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Science and Technology
Committee

UK Centre for Medical Research and Innovation (UKCMRI)

Sixth Report of Session 2010–12

Volume II

Additional written evidence

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The Science and Technology Committee

The Science and Technology Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Government Office for Science and associated public bodies.

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The Reports of the Committee, the formal minutes relating to that report, oral evidence taken and some or all written evidence are available in printed volume(s).

Additional written evidence may be published on the internet only.

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The current staff of the Committee are: Glenn McKee (Clerk); Stephen McGinness (Second Clerk); Farrah Bhatti (Committee Specialist); Xameerah Malik (Committee Specialist); Andy Boyd (Senior Committee Assistant); Julie Storey (Committee Assistant); Pam Morris (Committee Assistant); and Becky Jones (Media Officer).

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Written evidence

Written evidence submitted by the Faculty of Pharmaceutical Medicine (UKCMRI 01)

Thank you for giving the Faculty of Pharmaceutical Medicine the opportunity to submit comments on the proposed UK Centre for Medical Research and Innovation (UKCMRI).

Whilst we do not have any specific comments to make on your questions, we would like it to be noted that we wholeheartedly support the establishment of the UKCMRI. We welcome the Government's support of scientific and medical research in this challenging economic climate, and its commitment to maintaining and improving the UK's position as a global leader in medical research.

2 December 2010

Written evidence submitted by The Academy of Medical Sciences (UKCMRI 02)

I am writing as President of the Academy of Medical Sciences to respond to the House of Commons Science and Technology Committee inquiry into the UK Centre for Medical Research and Innovation (UKCMRI).

The Academy welcomes the Government's continued commitment to UKCMRI, alongside investment by other funders. UKCMRI aims to translate increasingly specialised scientific research into clinical applications that will benefit UK patients, and fully deserves strong and enduring Government support. By capitalising on the unprecedented recent discoveries and technological advances in the medical sciences, UKCMRI will play a vital role in rebuilding the UK economy and improving health.

UKCMRI represents a groundbreaking partnership between the Medical Research Council (MRC), Cancer Research UK, the Wellcome Trust and University College London, which showcases how public investment can be magnified through collaborations with other sectors. This unique partnership, along with the building's location and design, will facilitate important collaborations between the "cluster" of scientific, academic and healthcare institutions located in central London.

Professor Sir John Bell FRS HonFREng PmedSci
President
The Academy of Medical Sciences

10 January 2011

Written evidence submitted by the Director, Medical Research Council National Institute for Medical Research (UKCMRI 03)

1. This response by the Director of the Medical Research Council National Institute for Medical Research (MRC NIMR) complements those from UKCMRI Limited and from the four founders (MRC, Cancer Research UK, Wellcome Trust and University College London). The NIMR Director has contributed to both those responses and agrees with their contents.

2. I focus here on the second and fifth issues raised by the Science and Technology Committee. These concern what the partners hope to achieve from the project and the future of NIMR. In making my comments I emphasise the enthusiasm of NIMR scientists for UKCMRI and the contributions that members of NIMR have already made to the project. I also address the roles of NIMR scientists in the work to be carried out at UKCMRI following NIMR's closure. The future of the existing NIMR buildings and land is addressed in the Founders' response.

What do the four partners hope to achieve?

3. NIMR is the largest of the three MRC research institutes. Its research is dedicated to studying important questions about the life processes that are relevant to all aspects of health. The Institute moved to its Mill Hill site in 1950, since when it has been outstandingly successful in areas such as immunology, infection, structural biology, neuroscience and developmental biology.

4. Although the physical environment of the Mill Hill site is still fit for purpose, it is unlikely to remain so in the long term without substantial investment.

5. Over the last 10 years, research at NIMR, like all biomedical research, has become increasingly interdisciplinary, collaborative, and translational. The distance of NIMR from academic and clinical partners, and its poor transport links, jeopardise its position as a world-leading research centre.

