DERBYSHIRE County Council

Hospital outpatient attendances for the treatment of ankyloglossia (tongue-tie) for children under the age of one year living in Derby and Derbyshire

Public Health Knowledge & Intelligence Team

VERSION CONTROL

Confidentiality
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Version	Publishing Date	Comments	Authors
1.0	27/05/2022		Chris Craig Public Health Knowledge and Intelligence Team KIT@derbyshire.gov.uk
1.1	08/11/2023	Updated procedure terminology and data limitations	Jenny Godfrey, Healthcare Public Health Practitioner Gill McCavana, Specialist Infant Feeding Lead

SUMMARY

Ankyloglossia, or 'tongue-tie', is where the strip of skin connecting someone's tongue to the floor of the mouth (the 'frenulum') is shorter than usual. Nationally, it is estimated between 0.2% and 10.7% of children will be born with tongue-tie. This means anywhere between 20 and over 1,000 children under the age of 1 in Derby and Derbyshire may have tongue-tie. While tongue-tie can be harmless, it can cause difficulty for a child to breastfeed and allow them to make their best start in life. This report aims to understand how many children under the age of one year of age are affected by tongue-tie, as part of a collaborative approach to streamline the tongue-tie pathway in the Joined Up Care Derbyshire (JUCD) footprint.

Tongue-tie can usually be cured quickly, easily, and relatively painlessly by cutting the frenulum and allowing the child's tongue to move more freely. This procedure is carried out by a medical professional (usually a doctor, nurse, or midwife), usually as an outpatient appointment. In the three financial years including 2018/19, 2019/20 and 2020/21, 998 children under the age of one year living in Derby or Derbyshire received treatment for tongue-tie in an outpatient setting. This equates to 3.2% of children under the age of 1 in Derby and Derbyshire. This proportion is significantly higher than the East Midlands and England average. There was a noticeable decrease in the number of children under 1 who received treatment for tongue-tie in Derby or Derbyshire in the 2020/21 period. This may have been partly due to the COVID-19 pandemic and the national lockdown restrictions imposed.

Just over 50% more males received treatment for tongue-tie than females (both in absolute terms and as a proportion). The source of referral for treatment is not as clear. It may indicate an issue with data quality concerning the clinical coding in this field. The location where the most treatments were provided was Chesterfield Royal Hospital NHS Foundation Trust, in which Chesterfield Royal Hospital is located. There were several locations outside the Joined Up Care Derbyshire (including Glossopdale) footprint where children with tongue-tie were treated. More than three-quarters of children with tongue-tie were treated within 14 days of being referred for treatment. Just under 50% of children were treated before they were 28 days old.

CONTENTS

1 INTRODUCTION

Ankyloglossia (more commonly known as 'tongue-tie') is where the strip of skin connecting someone's tongue to the floor of the mouth (the 'frenulum') is shorter than usual (1). It mainly affects new-born babies and can make it difficult to successfully breastfeed (2, 3). Evidence indicates between 25% and 44% of infants with tongue-tie have difficulty breastfeeding or feeding from a bottle (4-6). The symptoms of tongue-tie make it difficult for a child to latch on to the mother's breast sufficiently and may increase the chance of a mother discontinuing breastfeeding which can have adverse health effects for the child (lack of nutrients from breast milk, poor weight gain) and the mother (sore nipples) (7). In the 2020/21 financial year, 41.8% of mothers in Derbyshire were breastfeeding their child at 6 to 8 weeks after birth which is significantly worse than the England average of 47.6% - a trend which has not changed since 2015/16 (8, 9)[a]. Having a frenulotomy of the tongue can improve the likelihood of initiating and continuing breastfeeding (10).

There is no clear definition of tongue-tie, and it may also be under-reported which means the national prevalence estimate is quite wide - between 0.2% and 10.7% (6, 11, 12). Table 1 applies the lower and upper national prevalence estimates to the last three mid-year population estimates (13) for all children under the age of one year living in Derbyshire (including Derby City) in 2018, 2019 and 2020. At the lower prevalence estimate, 20 to 21 children under the age of one per year were estimated to have been diagnosed with tongue-tie across Derby and Derbyshire. At the upper prevalence estimate, 1,075 to 1,150 children under the age of one were estimated to have been diagnosed with tongue-tie across Derby and Derbyshire.

Table 1: Estimated number of children with tongue-tie in Derby and Derbyshire, 2018 to 2020

Year	Mid-year population estimate (children < 1 year)	Estimated number of children <1 with tongue-tie: 0.2% prevalence	Estimated number of children <1 with tongue-tie: 10.7% prevalence
2018	10,754	21	1,150
2019	10,530	21	1,126
2020	10,047	20	1,075

The routine procedure to release tongue-tie is referred to as a 'frenulotomy of the tongue'. This is when an excision or an incision of the frenulum is made and is usually conducted as an outpatient appointment. Hospital Episode Statistics (HES) is a database which contains details of admissions, outpatient appointments, and accident and emergency attendances at NHS hospital in England (14).

