



**DIABETIC RETINOPATHY SCREENING
COLLABORATIVE**



ANNUAL REPORT 2008/09



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1. Statement from Lead Clinician

I am pleased to present this report which documents the progress made during the third year of the full implementation of the national diabetic retinopathy screening programme in Scotland. During the past year across Scotland as a whole 83% of eligible people with diabetes were screened, thus meeting the QIS target of 80% screened within the twelve month period. In excess of 99% of eligible patients received an invitation for screening.

Significant changes in the two software systems that support the programme have been made by the suppliers and have been subjected to robust and exhaustive user acceptance testing. We can be confident therefore that when implemented this summer that the information technology that underpins the screening programme will provide robust, resilient and enhanced functionality, which will include for the first time comprehensive and validated reports of Key Performance Indicators across the whole of Scotland and subdivided by Health Boards.

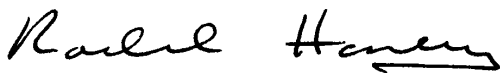
Training and accreditation remains an important part of the work of the Collaborative which hosted a successful conference and study day in November 2008 for all staff involved in diabetic retinopathy screening. Staff at all levels have continued accreditation through the City and Guilds Level 3 Certificate in Retinopathy Screening. The governance of the programme has been strengthened through a successful pilot of external quality assurance for image grading which will be further developed in the coming year.

With new opportunities following the more widespread availability of retinal cameras in optometrist practices the Collaborative have worked with Optometry Scotland to develop a draft framework for their synergistic involvement in the programme in image acquisition, whilst ensuring preservation of the crucial centralised aspects of call and recall, reporting and quality assured grading. Pilots of this way of working have commenced in two board areas.

One of the most exciting areas of development for the future is the real prospect of introducing automated grading for part of the current labour intensive grading process. The Collaborative have commissioned an independent Health Technology Assessment of the evidence of its efficacy with a view to implementation of its recommendations.

The work for the next year will concentrate on further development of all aspects of external quality assurance, the implementation of the software changes, and release of the Key Performance Indicator reports, publication of the full Diabetic Retinal Screening Manual, finalising the Optometry Framework and further work on the introduction of automated grading of retinal images.

Dr Roderick Harvey



National DRS Lead Clinician

2. Introduction

2.1 *Background*

People with diabetes can develop a condition affecting the eyes called retinopathy, which although initially asymptomatic can lead to partial loss of vision and eventual blindness. Research has shown that early detection of sight threatening diabetic retinopathy through screening, and subsequent treatment of those affected by laser photocoagulation, can substantially reduce the risk of visual loss.

In July 2003 the Scottish Executive Health Department issued guidance (HDL(2003)33) to Health Boards to the effect that each Board should take steps to provide diabetic retinopathy screening for all people with diabetes over the age of 12 to the standards recommended by the Health Technology Board for Scotland in its report published in April 2002 and according to subsequent guidance on its implementation, as part of a Scottish National Diabetic Retinopathy Screening Programme.

The national Diabetic Retinopathy Screening (DRS) Programme is an integral part of patients' diabetes care and involves a regular (usually annual) eye check using a digital photograph of the retina or slit lamp examination if photography is not possible. The primary objective of the programme is to detect referable (potentially sight-threatening) retinopathy so that it can be treated at a stage where the probability of preservation of vision is high.

The DRS Collaborative has been established to bring together individuals from all NHS Boards in Scotland involved in the delivery of the retinopathy screening programme, including representatives of the various professions involved as well as patient representatives and other stakeholders. The aim of the DRS Collaborative is to facilitate the delivery of the national diabetic retinopathy screening service in Scotland through the development and maintenance of effective service interfaces across Scotland, and the provision of support for good practice.

2.2 Collaborative Structure

There are five main groups within the collaborative:

Board Coordinators Group
 Service Management Group
 Clinical Group
 IT User Group
 Executive Group

These are shown in Figure 1 along with the relationships to other bodies within the Health Service in Scotland.