6. These concerns are addressed by the establishment of UKCMRI. The new Institute will provide state-of-the-art facilities in an Institute large enough to accommodate a wide range of research disciplines, including those from the Cancer Research UK London Research Institute (LRI). The proximity of UKCMRI to University College London (UCL) and the many hospitals in the area will allow increased wide-ranging academic and

clinical collaborations, and the transport links will expedite interactions with other scientists in London, in the UK, and around the world.

7. Members of NIMR are enthusiastic about the opportunity to build on the success of their current work by moving to this new state-of-the-art institute. In particular, NIMR scientists look forward to the opportunity to expand their interactions with colleagues at LRI and UCL. Close interactions with clinicians, physicists, chemists, engineers, computer scientists and mathematicians will drive future advances in biomedical sciences.

8. Members of NIMR have played major roles in the development of the new Institute. In particular, 42 members have sat on committees and workgroups addressing the design of the laboratories, design of the biological research facility, safety, containment, infrastructure, logistics, security, information technology and amenities.

9. Members of NIMR have also influenced UKCMRI scientific policy by serving on committees and attending workshops and meetings. These include:

- 9.1 The Science Planning Committee (referred to in the UKCMRI response). In this way NIMR have contributed to the published UKCMRI Scientific Vision and Research Strategy.
- 9.2 The Horizon Scanning Workshop (referred to in the UKCMRI response).
- 9.3 The joint NIMR/LRI retreat.
- 9.4 The UKCMRI Executive Committee, on which the Director of NIMR serves as a Scientific Director. In this role he contributes to scientific planning and other scientific activities outlined in paragraph 23 of the UKCMRI response.

10. Participation in these activities emphasises the enthusiasm with which members of NIMR regard UKCMRI and their participation in it.

CLOSURE OF THE NATIONAL INSTITUTE FOR MEDICAL RESEARCH AT MILL HILL

11. As stated in the response by UKCMRI Limited, the new Institute expects to have research programmes relevant to cancer; circulatory conditions such as heart disease and stroke; infectious disease (including influenza, tuberculosis and malaria); disorders of the immune system; and neurodegeneration and regeneration. NIMR research includes all these areas of science and medicine, and the majority of NIMR staff are therefore expected to transfer to the new Institute. There will also be the opportunity to transfer the Institute's existing state-of-the-art support facilities.

12. UKCMRI is now appointing heads of transition and of HR, and these people will work with NIMR, LRI, MRC and CRUK to develop the mechanisms and conditions under which scientists will transfer.

13. As part of the transition, UKCMRI is planning to establish a "virtual" UKCMRI that will come into being before the UKCMRI building is built.

CONCLUSION

14. Like all the partners, NIMR is very enthusiastic about the UKCMRI project, which it sees as a hugely exciting development in UK biomedical science. As NIMR Director I welcome the Select Committee's interest in the project. I hope this submission is helpful and would be happy to answer any further questions.

Jim Smith
Director
MRC National Institute for Medical Research

January 2011

Written evidence submitted by Robert Henderson (UKCMRI 05)

OBJECTIONS TO THE PROPOSED UKCRMI MEDICAL RESEARCH CENTRE

CONTEXT

I write as someone who would be one of those most directly affected by the development for I live the width of a narrow road (Ossulton Street) from the proposed research centre site. Ossulton Street forms the side of the site which is facing St Pancras Station. The street is entirely residential, consisting of a large hotel at the Euston Road end and a mixture of Housing Association and Council Housing property beyond that. There are plenty of children and several schools nearby. On the other side of the site lies the Eurostar terminal. On the south side lies the British Library. To the east of the Eurostar terminal lies Kings Cross station; to the west Euston Station.

SECURITY

Security issues alone should prevent the research centre being built. The centre would be a prime terrorist target because (1) there are three iconic sites in the closest proximity—the Eurostar terminal, the British Library

and the Medical Research Centre itself and (2) the nature of the work to be undertaken at the Centre—the public information released to date suggests that it will be handling dangerous.

