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A new era for the Journal

It is with great delight, and a small dose of trepidation, that we are embarking on a new era for the *Journal of Health Services Research and Policy*. The tremendous achievements by Nick Black and Nick Mays since founding this Journal in 1995, growing it from strength to strength, and increasing its recognition and reputation nationally and internationally, have set high expectations.

Conceived as an alternative outlet for high-quality health services research (HSR) outside the United States, the Journal's vision has expanded over the years, seeking not only to advance HSR but, importantly, to understand the implications of HSR for health care policy more widely. Nick and Nick established a Journal that is more than '*just a repository of miscellaneous research articles*'[1] but one that encourages and provides a forum for debating issues, ideas or controversies in the analysis and policy discourse.

The core aim of JHSRP is to provide

> a unique opportunity to explore the ideas, policies and decisions shaping health services throughout the world. Edited and peer-reviewed by experts in the field and with a high academic standard and multidisciplinary approach, readers will gain a greater understanding of the current issues in health care policy and research.

We strongly believe that it is this aim and scope that make the Journal a key place to go to for health services and policy researchers both as a source for high-quality research but, more importantly perhaps, the first choice for submitting scientific work for publication.

The Journal has been a favourite of both of ours for many years, and we are keen to maintain and strengthen the reputation of JHSRP as a journal that publishes high quality health services and policy analysis research in mostly, but not exclusively, high-income economies. We also aim to uphold the example the Journal sets in treating authors and reviewers respectfully by ensuring timely feedback to authors while providing reviewers with sufficient flexibility to assess the quality of manuscripts accepted for review.

We foresee no major changes to the principal structure of the Journal, with contributions striking what we believe to be an appropriate balance between the latest scientific research, insightful overviews and reflections on underlying issues, and innovative, thought-provoking contributions from leading academics and policy makers.

However, to further strengthen the role of the Journal in the field of HSR, we are considering adding a new section that more specifically reflects on advances in health services and policy analysis research. There is a clear need for the further development of approaches to research and methodologies to help address the underlying and ensuing (or at times seemingly perpetual) challenges of service delivery and health care policy. This would include approaches to systematic, rigorous international comparative research, which we have a particular interest in promoting.

We are also considering a new section that critically explores initiatives in health care service delivery and policy around the globe, enabling researchers and policy makers to identify new opportunities for research and consider the place of such initiatives in their own health systems.

Of course, any changes in the Journal will be carefully considered in the light of whether they meet the Journal's scope and aims, and the wishes of its Editorial Committee, readers and authors to ensure that any proposed changes are reasonable and feasible.

A key issue for the Journal is to increase its reach and readership, and how to engage more proactively with its audience. We will be giving this further thought over the coming months.

It will be challenging to follow the example that 'the two Nicks' have set for the Journal, but we will strive to do our best to maintain the Journal's extremely high standards.

On behalf of the Journal, we thank them both for their hard work and achievements as Editors-in-Chief, and we look forward to building on their successes and helping steer the Journal through the coming years.

We would also like to thank the publishers – SAGE – for their ongoing support of the Journal and for providing us with the tremendous opportunity to continue its work. Special thanks must also go to Christine Rivett-Carnac for her excellent editorial administration

work and we look forward to continue working with her closely.

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Reference

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How important is information and communication technology in enabling interprofessional collaboration?

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The changing needs of people with more long-term and complex problems imply the need for ongoing support from a greater number of care professionals and organizations. The requirement for health and social care professionals to work together in teams to support people's care is thus a prerequisite of approaches to better manage both chronic and long-term conditions. This involves good levels of communication between care providers to support better care coordination across diverse contexts and settings. However, developing reliable interdisciplinary teams is not always achieved with great success.[1]

There is good evidence that demonstrates the importance of information and communication technology (ICT) in supporting professional teams to function well.[2] For example, when understanding the elements that are needed for successful care integration around people's multiple needs, the communication of data and information between care professionals and service users needs to be highly effective, especially if this can be supplemented with decision-support tools that enable shared decision making.[3]

In this edition of the Journal, a systematic review by Barr et al.[4] has sought to identify how and whether the use of ICT to enhance communication might facilitate the effectiveness of interprofessional collaboration. The study came to three key conclusions:

1. The ability of professionals to collaborate with one another was significantly influenced by pre-existing organizational hierarchies and professional cultures, norms and values. Where interprofessional working was not embedded as a way of working, the introduction of ICT was likely to exacerbate differences rather than overcome them.
2. The use of ICT did not support collective engagement, especially pertaining to the role of patients and service users as partners in care. Failure of ICT initiatives was often related to a disproportionate focus on technology at the expense of its implementation and its associated social factors.
3. The adoption of ICT was often resisted due to an unwillingness to acquire new skills and the associated time needed to attain them. Even where ICT had been proven to support decision making and improve interdisciplinary collaboration in other contexts, significant barriers in time and resources were often cited by care professionals as barriers to innovation.

The key implication arising from the study is that structural (technical) solutions alone are not the answer to promoting interprofessional working. This implies that the role and importance of the *technological* aspects of ICT is overstated. For example, the European Union has recently made a significant investment into modern ICT tools to allow health and social care professionals to work together and deliver the best possible care.[5,6] Yet, the impact of these programmes remains modest.

Evidence suggests that consistent efforts need to be taken in the long term to help build the culture necessary to take collaborative practice forward at a local level. Too often, the current state of interprofessional working is poor, with common problems including: a lack of clarity over roles; poor allocation or lack of shared responsibilities; levels of workforce competence; entrenched silo-based working and lack of interprofessional education and training.[7]

The review by Barr et al.[4] suggests that ICT cannot be regarded as the disruptive innovation that will lead