Having access to local outpatient data on the number of frenulotomy conducted in Derbyshire can provide a useful insight in allocating resources and ensuring equitable access to treatment. However, HES does not include data on private consultations or procedures and there may be data quality and clinical coding issues with data submitted to HES. This means it may not be possible to understand exactly how many children in Derby and Derbyshire have been diagnosed with tongue-tie, and how many have had a frenulotomy.

[a] Unfortunately, the Derby value for breastfeeding during 2020/21 is not available due to data quality issues.

1.1 Purpose

The aim of this report is to understand the scale and nature of infants under one year of age across Derby and Derbyshire (including Glossopdale) that have been treated for tongue-tie in an outpatient setting. The information in this report will be used to support the 'Joined Up Care Derbyshire' (JUCD) approach to streamline the tongue-tie pathway in the JUCD footprint, as part of a suite of measures to improve breastfeeding initiation and continuing breastfeeding.

1.2 Methods Used

This report presents findings of a secondary analysis of data extracted from HES outpatient appointments in 2018/19, 2019/20 and 2020/21 relating only to children under the age of one year. Records were extracted based on the first face to face attendance (follow up consultations were not included) where either:

- A child had undergone an excision or incision of the frenulum tongue, as evidenced by an OPCS 4.9 code F26.2 or F26.3 (15) **OR**
- A child was diagnosed with tongue-tie, as evidenced by a diagnosis of International Classification of Disease 10th revision (ICD-10) code 'Q38.1' (16)

The SQL commands used to extract relevant data can be found in the appendix of this report. Some manual filtering was performed to ensure the correct data had been extracted and used to populate this report.

2 FINDINGS

2.1 Main Findings

In the three-year period from 2018/19 to 2020/21, HES identified 998 (3.2%) children under the age of one living in Derby and Derbyshire who were treated for tongue-tie in an outpatient setting[b,c]. In the East Midlands[d] in the same three-year period, HES identified 4,069 children (2.7%) under the age of one living in the East Midlands who were treated for tongue-tie in an outpatient setting. In England, HES identified 60,070 children (3.2%) under the age of one who were treated for tongue-tie in an outpatient setting.

Please refer to table 2 below for an annual breakdown.

Table 2: Summary of HES for children under the age of one treated for tongue-tie living in Derby and Derbyshire, the East Midlands and England in 2018/19, 2019/20 and 2020/21

Area	2018/19		2019/20		2020/21*	
	Number	% of <1-year olds	Number	% of <1-year olds	Number	% of <1-year olds
Derby	15	0.5	28	0.9	0	0
Derbyshire	346	4.6	352	4.8	257	3.6
Derby & Derbyshire total	361	3.4	380	3.6	257	2.6
East Midlands	1,681	3.3	1,611	3.2	777	1.6
England	23,158	3.6	22,722	3.7	14,190	2.4

*Please note the decrease in the number of cases in the 2020/21 period across all areas that may in part be due to the impact of the COVID-19 pandemic which began in 2020.

There was a significantly greater proportion of children living in Derbyshire who received treatment for tongue-tie compared to the East Midlands and England[e].

HES outpatient data are the main source of routinely collected and reported data on tongue-tie procedures in England, but they do not necessarily reflect need or demand in the population. Differences in the numbers of procedures recorded may reflect variation in the assessment and provision of treatment for tongue-tie, or variation in data reporting across localities and regions in England. HES data also only includes frenulotomies carried out by NHS providers. These limitations should be noted when interpreting the findings.

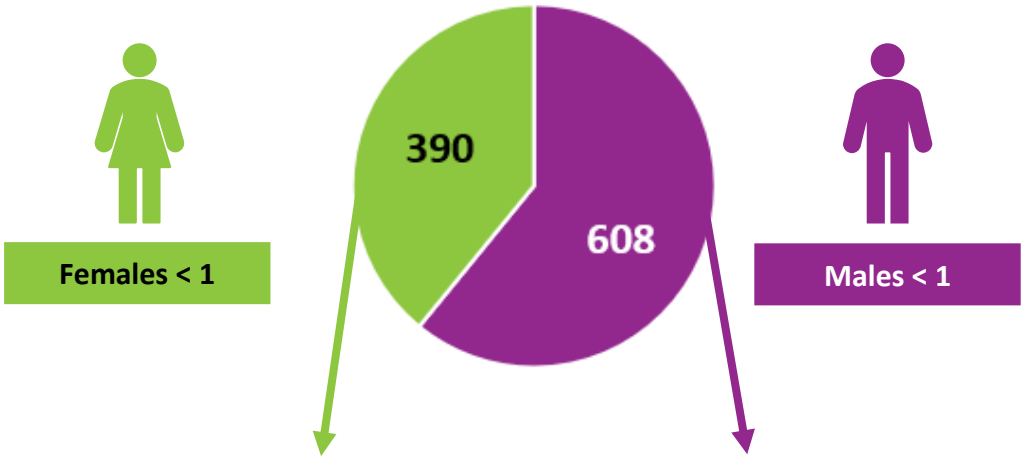
There was a relatively low number of children resident in Derby who were treated for tongue-tie in an outpatient setting. This may be due to data quality issues with HES, or indicative of other factors related to the treatment of tongue-tie in Derby City.

