

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

## **Minister for Public Health and Women's Health submission, 11 June 2024**

The [Best Start: A five Year Forward Plan for Maternity and Neonatal Care](#) was published in 2017. It sets out a future vision for maternity and neonatal care which focuses on putting women, babies and families at the centre of maternity and neonatal care to ensure they receive the highest quality of care according to their needs.

The Best Start report was the result of a Strategic Review of Maternity and Neonatal Services in Scotland. The Review was chaired by an NHS Chief Executive and conducted by clinical experts, NHS service leads, academics and service user representatives. It examined choice, quality and safety of maternity and neonatal services in consultation with service users, the workforce and NHS Boards, and supported by analysis of current evidence.

Within the published report The Best Start recommended that Scotland should move from the current model of eight Neonatal Intensive Care Units (NICU) to a model of three units supported by the continuation of current NICUs redesignated as Local Neonatal Units (LNU's).

The recommendations for the new neonatal model of care was underpinned by strong evidence that population outcomes for the most premature and sickest babies are improved by delivery and care in units looking after a critical mass of these babies, with experienced staff, and with full support services. These services include access to on-site paediatric, surgical, laboratory and radiology services, which are beneficial for the most preterm babies.

The smallest and sickest babies are defined as those born at less than 27 weeks gestation, that weigh less than 800 grams, or who need multiple complex intensive care interventions or surgery. The model of neonatal intensive care described in Best Start aligns with guidance from the British Association of Perinatal Medicine (the professional body for Neonatal medicine) on '[Optimal Arrangements for Neonatal Intensive Care Units in the UK](#)' published in 2021, and with existing service models across the UK.

The Best Start Programme Board initiated an options appraisal process to identify where the three neonatal intensive care units would be located, and the Perinatal Sub Group of the Best Start was established to take this forward. The process of determining which units should be providing Neonatal Intensive Care was undertaken by an expert group, including clinical leads and service user representatives, and their recommendations, published within the [Options appraisal report](#), that Queen Elizabeth University Hospital, Edinburgh Royal Infirmary and Aberdeen Maternity Unit should be designated as the three Neonatal Intensive Care Units for Scotland.

Wishaw General will have a Local Neonatal Unit (LNU) under the new model. As an LNU the unit will continue to provide a level of intensive care and will be able to care for singleton births over 27 weeks gestation, but the most preterm and sickest babies will receive specialist complex care in one of the three NICUs, returning to their LNU as soon as clinically appropriate.

The Framework for Practice '[Criteria to Define Levels of Neonatal Care including Repatriation within NHS Scotland](#)', published on the same day as the announcement, describes the new model of care.

In advance of these changes, the model was tested in two early implementer areas, involving four units. The testing phase of the new model, including transfer pathways and repatriation is operating well, with only a very small number of out of pathway transfers. Learning from the testing continues to inform change as we move forward with full implementation of the model across Scotland. The findings and key learning points are contained within the options appraisal report.

The intention with the new model of care is that mothers in suspected extreme pre-term labour are transferred before they give birth (*in-utero*) to maternity units in the hospitals that have neonatal intensive care units. Those maternity units will have expanded capacity to receive those women. It is recognised that it will not always be possible to transfer mothers before they give birth, and in those cases the specialist neonatal transfer service, ScotSTAR will transfer those babies in specialist ambulances equipped to care for neonates. This has been established practice for many years in Scotland.

Babies requiring specialist NICU care in one of the three centres will return to a local neonatal unit closer to home as soon as they are well enough to move and step down the care they need.

Experience of operating this model of care in Ayrshire and Fife has shown that this works well, with the vast majority of mothers in suspected pre-term labour being transferred prior to birth. The Scottish Perinatal Network has a programme of work underway to support all Boards in Scotland to strengthen processes and pathways to ensure extremely pre-term babies are born in units with an alongside Neonatal Intensive Care Unit. In addition, Scottish Government has commissioned detailed modelling work from RSM UK Consulting LLP to inform planning for transition to the new model of care. Their work involved engagement with both operational and strategic stakeholders, to validate data, generate and test planning assumptions and their report was published on the 29 May 2024 and can be accessed at [New Model of Neonatal Care – RSM UK Consulting - Report](#)

The new model of neonatal care is supported by a range of stakeholders and clinicians, including Bliss the leading charity for babies born premature or sick, who recognise that this new model of care is based on strong evidence and will improve the safety of services for the smallest and sickest babies. Bliss also represent parents voices on the Best Start Programme Board and the Perinatal Sub Group.

We continue to safeguard parents as key partners in caring for their baby. The Best Start aims to keep mothers and babies, and families together as much as possible with services designed around them therefore, we are providing them with the opportunity to feed into the development stages of implementation. As a key part of the next phase, Scottish Government will be consulting with families on implementation of the proposals, so that we can take account of their concerns when the pathways and processes for the new model of care are designed, and it is important that we hear the voices of those families to input into design of service delivery.

We have a number of measures already in place to support families who have babies in neonatal care including:

- Providing accommodation for parents to stay on or near neonatal units;
- Roll out of the Young Patients Family Fund (formerly the Neonatal Expenses Fund) to support families with the costs of travel, accommodation and food whilst their baby is in neonatal care;

and

- Repatriating babies to their local neonatal units as soon as clinically possible.

The Young Patient Family Fund (formerly the Neonatal Expenses Fund) provides vital financial support covering the costs of travel, food and accommodation to allow families to be with their babies in neonatal care. In addition, NHS Boards have accommodation available to parents/carers on or near the neonatal unit.

This decision has been made on the basis of evidence and expert advice, and this change is being made to improve outcomes for these very smallest and sickest babies.

Yours sincerely,

**Jenni Minto MSP**