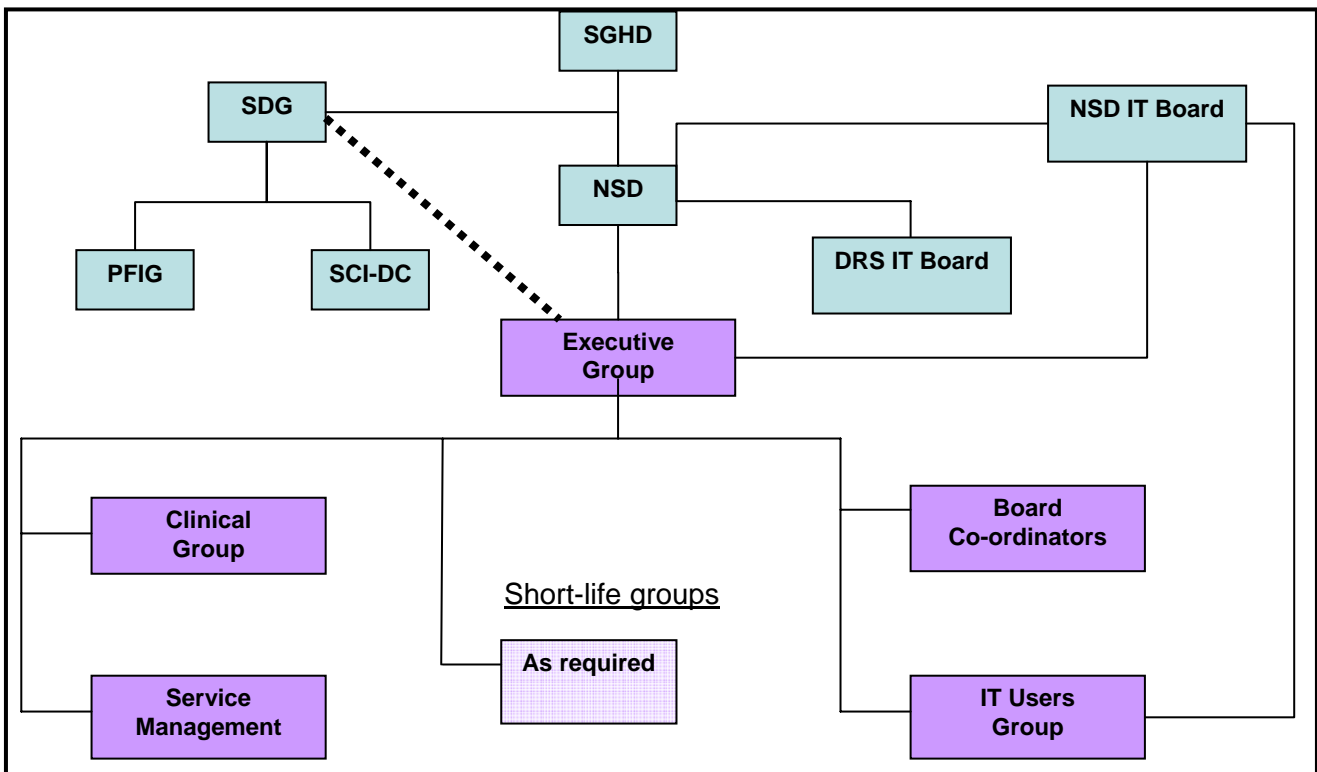


Figure 1 DRS Collaborative organisation

See Appendix 1 for details of the membership and purpose of each group within the collaborative.

2.3 Collaborative Objectives

The objectives of the collaborative are:

- To support NHS boards in the delivery of an accessible and equitable service for Diabetic Retinopathy Screening (DRS) in line with NHS QIS agreed clinical standards
- To provide an effective governance framework for all aspects of the DRS Programme
- To ensure that appropriate training and accreditation of all individuals involved in DRS Programme is supported and maintained
- To define, agree and maintain the national standards and operating procedures for the delivery of the DRS Programme

- To ensure the effective use of the DRS IT system through the co-ordination of all related activities to meet the needs of the DRS Service
- To facilitate the various strands of user involvement in service delivery and future service planning
- To ensure effective communication with all relevant stakeholders within Scotland on matters relating to DRS

2.4 Resources

For the duration of this period the Lead Clinician for the Collaborative was Dr Roderick Harvey, Consultant Diabetologist and the Collaborative Coordinator was Gavin Sell.