[b] For the 18/19 period, the mid-year population estimate for 2018 has been used as the denominator (not displayed).
For the 2019/20 reporting period, the mid-year population estimate for 2019 has been used as the denominator (not displayed).
For the 2020/21 reporting period, the mid-year population estimate for 2019 has been used as the denominator (not displayed).
[c] Of the 998 children treated for tongue-tie in an outpatient setting over the three years, 4 were assigned OPCS 4.9 code F26.2
[d] East Midlands consists of Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire, Rutland, North Northamptonshire, and West Northamptonshire
[e] The proportion and confidence intervals (not displayed here) were calculated using the PHE tool for common public heath stats and confidence intervals – please note this is a generic tool for calculating confidence intervals rather than a condition specific tool.

2.2 Sex

Of the 998 children under the age of one living in Derby and Derbyshire who were treated for tongue-tie in an outpatient setting, 608 were recorded as male and 390 were recorded as female. There was a significantly greater proportion of males (3.8%) than females (2.5%) who were treated for tongue-tie across all time points, as well as the aggregated total for males and females[f] (Figure 2). The greatest difference can be seen in the 2019/20 reporting period, where 4.4% of males under the age were treated for tongue-tie, compared with 2.8% of females.

Figure 2: Summary of HES for females and males under the age of one treated for tongue-tie in Derby and Derbyshire in 2018/19, 2019/20 and 2020/21



Reporting period	Number of females treated for tongue-tie	Proportion of < 1-year old females treated for tongue-tie	Number of males treated for tongue-tie	Proportion of < 1-year old males treated for tongue-tie
2018/19	141	2.7%	220	4.0%
2019/20	147	2.8%	233	4.4%
2020/21	102	2.1%	155	3.0%
Total	390	2.5%	608	3.8%

These results seem consistent with literature that tongue-tie is more common in males than females (17, 18), although the evidence base is not extensive.

[f] Calculated using https://fingertips.phe.org.uk/documents/PHE%20Tool%20for%20common%20PH%20Stats%20and%20CIs.xlsx – last accessed 27/05/22

2.3 Referral Source

Tongue-tie can be difficult to diagnose, even for skilled and experienced healthcare professionals, and may not be obvious until a child has difficulty breast or bottle-feeding (1). If tongue-tie is diagnosed, the child may not always be referred for treatment – they may be referred for specialist opinion to determine if a frenulotomy is required. Of the 998 reported cases in the three-year reporting period in Derby and Derbyshire, more than half of children's referral source was unknown or came from an 'other' source (56.8%).

Table 5: Summary of those who made a referral for children with tongue-tie in Derby and Derbyshire in 2018/19, 2019/20 and 2020/21

Referral Source	Number of cases	Proportion of Cases
From an 'other' or 'unknown' source	567	56.8%
From a consultant, other than in an accident and emergency department	185	18.5%
From an allied health professional	155	15.5%
From a general medical practitioner (including special interest GPs)	76	7.6%
From a specialist secondary care nurse	9	0.9%
Other referral sources combined	6	0.6%
Total	**998**	

It is worth noting there is no HES code (in the outpatient dataset at least) for midwives or health visitors acting as the referral agent. Because tongue-tie is commonly diagnosed in new-born children, it is reasonable to suggest that midwives or health visitors could be the main source of diagnosis and referral to treatment. This issue may also have identified an issue with clinical coding of outpatient data.

2.4 Treatment by Provider

A frenulotomy is usually performed as an outpatient hospital appointment. Where the child is treated can be determined by where they live and the availability of a healthcare professional who can perform the frenulotomy. The biggest hospitals in Derby and Derbyshire are the Royal Derby Hospital and Chesterfield Royal Hospital which are managed by Derby Hospitals NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust respectively.

Of the 998 reported cases in the three-year reporting period in Derby and Derbyshire, more than a quarter of children were treated by Chesterfield Royal Hospital NHS Foundation Trust (27.2%). There were treatment providers outside of Derby and Derbyshire who treated tongue-tie in children in the reporting period. These include the Dudley Group NHS Foundation Trust (which manages Russells Hall Hospital in Dudley), Stockport NHS Foundation Trust (which manages Stepping Hill Hospital in Stockport) and Sheffield Children's NHS Foundation Trust (which manages Sheffield Children's Hospital in Sheffield).

