

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

Petitioner written submission, 17 December 2025

Firstly, I would like to thank the Committee for the time and dedication they have put into this petition.

The Minister for Public Health and Women's Health has stated that NHS Lanarkshire were represented as part of the decision-making process. While NHS Lanarkshire was part of the Best Start board, there was NO representation from NHS Lanarkshire as part of the Neonatal care options appraisal. Membership can be found here, ([Maternity and neonatal services - neonatal intensive care plan: options appraisal - gov.scot](https://www.gov.scot/Topics/Health/Maternity-and-neonatal-services-neonatal-intensive-care-plan-options-appraisal))

It is also noted that the Minister for Public Health and Women's Health has also made reference to BLISS being tasked with gathering the views of parents. It has become clear that this was never in their Terms of Reference and was never their role.

The Best Start, the same document continually referred to by the Scottish Government, also states that "babies do best when parents are involved in care." It also states, "prevention is at the core." "... reduce by a quarter the number of children with developmental concerns...." and "We are also committed to reducing the inequalities between the most and least deprived areas."

"The future vision of maternity and neonatal services across Scotland is one where: All mothers and babies are offered a truly family-centred, safe and compassionate approach to their care, recognising their own unique circumstances and preferences.

Fathers, partners and other family members are actively encouraged and supported to become an integral part of all aspects of maternal and newborn care."

Over and over again, we are being told that the decision to move to 3 NICU units is based on clinical evidence. The Scottish Government continues to cherry-pick the information contained in the report, focusing solely on the best clinical outcome, disregarding the statements above, and refusing to take a holistic approach to the best outcomes.

Evidence shows that extremely preterm babies should experience minimal handling, particularly in the first 72 hours. There are considerable requirements for a preterm baby transfer.

What are the time and financial implications of this?

How does this keep families at the centre, and an integral part of maternal and newborn care?

The Minister also referred to the parental focus groups. When these were held, the facilitator was clear from the beginning that they would only facilitate feedback on 4 questions around financial support, mental health support, access to information, and nothing else would be discussed.

It has also now been clarified that Bliss in fact did NOT consult with parents around the neonatal options appraisal, and they were present to represent parental views.

When the parents of the Wishaw Neo Natal Warrior group met with the Minister for Public Health and Women's Health, she stated on more than one occasion that (regarding moving to three level 3 units "The decision has already been made" Supporting the argument that meeting with concerned parents was a tick box exercise rather than meaningful consultation.

The Scottish Government has agreed to the proposal detailed in the Options and Appraisal process, but it is clear that the health boards involved are struggling to find a way to implement the recommendations safely. I believe local implementation groups were initially tasked with this, but when they struggled to reach safe processes for transfer of women and their babies, this was then directed to the Chief Executives to determine.

Parents are not actively heard by SG.

NHS Lanarkshire, the Scottish Ambulance Service and Maternity services were not included in the Options and Appraisal process.

We keep being told the decision has been made, yet it is also stated that modelling is currently taking place to determine what that looks like. Surely the modelling should have been carried out first. From the evidence presented to the Committee, it is clear that on paper, the new model of Neo neonatal care looks to improve medical outcomes for the smallest and sickest babies, but in fact the NHS are unable to deliver this.

There are various mentions of parental involvement, family-centred care.... yet again, how the new model of care is going to be delivered fails. Due to the lack of capacity in maternity and the 3 proposed units, babies will be moved 100's of miles from home, their community, and their family.

The Scottish Government continue to prioritize the opinions of clinical experts at the cost of parental voice, family centred care, and mental health and wellbeing. In contradiction to the Best Start, which highlights the importance of family and parental voice and the importance of parental involvement and care in outcomes for the smallest and sickest babies.

I find it interesting that the letter from Glasgow based consultants was not taken to the Committee, and wonder if this is a coincidence that the Chair at the time was also under Greater Glasgow and Clyde Health board.

Ms. Minto also stated that babies will have the best outcomes if transferred in utero, and different pathways are in place to ensure this. We know from data previously submitted to the Committee, that one third of babies were born in a hospital without

the necessary level of care from January-September 2024 (The Scottish Pregnancy, Births and Neonatal data Dashboard).

Ms. Minto also stated that she “Can’t imagine what it would be like to be in this situation.” Families have tried time and time again to help her understand, but it has fallen on deaf ears, as “This decision has been made”

It’s extremely concerning that when asked about impact during the phasing period, that outcomes could not be gathered. How do the Scottish Government know this is going to work for Scotland? And indeed, as stated by Ms. Minto, we will not know the impact for a further 10 years. How many lives is the Scottish Government willing to destroy over the next 10 years whether it’s due to infant mortality, lifelong physical and learning impact to babies being transferred, or mental health and wellbeing for mothers, fathers, families and communities.

A recent publication, “[Life After NICU 2025: The lasting impact of prematurity](#)” by the charity The smallest things found that: -

“Parents reported high levels of anxiety and worry in the months and years after leaving the neonatal unit. More than a quarter (28%) stated that they had been formally diagnosed with post-traumatic stress disorder (PTSD), with many more sharing that they had experienced flashbacks to their time in neonatal care alongside other distressing emotions.

- Anxiety (85%)
- Worry (79%)
- Guilt (76%)
- Flashbacks (67%)
- Grief (60%)
- Loneliness (56%)
- Intrusive thoughts (51%)

The Third Sector is mentioned as a key partner who offers support and accommodation to families. Will the already struggling Third Sector services receive any additional funding to provide the services needed to the families of the smallest and sickest babies?