hospital stays¹⁰ and increased rates of day case surgery (which rose by 16.5% between 1992-3 and 1993-4, to 2.1 million cases in England¹⁰). However, it remains a perverse index of NHS efficiency that measures early discharge of a postoperative patient who needs readmission 48 hours later because of a wound infection (perhaps under a different consultant or at a different hospital) as desirable activity—two short finished consultant episodes rather than one longer one. Readmission rates may be a more useful indicator of quality than league tables of mortality.

Clearly, unexpected admissions are more difficult to cost accurately than planned activity. Some trends may, however, be predicted. The availability of fibrinolytic treatment in acute myocardial infarction should be driving up emergency admissions. Indeed, the NHS should perhaps be expecting a larger proportion of admissions to become immediate in a service with more outpatient diagnostic services available to more comprehensively skilled general practitioners. Should patients who do not require urgent care or planned invasive procedures be in high dependency institutions?

Commissioning research on some basic interventions seems worth while. One example might be to give general practices budgets to purchase nursing home care for acute social or low dependency medical crises, with cover provided by general practitioners. We need more data, which should be collected

against explicit definitions, routinely validated, and systematically analysed; more debate, as opposed to argument, between purchasers and providers over the appropriateness of acute admissions; and more precise research and evaluated interventions. Meanwhile, whether the rising trend of emergency admissions is unjustified is debatable.

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Health care: what's science got to do with it?

A conference later this year hopes to come up with some answers

An international conference on the scientific basis of health services will take place in October at the Queen Elizabeth II Conference Centre in London (see advertisement in this issue). Its purpose is to review the applications of science to health service problems, to consider the influence of scientific and technological advances on health care, and to examine the effect of changes in the health service on the organisation and conduct of research. The conference is being organised by the NHS research and development programme with the help of the *BMJ*.

Ensuring a strong and productive relation between health services and science is an important contemporary challenge. Scientific progress calls into question aspects of conventional practice and places new demands on knowledge and flexibility. At the same time the prospects for progress have never been brighter. Advances in science relevant to health come from increasingly diverse sources: biology and biotechnology, chemistry, physics and bioengineering, epidemiology, clinical and health services research, and the range of social sciences from anthropology to economics. The two way interaction between science and health seems more obvious than before. Current work on the genetics of common diseases, for example, raises economic, psychological, and ethical issues, while the effects of stress and social and economic factors on health pose new and unresolved scientific questions.

The benefits of a strong relation between science and health services are clear. In addition to the improvements in people's health and wellbeing, economic benefits will accrue through industrial development of the research of the NHS and its partners.

Because of the changing nature of health services, the rapid evolution of medical practice, and the pace of scientific

advance fresh thinking is needed on the future organisation and support of research as well as on the relation between laboratory research, clinical research, epidemiology, and health services research. Other crucial issues are research into primary and community care, education, and the support of professionals working across sectoral boundaries.

The NHS research and development strategy has sought to clarify and improve the relation between science and health, and this year's conference aims at providing a broad perspective for future planning and an opportunity to compare the British approach with the approaches of other countries.

Proffered papers and posters will form an important part of the conference programme. Among the planned sessions are symposiums on advances in science and technology, the work of the Cochrane Collaboration, health technology assessment, and the dissemination and implementation of results of research.

But the meeting has been designed to address a wider range of issues. The aim is to create a broadly based forum for representatives of industrial and non-industrial research and development, health policy analysts, clinicians, scientists, and managers. Although it is obviously not feasible to explore in a single meeting the interface between science and health, the intention is to stimulate thought and to raise awareness of the need for continuing debate among all those concerned with health, health care, and science.

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