## Editorial

# Autumn issue of *Informatics in Primary Care*: extending our understanding and the case for greater research capacity and capability in informatics

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## Introduction

This issue of *Informatics in Primary Care* encourages us to adopt a strategic pathway which will increase the quality and capacity of academia to deliver informatics research. This edition also has: (1) the first two papers of a five part series which compares the adoption of information technology in Denmark and New Zealand; (2) two papers about new technologies: SMS (short message services) and smart home technologies in retirement care homes; (3) research showing how generic information management training and demonstrating computerised medical record systems offer benefits; (4) how IT improves diabetes management in primary care. At the end of the journal are the 'back pages' with new and different content.

## Editorials

The editorial from Black, Car, Majeed and Sheikh summarises their learning from their evaluation of the impact of ehealth on the quality and safety of health care.[1,2] They ague that we need new tools and new research programmes to increase our capacity to conduct effective informatics research. Their findings need to be considered in combination with the report led by Greenhalgh, reviewed in the last edition of this journal, which suggested that a more sociotechnical approach to implementation is needed.[3,4] Hopefully, these gaps in the literature and in implementation will lead to more rigorous development of informatics in

higher education. This new knowledge and ways of working is needed to underpin the career pathways as set out in the Swindells report.[5]

## Scientific papers

Lockhart's Editorial introduces a five part series of papers by Protti *et al* comparing Danish and New Zealand healthcare systems and their informatics.[6,7,8] The first two papers appear in this issue and the remainder will appear in future issues. These two countries have achieved high levels of computerisation including advanced levels of interoperability without perhaps as high a level of investment as has been made in England.

The next two papers explore two new technologies. The first, by Courtney *et al*, looks at the use of smart technologies in sheltered accommodation for elderly people – continuing care retirement communities (CCRC) in their speak.[9] The second is an observational study of the use of SMS (short message service) messages – i.e. mobile phone text messages, in routine general practice.[10] Whilst its use has been demonstrated in other setting there remains a dearth of trial evidence for its effectiveness in primary care.[11] The data and experiential learning from this study might enable such a trial to be designed.

The value of training in information management and demonstrating computerised medical record systems are presented in the following two papers. Reed *et al* describe how learning from information systems

training persists;[12] Beiter *et al*, how demonstrations of computerised medical record systems are helpful in improving understanding and take-up of systems.[13]

Finally, in the scientific papers section Adaji *et al* set out how IT improves diabetic care.[14]

## Back pages

The back pages of the journal contain three articles:

1 The Informatics Curio reports a hitherto unreported glitch with the outpatients appointments booking system 'Choose and Book' – the generation of an unfortunate password, 'Poppy Cock'. Generation of automatic passwords needs care.[15]
2 Next, and much more seriously, we have published a call for submission of evidence to a review of the National Programme for IT (in England). This is being organised by a past president of the Primary Healthcare Specialist group, Glyn Hayes. Glyn is conducting a review on the future of NHS IT. This is hopefully an opportunity for those who have published relevant papers within *Informatics in Primary Care* to forward them for consideration in this report.[16]
3 Finally, my report to the annual general meeting of the Primary Healthcare Specialist Group (PHCSG) of the British Computer Society (BCS) is published in the back pages.[17] The PHCSG is the journal's parent professional group. This report suggests how we might develop our journal and also improve its impact. Improved citation of our papers should achieve this. Citation of *Informatics in Primary Care* – as measured by the SCImago Journal Rank (SJR) – is comparable with other informatics journals.[18]

## Summary

This issue of *Informatics in Primary Care* extends our knowledge base in a number of important areas; it includes an exploration of new technologies in a primary care setting and challenges us to consider whether we have sufficient research capability and capacity in our domain. Please feel free to agree, or not, with the authors and write in with your comments.

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