Table 6: Summary of treatment providers for children with tongue-tie in Derby and Derbyshire in 2018/19, 2019/20 and 2020/21

Treatment Provider	Number of children treated	Proportion of children treated
Chesterfield Royal Hospital NHS Foundation Trust	271	27.2%
The Dudley Group NHS Foundation Trust	157	15.7%
Stockport NHS Foundation Trust	144	14.4%
Sheffield Children's NHS Foundation Trust	143	14.3%
Derby Hospitals NHS Foundation Trust	119	11.9%
Tameside Hospital NHS Foundation Trust	103	10.3%
Sherwood Forest Hospitals NHS Foundation Trust	35	3.5%
Nottingham University Hospitals NHS Trust	18	1.8%
Other treatment providers	8	0.8%
Total	**998**	

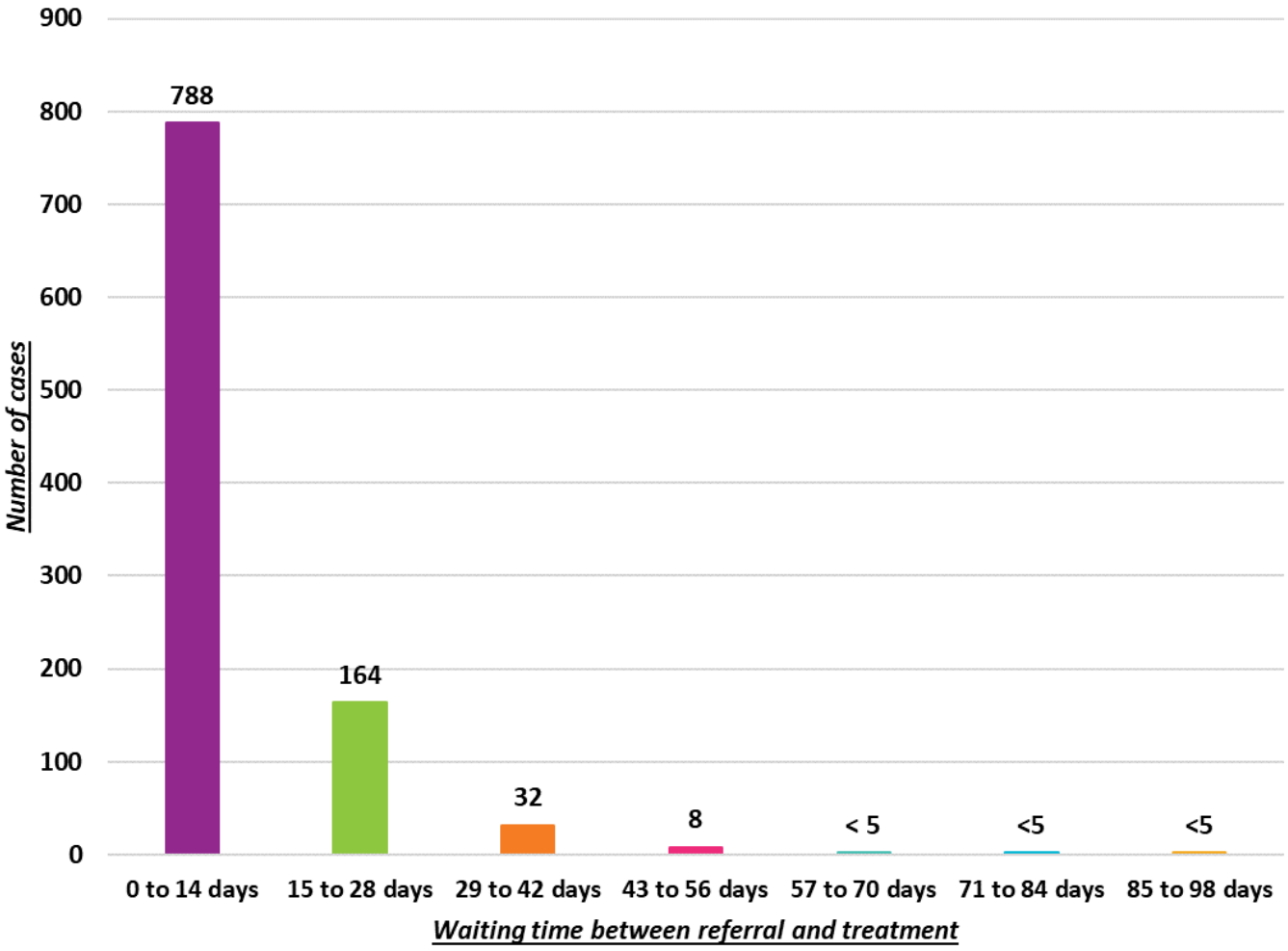
It is important to note that there may be varying referral practices by providers. Access to specialist treatment may not be equal across Derby and Derbyshire which might discourage parents from seeking a referral and subsequent treatment. NICE guidelines also state that not all cases of tongue-tie require treatment as it may resolve itself without the need for treatment (7). This analysis only concerns children who are resident in Derby and Derbyshire. The above table will therefore not include the treatments carried out by the same treatment providers for children who live outside of Derby and Derbyshire (for example, Nottinghamshire residents).

