BMJ Health & Care Informatics

Welcome to *BMJ Health & Care Informatics*

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'Information is a form of care', as Don Berwick famously said.[1] Therefore, it is vital that informatics is done well. The mission of BCS, the Chartered Institute for IT, is 'make IT good for society'. *BMJ Health & Care Informatics* is an official journal of BCS, promoting health and care information science and technology that is good for society. That means for citizens, patients, carers, clinicians and caregivers of all disciplines. We want to see good health and care informatics that makes care safer and more efficient. The journal is part of the movement for evidence-based informatics, not to stifle digital innovation but to ensure that it learns from past success and failure.

This is an exciting time for health and care informatics: policy and public expectations are high, technological capability is progressing rapidly, transformational change is beginning to emerge; yet, innovators continue to demand more, and rightly so.

However, although mature information technology is the norm in so much of our daily lives and in the routine operation of most industries, there is still a long digital journey ahead for many health and care services. In part, this is due to the inherent complexity of healthcare data, decisions, processes and the organisations that provide care. Perhaps more crucially, the design, usability, reliability and efficiency of commercial healthcare software often leaves much to be desired. We agree with the observation made by the Secretary of State for Health and Social Care in England that too much of the IT that clinicians have to use is not fit for purpose: 'Technology systems used daily across hospitals, GP surgeries, care homes, pharmacies and community care facilities don't talk to each other, fail frequently and do not follow modern cyber security practices'.[2] Or, as stated by an emergency physician recently: 'I have spent more than 20 years feeling frustrated by how the design of hospital systems impairs my ability to provide care to patients'.[3]

Unlike direct interventions in patient treatment, digital technology in health and care is seldom properly evaluated. The evidence-based health informatics movement says that this is not good enough.[4] We invite sound research studies that demonstrate how the realities compare to the policy and technology aspirations—what works and what does not.

The research that we publish will help to build a sound knowledge base for digital health and care. We particularly want to bridge the gulf that often separates academics and frontline users of informatics. We are also acutely aware of the need to build information bridges between health and social care. Another common informatics gap is in clinical leadership and patient involvement—we look forward to this becoming a growing field of knowledge, so that technology 'push' can be moderated and directed by consumer needs and priorities.

The essential scope of the journal is how informatics supports improvements in direct health and care service provision, but also incorporates public health strategies and interventions, implementation of learning health systems and national policy issues. Health and care informatics is a broad field. Relevant topics for the journal include the informatics components of:

► Advances in technology (such as communication, electronic records, consumer apps, diagnostics, integration, workflow, interoperability, decision support, artificial intelligence).
► Data science (including natural language processing, information commons, machine learning techniques, prognostic models, dashboards, omics data, common data models, algorithms).
► Standards for informatics (data exchange, terminology, information governance,

data quality, ethics, knowledge management, user-centred design, education and professionalism, citizen and patient empowerment).

► Methodology and theory (such as prognostic research, realist evaluation, conceptual frameworks, predictive principles, theories of change, measurement science, data simulation).

► Direct care (for example, patient–practitioner communication, safety, process optimisation, care pathways, managing multimorbidity, assessment, diagnosis, prescribing, integrated health and social care management, behaviour change, monitoring and surveillance).

► Psychological and sociotechnical context (human factors, complex systems, cognition, team performance, organisational and professional culture, consumer expectations).

► Management and policy (for instance, service commissioning and delivery, performance management and audit, data protection, service transformation).

► Global health informatics (such as technology adaptations for low-income countries, open source solutions, links with social development, infrastructure).

BMJ Health & Care Informatics will strengthen the evidence base for health and care informatics by publishing high quality original research in various formats. We will also publish reviews that systematically interpret and synthesise the evidence. We invite letters in response to our published articles. The website defines the format for each type of contribution. A core purpose of the journal is to bring together the academic and practitioner communities, so we invite professionals in health and care informatics who are unfamiliar with the conventions and processes of academic publishing to contact the editorial office for guidance on writing for publication. A short report is better than no report—'if you don't write it down, it didn't happen', as the saying goes.

BCS involvement in healthcare computing began right back in 1967.[5] This publication originally grew from the newsletter of the BCS Primary Health Care Specialist Group. The journal began as *Informatics in Primary Care* in 1992 and became *Innovation in Health Informatics* in 2015. Thanks to the leadership of our founding editor Sheila Teasdale and our long-serving editor Simon de Lusignan, the journal has gone from strength to strength. We are now delighted to join the BMJ family and see this as a great opportunity to raise the profile of health and care informatics still further. We are confident that the partnership of BCS and BMJ will make this a first-class journal. We look forward to your submissions and ideas to develop the journal so that it is seen as a meaningful asset by both academics and frontline practitioners.

REFERENCES
1. Berwick DM. *Escape fire: designs for the future of health care*. New York: The Commonwealth Fund, 2002.
2. Department of Health & Social Care. The future of healthcare: our vision for digital, data and technology in health and care, 2018. Available: https://www.gov.uk/government/publications/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care
3. Walker K, Ben-Meir M. It's time to think hard about how clinicians work in a digital age. BMJ Opinion, 2019. Available: https://blogs.bmj.com/bmj/2019/01/30/its-time-to-think-hard-about-how-clinicians-work-in-a-digital-age/ [Accessed 30 Jan 2019].
4. Ammenwerth E, Rigby M, eds. *Evidence-based health informatics: Promoting safety and efficiency through scientific methods and ethical policy*. IOS Press, 2016.
5. Hayes G, Barnett D. *Recollections and reflections*. Swindon, UK: BCS, 2008.