

In this issue

In this issue – assumptions, openness, apps, collaborative working and a new editor

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INTRODUCTION

Things not to take for granted

Prior to the UK making plans for leaving the European Union, so-called 'Brexit', your Editor took supply chains for granted.¹ This issue includes a paper from Nigeria about the contribution that visibility and analytics network principles can apply to the supply chain. Maybe useful reading for the UK's Brexit minister.² Our second paper is one I co-authored, at an attempt to comprehensively survey sources of routine data across Europe. Whilst we conceived the perfect survey that would capture the relevant data,³ only 56 of the 531 databases we contacted gave complete information.⁴ By way of complete contrast, we hear about a framework for comprehensive data management for newborn children.⁵

Advantages in openness

We include a systematic review protocol of an ambitious project to try to answer the important question as to whether open source offers more benefits than risks over proprietary software in health care.⁶ We next learn that mental health patients are generally happy for data owners to share their health, social and economic data if the purpose was transparent and if the information would inform and improve health policy and practice. This is a very important finding, supporting the open sharing of data.⁷

Persistence with apps and integration of app data into medical records

Readers in clinical practice are well aware of problems with persistence with medication; even in diabetes, many patients don't persist with their medication.⁸ Persistence may be even worse with health apps, though slightly better if promoted by your clinic. We hear how persistence with an app to support self-management of asthma was only around a month.⁹ We also hear how the integration of app data into computerised medical record (CMR) systems remains largely aspirational.¹⁰

Time to mandate collaborative working

Social media provides many opportunities for discourse and discussion. However, in computerised medical practice, GPs may spend a long time sitting with their CMR systems – working in isolation. Your Editor and the Chair of the Australasian College for Health Informatics both come from parts of the world where GPs are in short supply. We speculate whether hours of sitting in isolation in front of a computer screen, seeing 100s of records in a day is a part of the reason that general practice is less popular? This is for both of us a new phenomenon. At the start of our careers, there was much more collaborative work. We, therefore, wonder if it is

time to mandate that tools for collaborative working should be built into CMR systems.¹¹

Change of Editor

After 11 years as Editor-in-Chief, Simon de Lusignan steps down and enthusiastically welcomes Dr. Philip Scott as the

new Editor. The journal will continue as *BMJ Informatics in Health and Care* with the next issue under this new title. Please continue to support our journal.

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