Whether as a result of a terrorist attack or a failure of bio-security the consequences of an escape of dangerous biological agents would be severe, both in terms of any contamination of people and by the economic effects on London (and by extension the country) which the fear generated by the escape of toxins would bring.

I have been attempting without success to get answers from UKCMRI about the security arrangements for the proposed research centre since 2007. My requests have been turned down on the grounds that this would breach security. This is a bogus ground for refusal because I deliberately did not ask for detailed operational accounts of their security, which would compromise security, but general issues such as whether the security staff will be employed directly by the centre; whether the staff will have been raised in Britain (vetting foreigners is in practise impossible); how cleaners (notoriously a weak point in security because they work at night when security is minimal); how toxic materials will be transported in and out of the centre and whether the security staff would be armed, something absolutely necessary if there is a threat of terrorist attacks especially if they involved suicide bombers.

The real reason why the consortium will not comment is they do not have a clue about how their security will work. The UKCMRI CEO John Cooper gave the game away at a meeting convened by St. Pancras and Somers Town Planning Action and held on 4 October 2010 in the Somers Town Community Centre when he said that their security arrangements would not be decided for three years. It is absurd to allow people who have not considered in detail the security issues involved before submitting a planning application, not least because the design and situation of the building should be taking these issues into account as one of the primary drivers of the design.

The security, both bio and anti-terrorist, is particularly compromised by the intention of the consortium to allow scientists who are not employed by the consortium to carry out research. These people could be either from non-profit organisations or private firms:

“There will be dedicated space for technology transfer and additional lab space to enable the findings of the research teams within the centre to be developed and translated into clinical applications by scientists from pharmaceutical companies and partners.”—*The Bliss Project Concept and Vision* (see appendix 1)

This raises two security problems: the vetting of such people and the lack of a single authority responsible for the security of the centre. This is precisely what happened at Pirbright which was split between government and private business with no one in overall control. Come the foot and mouth outbreak of 2007 no one would take responsibility with both sides blaming the other.

Thorough vetting of those who come from abroad would be impracticable and vetting of anyone born and raised in Britain but who has spent substantial periods of time abroad problematic. These considerations would be relevant to both scientists and other staff, many of whom would be foreign or have spent long periods out of the country.

I would also draw the committee’s attention to the fact that Islamic extremism is seen by the government as a growing problem in British universities and that one of the consortium’s members—UCL—has been recently had a student- Umar Farouk Abdulmutallab—who went on to try to commit a terrorist act.

The limited access proposed for the public would also be a weak link in the security.

If contract labour is used UKCRMI will have no meaningful control over either the vetting of the people or their working practices, because in a sub-contracting situation the employees of the contractor obey the contractor not the employer of the contractor. There are also legal implications in the event of a security lapse. Who do you sue or prosecute, the contractor or the employer of the contractor. A good example of this problem in a security sensitive environment is provided by Heathrow. This has had a number of highly embarrassing incidents where contract staff in sensitive areas have been shown to either not have been vetted or have been vetted without discovering facts which should disqualify them from working.

There are also the inherent problems with security staff. Those providing general physical security are normally lowly paid and consequently poorly motivated. The low pay also makes them vulnerable to bribes.

There is also the problem of what might be best termed sociological drag, the process by which any system involving human beings deteriorates in efficiency the longer it operates. It is also true that no security system ever devised is anything like 100% efficient, vide the couple who recently gatecrashed the White House party and got close to Obama.

Nor would it be a case of vetting only the security staff. Anyone working there would need to be checked. That would include everyone from research scientists to cleaners. Just in case you think research scientists or other professional staff would be safe to employ by definition, think of the NHS doctors who attempted to bomb Glasgow airport.

But even if all your staff, security and otherwise, were directly employed, I doubt whether UKCMRI would have the expertise to vet them adequately. I suppose you might get the security services to do the vetting, but anyone coming from abroad would be beyond meaningful vetting unless inordinate amounts of money were spent—you see this type of problem with CRB checks which tell you nothing about a person’s life in foreign

parts. That is an important consideration for your project because you will, I would imagine, have quite a few people coming from abroad.