2.5 Waiting Time

The time between being referred for treatment and receiving treatment should be as short as possible – especially if the child's ability to breastfeed or bottle-feed is being affected. Tongue-tie can usually be cured quickly, easily, and relatively painlessly by cutting the frenulum and allowing the child's tongue to move more freely. The procedure only takes a few seconds and is usually conducted by a trained doctor, nurse, or midwife (1). There can be many reasons why a child with tongue-tie has to wait for a long time between referral and treatment, such as variation in the ability to access treatment in different parts of Derby and Derbyshire.

Of the 998 reported cases in the three-year reporting period in Derby and Derbyshire, the length of time between being referred for treatment and receiving treatment ranged from 0 days to 88 days. More than three-quarters of children had to wait less than 2 weeks to be treated (788 out of 998; 79.0%).

Figure 3: Summary of HES data summarising how long children had to wait between referral and treatment in Derby and Derbyshire in 2018/19, 2019/20 and 2020/21. Where numbers are less than 5, these have been suppressed.



One of the reasons why the waiting time between referral and treatment can be so short is that a frenulotomy can be done quickly – the procedure can take only a few seconds. This does not explain, however, why a fifth of the cases in the three-year period has to wait longer than 14 days. Once diagnosed, it is crucial to ensure treatment is applied as soon as possible to ensure breastfeeding can continue without further problems – something that is beneficial for children's early development. If tongue-tie is preventing a child from breastfeeding, the longer they have to wait for treatment may decrease the likelihood of the mother re-initiating and continuing breastfeeding their child.

A sub-analysis of the waiting time between referral and treatment (where the waiting time was within 14 days of referral) was conducted stratified by treatment provider to understand if there was much variation.

Table 7: Summary of the number of children who were treated within 14 days of referral, by treatment providers for children with tongue-tie in Derby and Derbyshire in 2018/19, 2019/20 and 2020/21

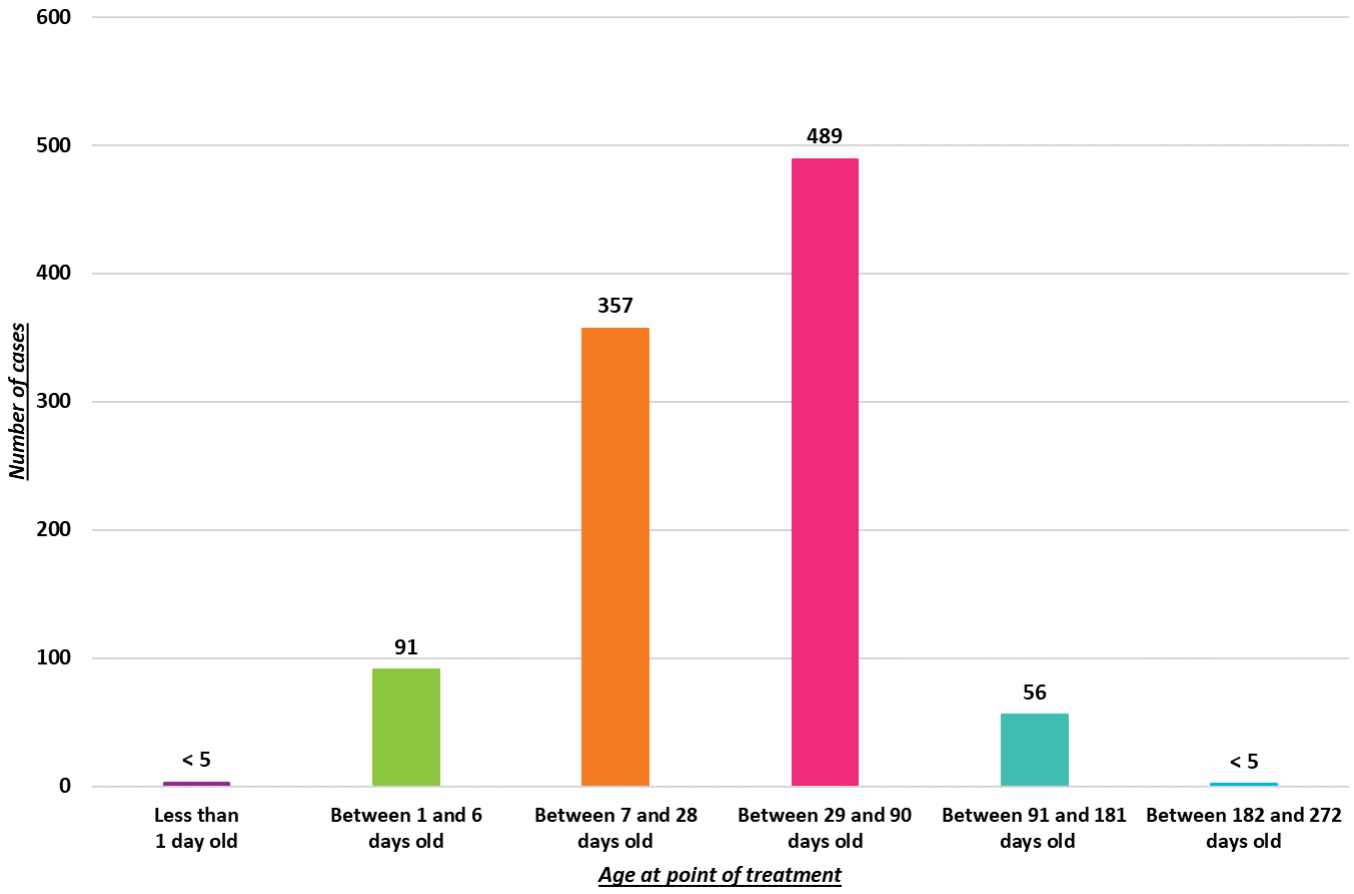
Treatment Provider	Number of children treated within 14 days of referral (%)
Chesterfield Royal Hospital NHS Foundation Trust	210/271 (77.5%)
The Dudley Group NHS Foundation Trust	157/157 (100%)
Stockport NHS Foundation Trust	121/144 (84.0%)
Sheffield Children's NHS Foundation Trust	112/143 (78.3%)
Derby Hospitals NHS Foundation Trust	92/119 (77.3%)
Tameside Hospital NHS Foundation Trust	53/103 (51.5%)
Sherwood Forest Hospitals NHS Foundation Trust	34/35 (97.1%)
Others combined	9/26 (34.6%)
Total	**788/998 (79.0%)**

