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Clinical Chemistry in Primary Health Care

Relationship between hospital laboratories and general practice
Questionnaire answers from 33 directors of clinical chemistry laboratories

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1. Who has the formal and or practical responsibility for clinical chemistry in primary health care within the region (for choice of methods, laboratory equipment, quality control, instrument service)?
   16 hospital laboratories have formal and practical responsibility, 8 not practical but formal, 7 practical but not formal, 2 neither formal nor practical.

2. Number of professional laboratory technicians per region working in primary health care/number of regions.
   0/4 1/6 1½-2/3 3½-4/3 5-7½ >8 technicians/12 regions

3. Special systems for sample transport from primary health care to hospital laboratories are established in 27 regions.

4. Transport of analytical results from the hospital laboratory: By post and/or by car.

5. Postgraduate training in clinical chemistry for primary health care staff
   is organized in 13 regions for doctors (often sporadic)
   in 11 for laboratory technicians (often sporadic)
   in 14 regions for other personnel

6. Number of hospital personnel posts designated for instruction to primary health care staff/number of regions:
   0/15 0.3/1 0.5/7 1/6 2/2 4 post-/1 region
   7 regions also have instruction for microbiology.

7. Joint meetings between personnel in primary health care and clinical chemistry have been held between doctors in 8 regions.

8. Will more analyses be performed locally in primary health care with new techniques for clinical chemistry near the patient?
   Most regions are positive to new techniques but all emphasize the need for personnel training and quality assessment.