

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

## **Petitioner written submission, 4 December 2025**

Although we are relating our concerns to Neonatal services in Wishaw and Lanarkshire residents, these changes will directly impact neonatal services all over Scotland and impact already stretched Maternity, Ambulance, specialist & GP services. While many may think “I don’t live Lanarkshire or I’m not having anymore babies so this won’t affect me” this change will have a wider spread impact.

Currently in Scotland there are 8 level 3 Neonatal Units that provide care for the smallest, sickest babies. The Scottish Government wish to reduce this to 3 which will be centralised in Glasgow, Edinburgh and Aberdeen, meaning 5 neonatal units, including Wishaw, will be downgraded. The theory behind this makes perfect sense as it sounds as if it will result in better care for the babies if looked after in units “more experienced” in looking after small, sick babies. However, the report itself acknowledges that Aberdeen is currently admitting the lowest number of these small, sick babies but a unit in the North will have geographical benefits. So is this the right decision for Scotland as a whole?

2 of the smaller health boards have already piloted this proposal with the smallest babies who now feed into Glasgow & Edinburgh. The numbers are fairly low as predicted for the smallest babies, however, when we add on the sickest babies, these numbers will inevitably increase.

So with these 2 and Scotland’s existing level 2 neonatal units already feeding into Glasgow and Edinburgh, where are Lanarkshire’s and the level 2 units that currently feed into Wishaw’s smallest, sickest babies going to go?

Glasgow does not have the capacity required in the current set up with Wishaw providing level 3 care. This is the case for available bed space and staff numbers to provide safe care. There is no space within the hospital to increase the number of bed spaces, and if there was, they do not have the staff.

In an ideal world, the pregnant mum threatening preterm delivery will be transferred to one of these centres before birth, accompanied by a midwife and using an ambulance. This is taking services away from the local area. We know both these services are already under crippling pressure.

If the baby is born in the ambulance, or born and then transferred, morbidity and mortality increase, resulting in poorer outcomes for the baby and additional trauma for everyone involved. This potentially increases the need for follow up specialist and GP services in view of the neurodevelopmental and mental health impact.

Paramedics do not have specialist training in pre-term or complex delivery. A standard ambulance does not carry the lifesaving equipment needed to support a pre-term or sick baby.

The Scottish Pregnancy, Births and Neonatal Dashboard from Public Health Scotland shows that in 2023, 100% of babies born between 22 and 26 weeks were born in a hospital that could provide level 3 care. Between January and September 2024, this drops to 69%.

Not the 100% as stated at the recent evidence gathering session attended by representatives from the Best Start Perinatal sub group and the British Association of Perinatal Medicine.

It was also stated that while there is no data, it is known that outcomes and survival rates have improved under centralisation. Without the data and evidence, how has this been assessed?

ScotSTAR was also heavily referenced but as confirmed by the question from Claire Adamson MSP, a woman being transferred pre delivery would not access ScotSTAR specialised service, it would be a standard ambulance.

Using Lanarkshire as an example again, it is the third largest health board in Scotland which covers a vast geographical area with increasing social deprivation. Lanarkshire women traditionally present late, perhaps for the previously specified reasons, so what does this mean for them? Potentially more births prior to or during transfer? Being displaced up to 3 hours and 150 miles away from their support network if they are in fact well enough to accompany their baby? Difficult decisions for partners who may have to choose between going with sick baby or staying with sick Mum? Having to choose between being isolated with their small sick baby and separated from older children? Small sick babies need skin to skin contact and breast milk so although this will be a difficult decision, the small sick baby will win. But at what cost?

There is a fund which can be accessed to buy food which provides £8.50 per day, with travel and accommodation will be compensated. This is however a reimbursement scheme so relies on families having the funds from the outset which with the current cost of living is challenging. Babies won't always be going to their nearest unit due to capacity issues so there is the travel time and not just expense to consider. Parents must also consider time away from both your small, sick baby and family at home. Not everyone can drive and those who can may not have access to a car or money for fuel. Mums who have had a caesarean section are advised against driving for 6 weeks. What are the public transport links like to these 3 hospitals? There is currently insufficient accommodation on the sites as well, which I imagine will operate on a first come first served basis and be prioritised for the families of the smallest, sickest babies who live the furthest away.

We are so focused on the smallest, sickest level 3 babies but what happens with the bigger, not so sick level 2 and 1 babies? These 3 centres will not be able to accommodate all of Scotland's smallest, sickest babies in addition so the bigger, more stable babies risk also being displaced from their booking hospital. A massive increase in workload for the specialist neonatal transport service which will potentially be shuttling babies all over the country to accommodate this, whilst on call for emergencies.

While everyone wants the best outcomes for the smallest and sickest babies, the delivery of the recommendations from the Best Start Options Appraisal cannot be delivered safely in the current climate within NHS Scotland.

When meeting me and representatives from the campaign group, The Minister for Public and Women's Health was very clear that "the decision had been made." Minutes for these decision making meetings do not exist.

This being the case, health boards are now being left to work out how this can be delivered safely, and in short, it can't.