

**At this point, we recognise that neonatal services in Scotland are not currently in a fit state for the final stage of reconfiguration to go ahead**, with more progress needed at the designated three NICUs – in Edinburgh, Aberdeen and at the RHC in Glasgow – including investment in additional staffing and cots to be able to accommodate the additional capacity required. Bliss Scotland is disappointed at the lack of progress with implementation plans through 2025, and with the lack of transparency from the Task & Finish Group in how plans are progressing; including a lack of any timeline and milestones towards implementation.

Bliss Scotland continues to support the principles of centralisation of neonatal intensive care services in Scotland in line with the Best Start recommendations and with evidence and clinical best practice, but the right resources need to be in place to enable this to happen, including further workforce planning and capacity building. We are concerned that progress continues to stall in ensuring services are prepared to transition to the new model safely, and we continue to press the Scottish Government to invest the required resources to ensure this can happen in the coming months.

As referenced in our [first submission to the Citizen Participation and Public Petitions Committee](#) ahead of their meeting on the 8 October, we are also concerned about the significant levels of misinformation circulating regarding the plans. This misinformation has been heightened in recent months and we are increasingly alarmed and frustrated to hear repeated references – both in the media and directly from MSPs – to services closing down, the process and safety of transfers and drawing on family experiences which, given the gestations and clinical status of their babies, would not be affected by the planned changes.

These proposals are difficult, the concern around them understandable, and debate about how to implement them safely is vitally needed. **But that debate needs to be undertaken in a measured way and grounded in the facts**, rather than perpetuating misinformation in the way that we have seen in recent months, which only serves to generate fear and concern amongst the public.