In 2008 the Collaborative appointed a part time Training Coordinator, Angela Ellingford, who is responsible to the Coordinator and the Clinicians Group Chair for coordinating the accreditation of people working in the screening programme and maintaining a training and accreditation programme.

In December 2006 the collaborative website was launched and this provides the main mechanism by which key documents and other information about the DRS Screening Programme in Scotland is made available. The Website can be found at www.ndrs.scot.nhs.uk

3. Activity report

Over the year 2008/09 the collaborative has built on the success of the previous year and continued its progress in implementing a National DRS programme to the QIS Clinical Standards.

All health boards are using the national software with automatic links to their local diabetes register held in SCI-DC.

The national software will not be able to accurately report the Key Performance indicators as defined by the Collaborative until the second half of 2009/10. However procedures for collecting and reporting estimates of some KPI data have been implemented. The following table provides a summary of the number of people screened by the programme from 1st April 2008 to 31st March 2009.

	2007/08		2008/09	
	Total	Percentage	Total	Percentage
Diabetic Population aged 12 and over	208,404		217,041	
Number of individuals temporarily suspended ¹	20,080	9.6%	21,904	10.1%
Number of individuals permanently suspended ¹	9,574	4.6%	6,833	3.1%
Eligible population as at 31 st March	178,750		188,277	
Number of individuals offered an appointment ²	162,722	91%	188,015	99.86%
Number of individuals successfully screened of which ² :				
<i>By photography</i>			141,590	
<i>By slit lamp</i>			14,722	
Number of individuals referred to Ophthalmology on account of Retinopathy			5,539	3.54%

¹ This number is expressed as a percentage of the total diabetic population aged 12 and over.

² This number is expressed as a percentage of the current eligible population on the 31st March and will include patients who have been offered an appointment but who were no longer within the eligible population on that date. This number is therefore likely to be higher than if calculated according to the agreed formula for the definitive KPI's.

³ This number is expressed as a percentage of the number of individuals who have been successfully screened.

People may be suspended from the Screening Programme for one of the following reasons:

- informed choice to opt out
- under the age of 12 years
- no perception of light
- terminal illness
- a physical or mental disability preventing either screening or treatment;
- currently under the care of an ophthalmologist for the treatment and follow-up management of diabetic retinopathy
- temporarily unavailable.

This year the screening programme across Scotland has made further progress towards the achievement of the targets set out in the NHS QIS Clinical Standards for DRS. The number of people who have been successfully screened is now reported as 83% which exceeds the standard of a minimum of 80% of eligible people with diabetes being screened within the last year. The number of people who have been offered an appointment at least once a year is being reported as 99.86% against a target of 100%, although it is evident from the limitations of the collection of this data that the reported number will be slightly higher than if calculated using the defined KPI reports, when these become available in the software.

4. Progress against objectives for the past year

The following table outline the progress made by the collaborative against it's objectives in the period from 1st April 2008 until 31st March 2009.