Cleaners pose a particular security problem. To begin with they are low paid and hence subject to the problems of poor morale and vulnerability to bribery. The other general problems with cleaners are they go everywhere and work at night, generally with little supervision because they work when security is at its lightest.

If UKCRMI employ contract cleaners, they will bring with them a high turnover of staff and, this being London, many of those employed will be from abroad and thus effectively beyond vetting. If you employ contract cleaners you will leave yourself wide open to infiltration. Do you intend to employ them?

Then there is the problem of waste. I dare say UKCRMI will have wonderful written procedures detailing how to dispose of dangerous material, but I wonder who will do the final disposing? Is it going to be more lowly paid contract staff? I rather suspect it might be. If so, the problems of motivation and vetting will again apply.

Finally, UKCRMI say there will be no armed guards. In those circumstances how would an armed terrorist attack be resisted? That would not necessarily be terrorists armed with guns. It could, for example, be a suicide bomber whom you can only stop by shooting them.

Things are no more promising on the bio-security side. At the meeting of 4 October 2010, John Cooper promised that nothing more dangerous than influenza viruses would be in the centre. However, this was meaningless because, as he very grudgingly admitted, there would be legal bar to this policy being changed at some point in the future. Moreover, "flu" viruses can be extremely toxic, vide the 1918 epidemic which swept Europe and caused more deaths than had occurred in military action during the Great War.

There is good reason to believe that toxins officially classified as more dangerous than influenza will be used. The MRC site in Mill Hill—the site Brill Place is meant to replace—has 11 laboratories licenced for level 3 biohazards and one licensed for level 4 biohazards (*see* <http://www.nimr.mrc.ac.uk/research-facilities/level-4-high-containment-virus-laboratory/>).

The license for level 3 work allows the following to be used for research:

Biohazard Level 3: Bacteria and viruses that can cause severe to fatal disease in humans, but for which vaccines or other treatments exist, such as anthrax, West Nile virus, Venezuelan equine encephalitis, SARS virus, variola virus (smallpox), tuberculosis, typhus, Rift Valley fever, Rocky Mountain spotted fever, yellow fever, and malaria. Among parasites *Plasmodium falciparum*, which causes Malaria, and *Trypanosoma cruzi*, which causes trypanosomiasis, also come under this level.

The consortium is applying for level 3 licenses for the proposed medical centre. Once they have these they can work on any of the viruses and bacteria listed above regardless of what is promised now.

Presumably whatever work the MRC has been conducting under the level 4 licence will continue. If it comes to the new centre work on these toxins would be covered:

Biohazard Level 4: Viruses and bacteria that cause severe to fatal disease in humans, and for which vaccines or other treatments are not available, such as Bolivian and Argentine hemorrhagic fevers, H5N1 (bird flu), Dengue hemorrhagic fever, Marburg virus, Ebola virus, hantaviruses, Lassa fever, Crimean-Congo hemorrhagic fever, and other hemorrhagic diseases. When dealing with biological hazards at this level the use of a Hazmat suit and a self-contained oxygen supply is mandatory. The entrance and exit of a Level Four biolab will contain multiple showers, a vacuum room, an ultraviolet light room, autonomous detection system, and other safety precautions designed to destroy all traces of the biohazard. Multiple airlocks are employed and are electronically secured to prevent both doors opening at the same time. All air and water service going to and coming from a Biosafety Level 4 (P4) lab will undergo similar decontamination procedures to eliminate the possibility of an accidental release.

If the level 4 work is not to come to the proposed research centre the consortium's claim that their work has to be done at the Brill Place site is discredited. If it does come to the site then risk is raised considerably. As to whether it will come to the site, answers given by John Davidson at a meeting held 11 October 2010 in the Ossulton Street Tenants and Residents Hall provide a strong pointer. Questioned by myself, he stated that the Mill Hill facility would definitely be closed if and when the centre was built and he could not rule out all the Mill Hill work being moved to the Brill Place site including the level 4 risk work.