Caution should be used when interpreting the proportion of cases where treatment was delivered within 14 days of referral due to the low number of children treated at some providers. All children were treated within 14 days of referral at the Dudley Group NHS Foundation Trust. There may be significant underlying reasons which explain the variation between different treatment providers, which is beyond the remit of this report.

2.6 Age at time of treatment

Of the 998 reported cases in the three-year reporting period in Derby and Derbyshire, the age (in days) at which each child received treatment ranged from less than one day old to up to 272 days. There were 451 children (45.2%) treated for tongue-tie before they were 28 days old. As previously stated, it is important to treat tongue-tie as soon as possible so breastfeeding can resume without any barriers.

Figure 4: Summary of HES data summarising the age (in days) at which children received treatment for tongue-tie in Derby and Derbyshire in 2018/19, 2019/20 and 2020/21. Where numbers are less than 5, these have been suppressed.



2.7 Limitations

There are some limitations to the data used in this audit. The primary purpose of HES is to support the administration of hospital activity and variation can occur in how clinical data are captured. To illustrate this point in the context of this analysis, there was only one attendance in which a child had the relevant ICD-10 diagnosis code recorded for ankyloglossia (tongue-tie) in the three-year period extracted from HES. Data were also extracted for any child who had a documented treatment of an excision or incision of the frenulum tongue using OPCS 4.9 procedure codes; providers may use different diagnosis codes or treatment codes that would not have been picked up in the data extraction. Diagnoses may not always be clear, especially as the health care professional making the diagnosis can differ from case to case. The SQL commands used to extract data are available in the appendix.

HES outpatient data only contain data for children who were diagnosed and/or treated in an NHS hospital. There may be some cases where a child was diagnosed and/or treated privately. The data extraction will not have identified these cases.

A further consideration is the impact of the COVID-19 pandemic on the diagnosis and treatment of children with tongue-tie relating to the observed reduction in frenulotomies in the 2020/21 period. National measures put in place to prevent the spread of the virus resulted in changes to some health care provision and there are anecdotal reasons as to why people did not access health services as they usually would, for example through fear of contracting COVID-19 by coming in to contact with others.

3 CONCLUSION

The aim of this report was to understand the scale of tongue-tie in children under the age of one year in Derby and Derbyshire. By analysing data extracted from the HES outpatient database for 2018/19, 2019/20 and 2020/21, 998 children under the age of one year were classed as having been treated for tongue-tie in an outpatient setting.

Males were more likely to have been treated for tongue-tie – both in absolute terms and as a proportion of the under 1 population. There is some uncertainty concerning the main source of referral for relevant treatment which may be due to clinical coding. The organisation which provided most of the treatments was Chesterfield Royal Hospital NHS Foundation Trust, which is the site of Chesterfield Royal Hospital. More than three-quarters of patients waited less than two weeks between being referred for treatment and receiving treatment. Just under half of children were 28 days old or younger when they were treated.

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5 APPENDIX

This report presents findings of a secondary analysis of data extracted from HES outpatient appointments in 2018/19, 2019/20 and 2020/21 relating only to children under the age of 1.