Objective	Progress
<p>1. To have robust and secure IT systems to support the requirements of the Screening Programme.</p>	<p>The software suppliers have developed the changes required by the screening programme and have jointly testing the revised software where necessary. Due to the extensive nature of the changes in both SCI-DC and the Siemens Soarian system the Collaborative has developed test scripts to fully test all aspects of the functionality of both systems as an integrated unit. User Acceptance testing was conducted from January to April 2009 Testing. Preparations for the testing of this release have been extensive. At the time of writing of this report the IT Project Board have agreed a release date for the new software versions of the end of July 2009.</p> <p>As part of the IT Risk Review conducted by Tribal Consulting in late 2007 it was identified that as the screening programme was highly dependant on a number of IT systems, that an IT Operations Manager should be assigned to the programme to oversee all the IT aspects. An IT Operations manager has been recruited with a start date of 20th April 2009.</p>
<p>2. To ensure that Key Performance Indicator data is readily available to monitor the performance of DRS in Scotland.</p>	<p>In this year the procedures for collecting and reporting some KPI data ahead of the software changes mentioned above have been refined to provide robust capture and reporting of some KPI data.</p> <p>Software changes to deliver the full set of KPI Reports have been developed by Siemens and are due to be comprehensively tested using test scripts developed by the collaborative and reviewed with the developers in June 2009. It is expected that these reports will be available for use within the Collaborative by the end of quarter two.</p> <p>The Collaborative have produced an Annual Report Template for use by each health board to enable monitoring of performance across Scotland in a consistent manner and assist in the quality assurance of the DRS Programme across Scotland</p>
<p>3. To assist with the facilitation of the disaggregation of the management and reporting for screening in the former Argyll and Clyde Health Board area and incorporation into the revised structure of NHS Scotland.</p>	<p>A Programme board was established jointly by NHS Highland, NHS Greater Glasgow and Clyde, NSD, the DRS Collaborative, ATOS Origin and SCI-DC. The necessary software changes and re-assignment of the data to the relevant Boards have been successfully completed. The operational changes to allow NHS Highland and NHS Greater Glasgow and Clyde to take over retinopathy screening for patients resident in the former Argyll and Clyde Health Board area have been put into effect.</p>
<p>4. To continue developing the DRS Manual</p>	<p>The individual components of the approved sections of manual are available on-line on the DRS collaborative website</p>
<p>5. To support health boards to work towards the achievement of the NHS QIS Clinical Standards</p>	<p>The Collaborative have been working in partnership with Aberdeen University who have developed software that will support the external quality assurance programme for the grading of digital retinal images. An initial pilot of the use of the EQA was completed in October 2008. The provisional data from the pilot was analysed presented at the National DRS Study day in</p>

	<p>November. The Lead Clinician's working group is now developing agreed policies and procedures for the use of this facility in the ongoing EQA programme of the Collaborative.</p>
<p>6. To ensure that the screening programme meets the requirements of NHS QIS for Training and Accreditation of Staff.</p>	<p>The DRS Collaborative organised and hosted a National DRS Study on 4th November 2008 in Stirling which was attended by 137 delegates from across Scotland. Feedback from the event was positive with 83.7% of the delegates indicating that the day exceeded their expectations.</p> <p>We also continue to facilitate the registration accreditation of staff through the C&G Level 3 Certificate in Diabetic Retinopathy. – See Appendix 3 for Training and Education Report</p> <p>The Collaborative have developed and approved a national standard for the training and accreditation of slit lamp examiners. There remains practical issues around the implementation of this policy particularly for Health Boards who do not host a grading centre and those with a dispersed remote and rural population.</p>
<p>7. To document plans for the ongoing coordination of the DRS Programme in Scotland.</p>	<p>Funding has been approved for the next three years for a full time Collaborative Coordinator and an IT operations Manager. NHS Highland have agreed to continue to provide this service and a Service Level Agreement has been established.</p>
<p>8. To work with the Scottish Government Optometric Advisor and Optometry Scotland to consider opportunities for synergy between Health Board DRS programmes and community optometry in the light of forthcoming changes to the General Optometric Services Contract</p>	<p>As requested by the Primary Care Division of the Scottish Government Health Directorate the Collaborative have been working with two health boards to pilot community optometrist image capture for diabetic retinopathy screening in the context of the new requirements for retinal photography within the General Optometric Services Contract.</p> <p>A draft framework was developed in collaboration with Optometry Scotland for use by Health Boards wishing to use optometrists for the purpose of digital image capture has been developed and was used in establishing the new services in NHS Borders and NHS Highland. Once the service have been running for a number of months the framework will be reviewed and finalised.</p>
<p>9. To maintain communication within the collaborative.</p>	<p>Ongoing through the quarterly meetings of the 4 sub-groups and the executive as well as regional meetings where appropriate. There is regular communication required with all health boards and the IT systems suppliers on the IT Issues and this is mostly conducted via e-mail.</p> <p>The collaborative also maintains a website www.ndrs.scot.nhs.uk</p>
<p>10. To coordinate work in Scotland to develop the screening programme.</p>	<p>The Collaborative have investigated the opportunity to introduce automated level 1 grading into the screening programme. The following actions have been taken:</p> <ul style="list-style-type: none"> - QIS have provided an independent assessment of the published work from the University of Aberdeen and concluded that <i>"Available evidence indicates that the automated grading system under consideration is a technology with significant potential. However, the evidence-base around this technology is currently limited, comprising only two peer-reviewed papers. Further research is likely to be required before any 'recommendations' could be made regarding the technology"</i> <p>The collaborative have commissioned an independent report from the Health Technology Assessment Group based in the Public Health Medicine at the University of Aberdeen by Prof Norman Waugh</p>

