

Citizen Participation and Public Petitions Committee
Wednesday 11 March 2026
6th Meeting, 2026 (Session 6)

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.

Webpage <https://petitions.parliament.scot/petitions/PE2099>

1. [The Committee last considered this petition at its meeting on 14 January 2026](#). At that meeting, the Committee agreed to write to the Minister for Public Health and Women's Health.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received a new written submission from the Petitioner which is set out in **Annexe C**.
4. On 8 September 2025, the Committee visited University Hospital Wishaw to meet with the Petitioner, families and staff to explore the issues raised in the petition. [A note of the visit is available on the petition webpage](#).
5. [Written submissions received prior to the Committee's last consideration can be found on the petition's webpage](#).
6. [Further background information about this petition can be found in the SPICe briefing](#) for this petition.
7. [The Scottish Government gave its initial response to the petition on 11 June 2024](#).
8. Every petition collects signatures while it remains under consideration. At the time of writing, 22,502 signatures have been received on this petition.

Action

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

Clerks to the Committee
March 2026

Annexe A: Summary of petition

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

Petitioner

Lynne McRitchie

Date Lodged

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: Extract from Official Report of last consideration of PE2099 on 14 January 2026

The Convener: The next item on our agenda is consideration of continued petitions. I highlight to those joining us or watching online that we still have a considerable number of open petitions to consider before the dissolution of Parliament, following our final meeting in March. Therefore, our focus is very much on the issues on which we feel we can make progress in the time remaining, notwithstanding the hugely important issues that underpin many of the petitions that we have to consider. It will simply not be possible for us to advance, in the current session of Parliament, the work on many of the petitions that we still deem to be of considerable importance, and that may well require fresh petitions to be submitted in the next session of Parliament.

The petition that we are going to consider first, with due deference to one of our guests, who is currently outside in the hall, is PE2099, lodged by Lynne McRitchie, which seeks to stop the proposed centralisation of specialist neonatal units in NHS Scotland. Specifically, it calls 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 level 3 to level 2 and to commission an independent review of that decision in the light of contradictory expert opinions on centralising services.

We considered the petition on 10 December, just before the Christmas recess, and at that point we took considerable evidence from the Minister for Public Health and Women's Health, Jenni Minto. During the evidence session, we covered a number of issues including capacity and resilience, engagement with families, funding and the importance of family-centred care.

The Scottish Government has provided follow-up information on the number of beds in the three units that will be intensive care units under the new model. The submission notes that the modelling work recommended additional beds in each unit: an additional 10 to 12 beds in Glasgow, four in Edinburgh and 1.5 in Aberdeen. I note, however, that those additional increases were anticipated in the plan and did not come about as a result of any further consideration arising from the airing of these issues in committee. I imagine, therefore, that the concerns of clinicians still stand, because they were aware of that potential increase in capacity, notwithstanding the concerns that they have about overall capacity.

The committee has received a new written submission from the petitioner. It highlights sections from "The Best Start Five-Year Plan for Maternity and Neonatal Care 2017–2024 Report", which emphasises the importance of family-centred care. The petitioner compares that with the Scottish Government's focus on clinical decision making. She states:

"The Scottish Government continues to cherry-pick the information contained in the report ... disregarding the" parts of it that set out a vision of truly family-centred care.

The submission also reiterates concerns about families not being listened to during the focus group sessions and in meetings with the Scottish Government.

Recess has taken place in the intervening period, but I know that our discussions with the minister on these matters are still fresh in our minds. In the light of that, do members have any suggestions as to how we might now proceed?

Davy Russell: I suggest that we write to the Minister for Public Health and Women's Health, highlighting the areas of concern that remain outstanding as identified through the oral evidence and in the petitioner's most recent submission.

The Convener: We discussed the evidence after the previous meeting, and we identified a number of areas of concern. I think that it is fair to the minister to say that she engaged directly with us on the issue, and she and some of the clinicians made a powerful case in some respects. However, areas of concern still remain for the committee. I think that those need and deserve to be pursued, so I am minded that the petition requires to stay open at present.

We have a little time in hand, and I see that Meghan Gallacher is with us this morning. Even though I have said that it might be less likely that other members are going to be called, is there anything that you would like to say, Meghan?

