

Dr Gary Howsam
Cambridgeshire and Peterborough CCG

By email

30 November 2017

Dear Dr Howsam,

Tongue Tie division in Cambridgeshire and Peterborough

The inadequate provision of tongue tie assessment and division across Cambridgeshire and Peterborough has been raised by new parents and breastfeeding support professionals regularly, for as long as Healthwatch Cambridgeshire, now Healthwatch Cambridgeshire and Peterborough, has been operating. Earlier this year Healthwatch submitted evidence to the CCG to demonstrate the points we make. Unfortunately, this seems to be an issue that is constantly de-prioritised. Furthermore, disagreements about who has responsibility for commissioning this service have led to inertia, as well as an inability to get answers regarding the service as it is currently commissioned.

The stories new parents bring to us, whilst all being intensely personal, share important similarities, particularly with relation to inadequate assessment, misinformation, inconsistency of access, long waiting times and clinical division services that are not paired with breastfeeding support, reducing their efficacy. Where breastfeeding has been discontinued, mothers share intense guilt, shame and disappointment. Where breastfeeding has been enabled to continue, there is relief paired with frustration that things took longer or were more complicated than necessary, as well as anger that, with so many of the cases, families had to pursue private care to get the support they needed.

There is a disconnect between what we hear from new parents who have struggled with tongue tie and what we hear from many people providing NHS services. New mothers are put under enormous pressure to breastfeed, yet they also identify an unwillingness on maternity wards, to discuss tongue tie as a potential reason for unusual pain whilst breastfeeding. We hear about consultants telling women that tongue tie division won't help. When those women go on to pay for private care, they report that it very much does work. We hear new families talk about a simple procedure that saved their breastfeeding relationship (privately paid for), versus a scary clinical procedure performed in a surgical setting with no breastfeeding support provided afterwards, provided, after a long wait, by the NHS.

There is further disconnect in priorities, again with relation to the large amount of pressure that women experience with regards to breastfeeding, and yet a de-prioritisation of adequate support to help women initiate and continue breastfeeding.

In February 2017, following our submission of evidence, the Cambridge Breastfeeding Alliance were informed in an email from Dr Spiers that the CCG agreed to commission an evidence-based service led by midwives, available across the county. Dr Spiers conducted a significant amount of engagement to inform this decision. We are now concerned that the intelligence he gathered at that time has been lost. Furthermore, considerable time and effort was put into that engagement, not only by the CCG, but also by the community seeking to have an active role in improving services.

We believe that the confusion and inequity of this pathway is undoubtedly a significant factor in the UK's appallingly poor breastfeeding continuation rates. By way of background, I attach the document we submitted to the CCG in May of this year, setting out the evidence we collected from new families and the new models of care recommended by the Cambridge Breastfeeding Alliance, of which we are fully supportive. These new models are examples of integrated pathways which provide simpler, more effective and far cheaper models by which new parents can be supported, in accordance with NICE Guidance.

I am seeking reassurance from the CCG that the agreed region-wide, midwife-led service, as reported by Dr Spiers in February 2017, will be put into place and requesting to know the timescale in which this will happen. Healthwatch have asked if this service improvement will be addressed through the Better Births Plan but have not received confirmation either way.

I look forward to your response within 20 days.

Yours sincerely



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cc Sheila Bremner
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