

Minister for Public Health and Women's Health
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Clare Haughey
Convenor of the Health, Social Care and Sport
Committee

Date: 26 July 2023

Dear Convenor,

New Model of Neonatal Care

I am writing to inform you of my intention to move forward with the implementation of a new model of neonatal care, as set out in 2017 The Best Start report.

The Best Start report was the result of a Strategic Review of Maternity and Neonatal Services in Scotland. The Review, conducted by clinical experts, NHS service leads and service user representatives examined choice, quality and safety of maternity and neonatal services in consultation with service users, the workforce and NHS Boards. It placed the current and future needs of women and families and person-centred, relationship-based care at the heart of redesigned services.

The new model of neonatal intensive care was recommended by The Best Start report following evidence which showed improved health outcomes for very premature or very sick babies when they are cared for in units with high volume throughput. These are babies who are born at less than 27 weeks gestation, weigh less than 800 grams, or who need multiple complex intensive care interventions or surgery. Based on the small numbers of these babies born in Scotland, around 110-130 babies per year, The Best Start recommended that we would need three units to provide this level of neonatal intensive care.

We have been working with expert clinicians to plan for this major service change and have identified that the Queen Elizabeth University Hospital in Glasgow, Edinburgh Royal

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Infirmery and Aberdeen Maternity Unit should be the destination for babies requiring this most specialised intensive care.

I want to be clear that all remaining neonatal units will continue as local Neonatal Units to provide neonatal care for their populations. Our local Neonatal Units, in Ninewells in Dundee, Princess Royal Maternity in Glasgow, Wishaw General, Victoria Hospital in Kirkcaldy and Crosshouse Hospital in Kilmarnock, will continue to offer care for the vast majority of babies, including a level of neonatal intensive care. This new pathway of specialist intensive care is only for a very small number of the smallest and sickest babies, impacting around 50-60 babies, most of whom will require a relatively short period of specialised neonatal intensive care. As soon as those babies are well enough they will be moved to their local neonatal unit for any ongoing care.

This new model of neonatal care positions parents firmly as partners in their babies care. It includes:

- expansion of Transitional Care, allowing mother and baby to stay together in a postnatal ward;
- improved facilities and support for parents, including accommodation and support for travel and food costs, and achievement of Bliss Baby Charter standards for parents;
- Expanded neonatal community care allowing babies to get home sooner;
- and a change to the way that we provide the most specialist and complex care for the extremely premature and sickest babies.

This model 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.

We will now work with all Health Boards affected to plan for and implement this service change over the course of the next year, informed by the testing that has been underway over the last few years. We will continue to provide funding to these Health Boards to help transition to the new model.

We have already introduced the Young Patients Family Fund (formerly the Neonatal Expenses Fund) to help support parents with costs of having babies in neonatal care. We are rolling out Transitional Care across Scotland with all units on track to have this in place in the next year, and all of our units are working towards Bliss Baby Charter, with almost all units at Silver or Bronze level, and one having achieved Gold Standard, and five more Golds expected this year.

The Best Start Programme Board and the Scottish Government continues to work with Health Boards and other partners to implement the changes recommended by the Best Start Report to improve our maternity and neonatal services for the benefits of all of those who use and value those services.

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If you have any queries regarding the new model of care I would be happy to discuss further and can be contacted via my diary secretary ministerphwh@gov.scot

Yours sincerely,

Jenni Minto MSP

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