Search in SQL	Number of results returned
select * from HES.dbo.mmes_op_201819 where (OPERTN_01 = 'F262' OR OPERTN_01 = 'F263' OR OPERTN_02 = 'F262' OR OPERTN_02 = 'F263' OR OPERTN_03 = 'F262' OR OPERTN_03 = 'F263' OR OPERTN_04 = 'F262' OR OPERTN_04 = 'F263' OR OPERTN_05 = 'F262' OR OPERTN_05 = 'F263' OR OPERTN_06 = 'F262' OR OPERTN_06 = 'F263' OR OPERTN_07 = 'F262' OR OPERTN_07 = 'F263' OR OPERTN_08 = 'F262' OR OPERTN_08 = 'F263' OR OPERTN_09 = 'F262' OR OPERTN_09 = 'F263' OR OPERTN_10 = 'F262' OR OPERTN_10 = 'F263' OR OPERTN_11 = 'F262' OR OPERTN_11 = 'F263' OR OPERTN_12 = 'F262' OR OPERTN_12 = 'F263' OR OPERTN_13 = 'F262' OR OPERTN_13 = 'F263' OR OPERTN_14 = 'F262' OR OPERTN_14 = 'F263' OR OPERTN_15 = 'F262' OR OPERTN_15 = 'F263' OR OPERTN_16 = 'F262' OR OPERTN_16 = 'F263' OR OPERTN_17 = 'F262' OR OPERTN_17 = 'F263' OR OPERTN_18 = 'F262' OR OPERTN_18 = 'F263' OR OPERTN_19 = 'F262' OR OPERTN_19 = 'F263' OR OPERTN_20 = 'F262' OR OPERTN_20 = 'F263' OR OPERTN_21 = 'F262' OR OPERTN_21 = 'F263' OR OPERTN_22 = 'F262' OR OPERTN_22 = 'F263' OR OPERTN_23 = 'F262' OR OPERTN_23 = 'F263' OR OPERTN_24 = 'F262' OR OPERTN_24 = 'F263') AND (RESLADST_ONS = 'E06000015' OR RESLADST_ONS = 'E07000032' OR RESLADST_ONS = 'E07000033' OR RESLADST_ONS = 'E07000034' OR RESLADST_ONS = 'E07000035' OR RESLADST_ONS = 'E07000036' OR RESLADST_ONS = 'E07000037' OR RESLADST_ONS = 'E07000038' OR RESLADST_ONS = 'E07000039')	361
select * from HES.dbo.mmes_op_201920 where (OPERTN_01 = 'F262' OR OPERTN_01 = 'F263' OR OPERTN_02 = 'F262' OR OPERTN_02 = 'F263' OR OPERTN_03 = 'F262' OR OPERTN_03 = 'F263' OR OPERTN_04 = 'F262' OR OPERTN_04 = 'F263' OR OPERTN_05 = 'F262' OR OPERTN_05 = 'F263' OR OPERTN_06 = 'F262' OR OPERTN_06 = 'F263' OR OPERTN_07 = 'F262' OR OPERTN_07 = 'F263'	379

OR OPERTN_08 = 'F262' OR OPERTN_08 = 'F263' OR OPERTN_09 = 'F262' OR OPERTN_09 = 'F263' OR OPERTN_10 = 'F262' OR OPERTN_10 = 'F263' OR OPERTN_11 = 'F262' OR OPERTN_11 = 'F263' OR OPERTN_12 = 'F262' OR OPERTN_12 = 'F263' OR OPERTN_13 = 'F262' OR OPERTN_13 = 'F263' OR OPERTN_14 = 'F262' OR OPERTN_14 = 'F263' OR OPERTN_15 = 'F262' OR OPERTN_15 = 'F263' OR OPERTN_16 = 'F262' OR OPERTN_16 = 'F263' OR OPERTN_17 = 'F262' OR OPERTN_17 = 'F263' OR OPERTN_18 = 'F262' OR OPERTN_18 = 'F263' OR OPERTN_19 = 'F262' OR OPERTN_19 = 'F263' OR OPERTN_20 = 'F262' OR OPERTN_20 = 'F263' OR OPERTN_21 = 'F262' OR OPERTN_21 = 'F263' OR OPERTN_22 = 'F262' OR OPERTN_22 = 'F263' OR OPERTN_23 = 'F262' OR OPERTN_23 = 'F263' OR OPERTN_24 = 'F262' OR OPERTN_24 = 'F263') AND (RESLADST_ONS = 'E06000015' OR RESLADST_ONS = 'E07000032' OR RESLADST_ONS = 'E07000033' OR RESLADST_ONS = 'E07000034' OR RESLADST_ONS = 'E07000035' OR RESLADST_ONS = 'E07000036' OR RESLADST_ONS = 'E07000037' OR RESLADST_ONS = 'E07000038' OR RESLADST_ONS = 'E07000039')	
select * from HES.dbo.mmes_op_202021 where (OPERTN_01 = 'F262' OR OPERTN_01 = 'F263' OR OPERTN_02 = 'F262' OR OPERTN_02 = 'F263' OR OPERTN_03 = 'F262' OR OPERTN_03 = 'F263' OR OPERTN_04 = 'F262' OR OPERTN_04 = 'F263' OR OPERTN_05 = 'F262' OR OPERTN_05 = 'F263' OR OPERTN_06 = 'F262' OR OPERTN_06 = 'F263' OR OPERTN_07 = 'F262' OR OPERTN_07 = 'F263' OR OPERTN_08 = 'F262' OR OPERTN_08 = 'F263' OR OPERTN_09 = 'F262' OR OPERTN_09 = 'F263' OR OPERTN_10 = 'F262' OR OPERTN_10 = 'F263' OR OPERTN_11 = 'F262' OR OPERTN_11 = 'F263' OR OPERTN_12 = 'F262' OR OPERTN_12 = 'F263' OR OPERTN_13 = 'F262' OR OPERTN_13 = 'F263' OR OPERTN_14 = 'F262' OR OPERTN_14 = 'F263' OR OPERTN_15 = 'F262' OR OPERTN_15 = 'F263' OR OPERTN_16 = 'F262' OR OPERTN_16 = 'F263' OR OPERTN_17 = 'F262' OR OPERTN_17 = 'F263' OR OPERTN_18 = 'F262' OR OPERTN_18 = 'F263' OR OPERTN_19 = 'F262' OR OPERTN_19 = 'F263' OR OPERTN_20 = 'F262' OR OPERTN_20 = 'F263' OR OPERTN_21 = 'F262' OR OPERTN_21 = 'F263' OR OPERTN_22 = 'F262' OR OPERTN_22 = 'F263' OR OPERTN_23 = 'F262' OR OPERTN_23 = 'F263' OR OPERTN_24 = 'F262' OR OPERTN_24 = 'F263')	257