5. Objectives for the year ahead

The key objectives for the collaborative for the year ahead are:

1. To have robust and secure IT systems to support the requirements of the Screening Programme. In the coming year we will complete the implementation of the software changes. The new software releases are due to be implemented in July 2009
2. To ensure that Key Performance Indicator (KPI) data is readily available to monitor the performance of DRS in Scotland. During the coming year the software changes will be implemented and reporting using the definitive KPI will commence across Scotland by October 2009.
3. The DRS Manual will be published
4. To establish an EQA programme in collaboration with the Four Nations Working Group to ensure that individual screening programmes achieve the National Screening Programme Objectives.
5. To ensure that the screening programme meets the requirements of NHS QIS for Training and Accreditation of Staff. The collaborative will continue to facilitate the City and Guilds certificate in Scotland and implement the Slit Lamp Examiners training and accreditation scheme for the Diabetic Retinopathy Screening Programme.
6. To update the framework for the involvement of community optometrists in July 2009 taking account of the findings from the current pilots.
7. To maintain communication within the collaborative. The DRS Collaborative will organise an annual DRS conference for Scotland.
8. To coordinate work in Scotland to develop the screening programme. We will pursue the opportunity to implement a pilot of first level automated grading through computerised image analysis.
9. Enable access to the data in Soarian to facilitate bespoke reporting and research.

Appendix 1 Collaborative Organisation

The Board Coordinators Group

The membership of this group consists of the Board Coordinators for each Health Board in Scotland, the Lead Clinician for DRS in Scotland, the Collaborative Coordinator and is chaired by the National Services Division National Screening Coordinator.

The purpose of this group is to:

- Ensure delivery of DRS across Scotland to national standards
- Review key performance indicators
- Approve and develop policy for procedures and protocols
- Raise IT issues and change requests
- Review of national programme and forum to identify issues.

The members of this group are:

- Carol Colquhoun, NSD National Screening Coordinator - CHAIR
- Dr James McHardy, Ayrshire and Arran
- Dr Tim Patterson, Borders
- Dr David Breen, Dumfries and Galloway
- Dr Cathy Cooke, Fife
- Dr Rani Balendra, Forth Valley
- Susan MacPhee, Grampian (also represents Shetland at meetings)
- Dr Emilia Crichton, Greater Glasgow and Clyde
- Dr Rod Harvey, Highland & DRS Lead Clinician
- Dr David Cromie, Lanarkshire
- Dr Margaret Douglas, Lothian
- Nickie Milne , Orkney
- *Vacant* , Shetland
- Dr Margaret Kenicer, Tayside
- Phil Tilley, Western Isles
- Gavin Sell, Collaborative Coordinator

Meetings of the group were held on:

Date
21 st May 2008
1 st September 2008
11 th November 2008

Please note that the minutes of meetings are available at www.ndrs.scot.nhs.uk

The Service Management Group

The membership of this group consists of the DRS Service Managers for each Health Board in Scotland, the Collaborative Coordinator and is chaired by one of the service managers.

The purpose of this group is to:

- Ensure the Operational delivery of DRS
- Review key performance indicators
- Share best practice and experience
- Promote adherence to a national service specification
- Develop national procedures and protocols for approval by board co-ordinators

- Identify IT issues and change requests (operational issues)
- Co-ordinate an end user survey.

The members of this group are:

- Angela Ellingford, Tayside - CHAIR
- Diane Smith , Ayrshire and Arran
- David Sawers, Greater Glasgow & Clyde
- Patricia Morrison , Greater Glasgow & Clyde
- Grace McFarlane , Dumfries and Galloway
- Michelle Williamson, Fife
- Lorraine Fowler , Forth Valley
- Margaret Bruce, Grampian
- Lisa Steele, Highland,
- Anne Dougan, Lanarkshire
- Norah Grant, Lothian and Borders
- Nickie Milne, Orkney
- Kathleen Carolan, Shetland - replaced during the year by Kendall Beasley
- Marina Sinclair, Western Isles
- Gavin Sell, Collaborative Coordinator

Meetings of the group were held on:

Date
20 th May 2008
15 th September 2008
11 th November 2008
16 th February 2009

Please note that the minutes of meetings are available at www.ndrs.scot.nhs.uk

The Clinical Group

The membership of this group consists of the DRS Lead Clinicians for each Health Board in Scotland, the Lead Clinician for DRS in Scotland, the Collaborative Coordinator and is chaired by the one of the Health Board Lead Clinicians.