The DCMS were certainly led to believe that the centre would deal with viruses other than influenza, viz:

"4. MRC anticipates that some £205 million of additional investment will be secured from consortium partners for the development of the UK Centre for Medical Research and Innovation. This is investment which would otherwise be Lost to the public purse. This additional investment in the work of the National Institute of Medical Research (NIMR) will support the delivery of high quality research on:

The origins of the AIDS epidemic, detecting tuberculosis (TB) infection, variations in the structure of the bird flu virus H5N1 all of which could Lead to more effective breakthroughs in drug development. Scientists at NIMR have also: (With the University of Hong Kong) isolated the gene responsible for sensory development in the inner ear, which may lead to significant advances in the development of

treatments for the deaf and those with severely impaired hearing; and determined the structure of the enzyme that regulates cellular energy levels which could lead to new drugs for type II diabetes, an illness that affects more than two million people in the UK. Taken together, these important results emerging from the UKCMRI could substantially improve the quality of life and allow those who benefit from the findings to continue to make their important contribution to the economy.” (See DCMS Q and A—appendix 2)

Every large organisation which has security issues always says their security is very tight and time and again the security fails. Pirbright said exactly this before they had to admit that they were at fault. The members of the consortium say this. The MRC recently were involved in lax procedures which resulted in the death of a patient, viz:

“*Daily Telegraph*

Man dies in government cancer drug trial

A man about to get married has died in a government-funded medical trial after receiving seven overdoses of drugs.

By Jon Swaine

Last Updated: 7:50PM BST 21 Sep 2008

Gary Foster, 27, was repeatedly given twice the amount of chemotherapy drugs he should have been prescribed. He was due to be married this month. Reports have said his death was caused by an error in the setting up of the trial on the computer system at University College London Hospital (UCLH). A second patient was affected by the same mistake, but survived. When the MRC suspected patients had been given overdoses, instead of calling the hospital immediately it wrote a letter—which a nurse at UCLH failed to open until two days after Mr Foster had died...”

UKCMRI have introduced the idea of a biohazard rating of 3+. This would appear to be a concept unknown to regulatory man or beast. The suspicion must be that it is level 4 in disguise.

FINAL THOUGHTS

If this project goes ahead those responsible for granting planning permission will have to shoulder the responsibility for any terrorist act on the centre or any bio-security leak. The dangers of both are blindingly obvious. There will be no excuse for saying we did not know.

If the committee wishes to have copies of the documents I have cited but not supplied with this submission, I shall be happy to supply them. I am also willing to appear in person before the committee to give evidence.

11 January 2011

APPENDIX 1

THE BLISS PROJECT CONCEPT AND VISION

The BLISS Centre for Medical Research responds to the vision, outlined in Sir David Cooksey’s review of UK health research presented to Treasury in 2006, of better integration and translation of research into patient and public benefit. BLISS will create a new centre for UK biomedical research, with 1,500 scientists, creating a new European centre for biomedical research in Europe at a level commensurate with the very best institutions in the world. The Centre will benefit from economies of scale, enhanced infrastructure, the critical mass to optimise collaboration, and the capacity to take scientific discoveries from the lab bench to the hospital bed. The potential, in terms of understanding disease, and developing new drugs, treatments and cures, is huge. The vision for the BLISS Centre has six themes:

RESEARCH, INNOVATION AND EXCELLENCE

- Bring together outstanding scientists from two world-class research institutes (MRC NIMR and the Cancer Research UK London Research Institute), collaborating with UCL, to address fundamental questions of human health and disease.
- Through Wellcome Trust funding, development of tools for integrative biology, with an emphasis on the development of advanced microscopy imaging and on the mathematical and computational needs in this field.
- Increase scientific innovation through new links with the physical sciences, life sciences, mathematics, engineering and the social sciences at UCL.
- Develop close links between the Centre and the outstanding hospitals nearby (including the National Hospital for Nervous Diseases at Queens Square, Great Ormond Street, Moorfields and University College Hospital) and other major hospitals in London (including Hammersmith Hospital and the MRC Clinical Sciences Centre at Hammersmith, and the Maudsley Hospital and the Institute of Psychiatry).

