

In this issue

First free-to-publish and free-full-text online volume completed

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FREE-TO-PUBLISH AND FREE-FULL-TEXT ONLINE (<http://hijournal.bcs.org/>)

The first completely free-to-publish and free-full-text issue of Informatics in Primary Care is now online. The journal can be accessed at <http://hijournal.bcs.org/>. Informatics in Primary Care is a peer-reviewed journal besides being the house journal of BCS Health¹. It is supported as part of the BCS charitable mission which includes promoting new thinking, education, sharing knowledge, promoting professional practice and the setting and implementation of standards. This is very much something that an academic journal can support. The journal is broadening its scope and looking to attract papers about how informatics can impact on front-line health and social care – across the breadth of health informatics. Please consider registering with the journal; we accept a wide range of scientific publications from pure research to articles on policy, and short communications or letters about issues of the day.

FIRST JOHN BRYDEN MEMORIAL LECTURE

The first John Bryden memorial lecture ‘Improving health with the community health index (CHI) and developments in record linkage’ was given at the European Federation for Medical Informatics conference in Budapest earlier this year.² Fittingly the lecture was given by Prof. Frank Sullivan, a fellow Scott, who has managed to do much high-quality research utilising the linkage between records achieved through the implementation of the CHI.³

VIDEO OBSERVATION OF THE CONSULTATION AND LOCAL SUPPORT TO FACILITATE IMPLEMENTATION OF A NATIONAL PROGRAMME

This journal has been one of the first to publish papers on the use of video to observe the clinician–patient interaction. These have included technical advances that include the first reported use of multichannel video to observe the consultation,⁴ then lower cost alternatives.⁵ We have also published papers describing the development of theoretical approaches to how IT is used in the consultation. These include recognition that the computer and patient largely had to be interacted with separately in the consultation,⁶ and more recently the use of Goffman’s dramaturgical framework to theorise the interactions.⁷ A dramaturgical approach is one where the observer takes the perspective of directors observing what goes on in the drama of everyday life. Asan and Montague’s paper *In this issue* highlights important methodological considerations and provides practical guidance for future studies.⁸

Pearce et al. report, perhaps in one sense unsurprisingly, that local support for computerised medical record system implementations is critical.⁹ Hopefully, lessons were learnt from the difficulties of an attempted top-down implementation in England,¹⁰ and supported by the recognition of the importance of a local champion in Canada.¹¹

MAKING SENSE OF AND UTILISING DATA FROM MULTIPLE SOURCES IN HEALTH INFORMATICS

The final three papers *In this issue* make use of data from multiple sources. They illustrate the number of sources of data that are within the scope of health informatics.

- Monyarit et al. compared the use of electronic data capture (EDC) with voiced questionnaire (QNN). The overwhelming majority (>90%) of community health volunteers much preferred EDC to voice questionnaires.¹²
- Liaw et al. continue to develop thinking about how to manage data quality. Liaw's publications within the pages of this journal have focussed on other aspects of how to improve our ability to get the most out of routine health data. Previous papers have explored the following: creating ontologies¹³ and conceptualising an information ecosystem.¹⁴ This paper sets out how information governance and integrated data quality management need to be brought as close together as possible, if organisations are going to improve

their health care delivery.¹⁵ Ontological approaches to the management of data need to be an integral part of health care management and population health management, rather than simply an activity of the informatics community.

- Jamouille et al. remind us that much can be lost in translation. Jamouille has also contributed to the pages of this journal and has previously stressed the importance of terminology management and that coding systems should carry textual definitions.¹⁶ This article illustrates how meaning can be lost between languages.¹⁷ This is potentially another area of terminology management, which may be critically important when more and more projects are coming on stream that seek to identify and then to link different European data sources.¹⁸

SUMMARY

Our first fully on-line volume ends with an issue with interesting papers from across the spectrum of health informatics. Happy, online, reading.

Acknowledgements

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APPENDIX

Acknowledgement of peer reviewers' contributions to *Informatics in Primary Care*

The following have reviewed one or more articles in this volume of *Informatics in Primary Care*

David Barrett, University of Hull, UK

Carol Bond, Bournemouth University, UK

Tom Chan, University of Surrey, UK

John Eastwood, Community Paediatrics, SWSLHD, Australia

Filipa Ferreira, University of Surrey, UK

Toto Gronlund, Health and Social Care Information Centre, UK

Ian Herbert, BCS Health Executive; Committee member, BCS Primary Healthcare Specialist Group; Director, S I Herbert & Associate Ltd, UK

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Andrew McGovern, University of Surrey, UK

Chris Mimmagh, Co-Director Clinical Strategy Liverpool Health Partners; GP Wingate Medical Centre, UK

Freda Elizabeth Mold, University of Surrey, UK

Don O'Mahony, Family Physician, Department of Health, Eastern Cape, South Africa

Christopher Pearce, Inner East Melbourne Medicare Local and Monash University, Australia

Samuel Seidu, Leicester General Hospital, UK

Nicola Shaw, Algoma University & The Northern Ontario School of Medicine, Canada

Aumran Tahir, University of Surrey; Director AT Medics, UK

Jeremy van Vlymen, University of Surrey, UK

Zalihe Yarkiner, Kingston University, UK

This page publicly acknowledged their contribution to the Journal

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