The purpose of this group is to:

- Oversee training and education
- Develop a national external quality assurance scheme for grading
- Oversee internal quality assurance
- Coordinate resolution of ophthalmology referral issues
- Advise on grading, image quality and position
- Develop and maintain technical failure examination standards
- Identify IT issues and change requests (clinical issues)
- Research

The members of this group are:

- Dr Ken Swa, Lothian and Borders - CHAIR
- Dr Bruce Hutchison, Ayrshire and Arran – replaced during the year by Dr Mohan Varikkara
- Dr Brian Power, Dumfries and Galloway
- Dr Caroline Styles, Fife
- Dr John Doig, Forth Valley
- Dr John Olson, Grampian

- Dr William Wykes, Greater Glasgow and Clyde
- Dr Rod Harvey, Highland and Collaborative Lead Clinician
- Dr Meena Viridi, Lanarkshire
- Vacant, Orkney
- Vacant, Shetland
- Dr Alison Bow, Tayside – replaced during the year by Dr Graham Cormack
- Dr K Achar, Western Isles
- Gavin Sell, Collaborative Coordinator

Meetings of the group were held on:

Date
10 th July 2008
27 th August 2008
20 th November 2008
24 th February 2009

Please note that the minutes of meetings are available at www.ndrs.scot.nhs.uk

The IT User Group

The membership of this group consists of the following:

- NSD Representative
- Collaborative Lead Clinician
- Collaborative Co-ordinator - CHAIR
- Chairs of the other three sub groups
- Service manager representatives (x2)
- Retinal screener (photographer)
- Grader

The purpose of this group is to:

- Review, quantitate and prioritise IT change requests
- Identify IT change requests for action through the overall NSD IT Board
- Monitor and resolve emerging IT issues
- Review monitoring reports of technical service performance from ATOS

The members of this group are:

- Gavin Sell, Collaborative Coordinator - CHAIR
- Rod Harvey, Lead Clinician
- Norah Grant, Service Manager
- Angela Ellingford Service Managers chair
- Ken Swa Clinical Group chair,
- Ann Dougan, Screener
- Douglas Orr Optometrist/Grader
- Margaret Bruce, Grader
- David Cromie Board Coordinator (in lieu of Board co-ordinator chair)
- David Steel, NSD,

Meetings of the group were held on:

Date
10 th July 2008
5 th March 2009

The DRS Executive Group

The membership of this group consists of the following:

- Collaborative lead Clinician (Chair)
- Collaborative Coordinator
- NSD National Screening Coordinator
- Chairs of all sub groups
- Member of Board Coordinator's group
- SGHD representative
- MCN manager representative
- Diabetes UK representative
- RNIB representative
- Chair of PFIG (sub group of the Scottish Diabetes Group)

The purpose of this group is to:

- Review the performance of the retinal screening programme in Scotland
- Produce and approve the annual report to NSD and the Scottish Diabetes Group
- Maintain knowledge of DRS evidence & developments across the UK and abroad
- Support and oversee research
- Review and approve emerging technologies and standards
- Advise SGHD on DRS policy
- Maintain link with NHS QIS, SIGN and other relevant bodies.

