

# Briefing for the Citizen Participation and Public Petitions Committee on petition [PE2099](#): Stop the proposed centralisation of specialist neonatal units in NHS Scotland, lodged by Lynne McRitchie

## Background

Neonatal units operate at 3 different levels. These are described by the [Scottish Perinatal Network](#) as follows:

**Level 1 – Special care baby units (SCBU)** - provide special care (e.g. tube feeding and/or intravenous antibiotic therapy for babies who are born no more than eight weeks preterm). They may also, by agreement between Boards, provide some high dependency services (e.g. some forms of breathing support).

**Level 2 – Local neonatal units** - provide specialised and high dependency care, including assisted ventilation and short-term neonatal intensive care.

**Level 3 – Neonatal Intensive Care Units (NICU)** - provide the full range of medical neonatal care, including for babies and their families referred from other units for specialised care (e.g. surgical and/or cardiac services). Neonatal intensive care is needed for approximately one in 50 babies born in Scotland. Pregnant women at high risk of delivering before 27 completed weeks' gestation (before 28 weeks' for twins) and / or a baby expected to weigh less than 800g are, if possible, transferred before delivery to a maternity facility co-located with a NICU.

The Scottish Government published [The Best Start: A five-year forward plan for Maternity and Neonatal Care in Scotland](#) in 2017. This was the report of a review which was tasked with improving maternity and neonatal services in Scotland.

One of its key recommendations was to centralise specialist services by reducing the number of neonatal intensive care units (NICUs) from eight to three.

**“The Best Start Recommendation 45 - Neonatal intensive care:** The new model of neonatal services should be redesigned to accommodate the current levels of demand, with a smaller number of intensive care neonatal units, supported by local neonatal and special care units. Formal pathways should be developed between these units to ensure that clear agreements are in place to treat the highest risk preterm babies and the sickest term babies in need of complex care in fewer centres, while returning babies to their local area as soon as clinically appropriate. Three to five neonatal intensive care units should be developed, supported by 10 to 12 local neonatal and special care units.”

This recommendation was subjected to an options appraisal by a perinatal subgroup which explained in [its final report](#):

“The recommendations for the new neonatal model of care are 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.”

The evidence referred to was a review which was published as part of the Best Start report (see [Appendix H](#)).

This was later supported by an update to the Framework for Practice from the British Association of Perinatal Medicine (BAPM) which looked at '[Optimal arrangements for Neonatal Intensive Care Units in the UK including guidance on their Medical Staffing](#)'.

The BAPM framework recommends that NICUs should admit at least 100 very low birth weight babies a year and undertake at least 2,000 intensive care days per year.

The options appraisal group scored each of the existing NICUs in accordance with short listed criteria, definitions, weightings and site information. The existing units were scored as follows:

1. Queen Elizabeth University Hospital, Glasgow (99)
2. Edinburgh Royal Infirmary (93)
3. Aberdeen Maternity Hospital (82)
4. Ninewells, Dundee (53)
5. Princess Royal Maternity, Glasgow (34)
6. Wishaw General (30)
7. Victoria Hospital, Kirkcaldy (24)
8. Crosshouse Hospital, Kilmarnock (18)

This resulted in the subgroup recommending the retention of NICUs in Glasgow, Edinburgh and Aberdeen, and for the remaining units to be downgraded to level 2 neonatal units.

## **Scottish Government action**

The Scottish Government accepted the recommendations of the Best Start report and work is underway to implement the new model of care.

As part of this, the Scottish Government contracted RSM UK Consulting LLP to undertake detailed modelling and capacity planning work, to inform local implementation plans.

The report was published on 29 May 2024: [New Model of Neonatal Care – RSM UK Consulting - Report](#).

## **Scottish Parliament Action**

The [removal of specialist neonatal services in Lanarkshire was debated](#) in the Scottish Parliament on 20 September 2023.

**Kathleen Robson**  
**Senior Researcher (Health and Social Care)**  
**SPICe Research**

**11 June 2024**

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at [spice@parliament.scot](mailto:spice@parliament.scot)

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