Meghan Gallacher (Central Scotland) (Con): I am very grateful, convener. I just want to convey my thanks to the committee for its work on this particular petition. I know from working with the families, and certainly from being part of the debates on the issue, how sensitive it is. However, that being said, there are still some real concerns that have not been addressed by the minister or by the Scottish Government. Some of those concerns have already been touched on, but I stress the concern about the number of beds, because that is a really important point and I have been trying to pursue it with the minister. At present, in neonatal wards, there is, for every 10 babies born, only one bed for parents to stay over. If the centralisation or downgrading—however you want to term it—takes place, there is a risk that parents will not be able to stay close by their babies, who are very vulnerable and very sick. That is not the right care or the way in which we should be treating families who are in that difficult position. I ask the committee, please, to continue with the petition—for the sake of the families and of any families who need to use these vital services in the future.

11:15

The report also said that there could be between three and five specialised units. It is for the Scottish Government to explain why there are three, not five. If there were five, it would give families more reassurance about where they could go, should their babies need that specialised care.

I appreciate having the time for a short contribution.

The Convener: Thank you, Meghan. Colleagues, are we content to support Davy Russell's recommendation that we keep the petition open and pull together the various outstanding themes into a submission to the minister?

CPPP/S6/26/6/4

Members *indicated agreement.*

Annexe C: Written submission

Petitioner written submission, 25 February 2026

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

Firstly, to the committee – thank you for continuing to consider this petition. As of 24/02/26, it has 22,500 signatures.

It would be of interest to know how the plans to expand capacity at the NICU units (number of cot spaces and appropriate staffing levels) in Glasgow, Edinburgh, and Aberdeen are coming along, as well as the developments in having additional accommodation for parents to enable them to stay with their babies.

There are a number of policies that contradict this process. In particular the recently announced Scottish Government's Scottish Approach to change, and the UNICEF Baby Friendly standards.

We keep hearing from the Minister for Public Health and Women's Health that this decision "has been made on the evidence of clinical experts." The policies and guidance listed above all state that parents and parental voice should be at the centre of the baby's care. This has not been the case in the Options Appraisal process, or through the process of this petition. The Scottish Government continue to repeat the message that 'No Neonatal units are closing.' Residents in the Motherwell and Wishaw constituency received a letter from Claire Adamson MSP on the 15th January 2026 stating this.

This has never been the question, and I believe by repeating this the Scottish Government is trying to deflect from the genuine concerns about the new model of care. Over 22,000 people have now signed this petition, and the Scottish Government continues to dismiss these concerns.

Scottish approach to change – creating a pathway to do change well. Developments in health talk about one of the key enablers of high quality change is taking a people led approach.

"Taking a people-led approach ensures that changes in health and social care truly meet the needs of those they are intended to serve. It means engaging with people, with dignity and respect, as partners in designing and delivering change.

When services are people-led, outcomes become personal, coordinated, and enabling rather than standardised or system-focused. "

<https://www.healthcareimprovementscotland.scot/improving-care/scottish-approach-to-change/enablers-of-quality-and-change/people-led/>

There are a number of headings under this that I believe the Scottish Government is failing in with regards to the downgrading of neonatal care being provided at University Hospital Wishaw. For example "Meaningfully engaging people in the design of changes".

Families and NHS Lanarkshire were not involved in the Options Appraisal process. The CEO of Bliss has confirmed they in fact did not carry out consultation with parents. Their input was a general representation of what parents have told them throughout the course of their work.

When the Minister did meet with concerned parents, her message was clear, and she has stated on more than one occasion that “the decision has already been made.” The Scottish Government has heard statements from parents about the impact the proposed downgrade of care would have had on their family, yet the message continues to be that ‘the decision has already been made and that no units are closing.’ This is leading to scaremongering by the Scottish Government and shows a disrespect for the trauma that families have had the courage share.

There is a lack of trust, collaboration, and meaningful engagement with parents and the Scottish Government continues to see the Clinical Experts involved in the Options Appraisal process as the only experts.

The Scottish Government has heard concerns from parents, neonatal clinicians, maternity clinicians and they are still pushing ahead with this. They are failing to shift the power to people and communities and negating their responsibility to be trauma informed.

Another of the steps of change is prototype and test.

The Committee has heard from clinical experts who were invited to attend the committee discussion, that outcomes for the babies and families who have been transferred to a different unit will not be known for another 10 years. There is no measure of the impact this change will have, and has had on families.

If we look at the review for implementation step, again, people with lived experience are referenced.

We keep hearing that this downgrade of care is in the interests for the best outcomes for babies in Scotland, but the data is not available to support this. Again, clinicians have stated to the Committee that outcomes will not be known for another 10 years.

Part of the conversation from HIS at the launch event was that it is not acceptable to take a project that worked in one area and replicate it in another without the evidence and necessary changes to accommodate locality. This aspect is massively failing from the Scottish Government, and much of the evidence that has been presented to the Committee is how this redesign has worked in England. This takes no account of the concerns re Lanarkshire's geography, demography and economic landscape.