AND (RESLADST_ONS = 'E06000015' OR RESLADST_ONS = 'E07000032' OR RESLADST_ONS = 'E07000033' OR RESLADST_ONS = 'E07000034' OR RESLADST_ONS = 'E07000035' OR RESLADST_ONS = 'E07000036' OR RESLADST_ONS = 'E07000037' OR RESLADST_ONS = 'E07000038' OR RESLADST_ONS = 'E07000039')	
select * from HES.dbo.mmes_op_201819 where (DIAG_01 = 'Q381' OR DIAG_02 = 'Q381' OR DIAG_03 = 'Q381' OR DIAG_04 = 'Q381' OR DIAG_05 = 'Q381' OR DIAG_06 = 'Q381' OR DIAG_07 = 'Q381' OR DIAG_08 = 'Q381' OR DIAG_09 = 'Q381' OR DIAG_10 = 'Q381' OR DIAG_11 = 'Q381' OR DIAG_12 = 'Q381') AND (RESLADST_ONS = 'E06000015' OR RESLADST_ONS = 'E07000032' OR RESLADST_ONS = 'E07000033' OR RESLADST_ONS = 'E07000034' OR RESLADST_ONS = 'E07000035' OR RESLADST_ONS = 'E07000036' OR RESLADST_ONS = 'E07000037' OR RESLADST_ONS = 'E07000038' OR RESLADST_ONS = 'E07000039')	0
select * from HES.dbo.mmes_op_201920 where (DIAG_01 = 'Q381' OR DIAG_02 = 'Q381' OR DIAG_03 = 'Q381' OR DIAG_04 = 'Q381' OR DIAG_05 = 'Q381' OR DIAG_06 = 'Q381' OR DIAG_07 = 'Q381' OR DIAG_08 = 'Q381' OR DIAG_09 = 'Q381' OR DIAG_10 = 'Q381' OR DIAG_11 = 'Q381' OR DIAG_12 = 'Q381') AND (RESLADST_ONS = 'E06000015' OR RESLADST_ONS = 'E07000032' OR RESLADST_ONS = 'E07000033' OR RESLADST_ONS = 'E07000034' OR RESLADST_ONS = 'E07000035'	1

OR RESLADST_ONS = 'E07000036' OR RESLADST_ONS = 'E07000037' OR RESLADST_ONS = 'E07000038' OR RESLADST_ONS = 'E07000039')	
select * from HES.dbo.mmes_op_202021 where (DIAG_01 = 'Q381' OR DIAG_02 = 'Q381' OR DIAG_03 = 'Q381' OR DIAG_04 = 'Q381' OR DIAG_05 = 'Q381' OR DIAG_06 = 'Q381' OR DIAG_07 = 'Q381' OR DIAG_08 = 'Q381' OR DIAG_09 = 'Q381' OR DIAG_10 = 'Q381' OR DIAG_11 = 'Q381' OR DIAG_12 = 'Q381') AND (RESLADST_ONS = 'E06000015' OR RESLADST_ONS = 'E07000032' OR RESLADST_ONS = 'E07000033' OR RESLADST_ONS = 'E07000034' OR RESLADST_ONS = 'E07000035' OR RESLADST_ONS = 'E07000036' OR RESLADST_ONS = 'E07000037' OR RESLADST_ONS = 'E07000038' OR RESLADST_ONS = 'E07000039')	0