The members of this group are:

- Dr Rod Harvey, Collaborative Lead Clinician - CHAIR
- Mr Steve Graham, Patient Representative
- Helen MacLean, Patient Representative
- Chris Myles, Patient Representative
- Carol Colquhoun, NSD
- Dr Margaret Douglas, Board Coordinators Rep
- Dr Ken Swa, Chair of Clinicians Group
- John Legg, Director RNIB
- Dr Jennifer Armstrong, SGHD Senior Medical Officer
- Alison Anderson, Diabetes MCN Manager, NHS Ayrshire and Arran
- Audrey Birt, Director Diabetes UK – replaced during the year by Jane-Clare Judson
- Angela Ellingford, Chair of Service Managers Group
- Gavin Sell, Collaborative Coordinator

Meetings of the group were held on:

Date
8 th May 2008
11 th July 2008
8 th October 2008
10 th December 2008
4 th March 2009

Please note that the minutes of meetings are available at www.ndrs.scot.nhs.uk

Appendix 2 Financial Statement 2008/09

Diabetic Retinopathy Screening Collaborative Budget Report Year Ended 31st March 2009 National Services Division

	Budget £	Actual YTD £	Variance £
-			
Salaries & wages			
Lead Clinician	37,552	39540	-1,988
Co-ordinator [Band 7]	48,000	43247	4,753
IT Operational Manager [Band 6]	36,000	0	36,000
Admin Support [Band 4]	8,555	5311	3,244
Education & Training [Band 7]	4,000	4000	0
Supplies & services			
Stationery/printing supplies	1,000	0	1,000
Travel expenses	7,500	7358	142
Facilities booking	8,000	9649	-1,649
Recruitment Advertising	0	1541	-1,541
Training Materials and Events	0	23725	-23,725
External Quality Assurance	0	6388	-6,388
Optometry Pilot	0	4538	-4,538
Total Expenditure	150,607	145,297	5,310

Appendix 3 Training and Education Report 2008/09

The main aim of the DRS Training Coordinator in 2008-09 has been to facilitate the implementation of a nationally approved training programme for screeners and graders in accordance with NHS QIS standards. This has been done through the City & Guild Level 3 Certificate or Award in Diabetic Retinopathy Screening.

All Health Boards have been given the opportunity to register candidates in their regions which consists of Optometrists, Screener/Graders and Administrators working within the National DRS Programme. For those candidates not required to complete the whole qualification (consisting of 9 units), there are recommended units which match the individual's job roles. Please see the table below the numbers of registrants, numbers of units and units passed for year 2008-09 in each Health Board.

Other Training Achievements 2008-2009

The Training Coordinator has

- Maintained an up-to-date register of the accreditation status of all relevant individuals for the City & Guild Award.
- Maintained a database of all current assessors for the Certificate.
- Involved, along with other assessors, in reviewing learning outcomes, assignments, candidate guidance and assessor marking guidance of all the C&G Certificate units, to keep them in line with NHS QIS Standards. It is anticipated the new guidelines will be published later this year.
- Provided a list of people and their specialised subject who are able to assess people in other Health Board areas when a Health Board has expressed difficulty in finding an assessor.
- Acted as assessor for several Health Boards in the surrounding areas and the Western Isles.
- Assisted in the development and implementation of a proficiency testing scheme for Slit Lamp Examiners working within the Scottish Diabetic Retinopathy Screening Programme

Items of note

Currently, the Certificate sits on the National Qualifications Framework which is being replaced by the Qualifications and Credit Framework (QCF). This should allow the Award to map more easily to other qualifications. For those candidates who attain the whole qualification, it is anticipated the Award could be raised to Diploma level.

Summary of progress in Registrations and Achievements for the City and Guilds Level 3 Certificate in DR Screening

Health Board	Optometrists Registered	No of units registered	No units Passed	Screeener/graders Registered	No of units registered	No units Passed	Administrators Registered	No of units registered	No units Passed
Ayrshire & Arran	32	64	0	4	36	0	2	2	0
Dumfries & Galloway	1	5	0	3	22	13	1	1	1
Fife	0		0	5	36	9	1	1	0
Forthvalley	2	10	1	7	42	7	1	1	0
Glasgow	9	18	0	16	106	29	3	3	0
Grampian	Not used			5	37	0	0	0	0
Highland	Not used			2	12	0	3	9	6
Lanarkshire	Not used			8	64	31	0	0	0
Lothian	6	3	0	12	77	6	1	1	0
Orkney	Not used			1	6	0	1	1	0
Shetland	Not used			0	0	0	1	1	0
Tayside	Not used			2	14	6	1	1	1
Western Isles	1	12	0	2	12	0	1	1	0