STATE-OF-THE-ART RESEARCH FACILITIES

- Develop a multidisciplinary research complex operating in state-of-the-art facilities, with the size and diversity to be internationally competitive with the worlds top research institutes.
- Establish a new centre for development of advanced imaging technologies and analysis.

A NATIONAL FOCUS FOR BIOMEDICAL SCIENCE

- Interact with other local centres of excellence to foster and facilitate collaboration between basic, translational and clinical scientists.
- Host national and international research meetings and conferences, facilitated by its proximity to national and international transport links and the conference facilities of the British Library.

AN EFFECTIVE INTERFACE WITH TECHNOLOGY TRANSFER AND DEVELOPMENT

International research commissioned by the MRC suggests that the optimum capacity of a modern biomedical facility is around 1,000 people, which would be achieved by the BLISS Centre.

- Facilitate the effective development of therapeutic and diagnostic devices and drugs, by allowing the technology transfer arms of MRC and Cancer Research UK to work closely together.
- Drive innovation in developing tests and technologies through interaction between researchers and development laboratories.

FINDING AND DEVELOPING THE SCIENTISTS OF THE FUTURE

- Provide an attractive environment to secure and retain world-class scientists by providing an outstanding setting for research and collaboration.
- Boost the recruitment and training of scientists and doctors of the future by providing an excellent environment for postgraduate and postdoctoral training, and for training outstanding clinical scientists committed to medical research.

ENGAGING WITH THE PUBLIC

- Educate the public on important issues in health and disease.
- Bring together and enhance partners' public information and education programmes, with a particular focus on engaging younger people.

THE PROPOSED FACILITY

This location and the capacity for collaboration that it offers have a number of advantages:

1. The site is close to a number of leading UK research institutes, universities and teaching hospitals, and is located at the edge of the Bloomsbury cluster, identified in the Mayor of London's London Plan as "mixed use with a predominantly academic character".
2. London is a global centre for life sciences: the city has more than 6,000 people working within the pharmaceutical sector, 1,350 academic staff working in top-rated biological sciences and clinical departments, attracts 70% of NHS research funding and has 121 hospitals. The benefits of this concentration of expertise include access to the best quality expertise, and a wide range of potential collaborations, with other research scientists, with clinicians and with industry.
3. London is hugely varied in terms of its population and offers major advantages in terms of its population size, patients, clinicians and clinical facilities. NHS London Strategic Health Authority (SIA) has a greater diversity of population than any other strategic health authority in the UK in terms of ethnicity and wealth.
4. The proximity of the site to an international rail transport hub, with high-speed rail links to Paris and other continental cities, will enable better collaboration with institutions from across Europe, and access to a wider labour pool (around two thirds of the institutes' staff are from outside the UK), as well as providing easy rail access to biotechnology and bioscience firms located in the London-Stansed-Cambridge growth corridor.

If the Partners bid for the British Library site is successful, the BLISS Centre will accommodate a new landmark laboratory complex, which will reflect the partners' commitment to excellence in the quality of its architecture. The partners will achieve economies of scale through the provision of shared infrastructure and scientific services and equipment. There will be dedicated space for technology transfer and additional lab space to enable the findings of the research teams within the Centre to be developed and translated into clinical applications by scientists from pharmaceutical companies and other partners.

BLISS FUNDING

The planned investment by the MRC which would be of the order of [43] (to provide facilities for the National Institute for Medical Research, MRC Technology and for additional laboratory space for

collaborations with industry) is likely to be matched by investment of a similar order by CRUK and the Wellcome Trust. The funding from UCL is £46 million. If the project does not go ahead there is no guarantee that all of the funding from the two research charities would be spent in the UK.

BLISS BENEFITS

The location of the BLISS Centre at the British Library site in London offers clear benefits to scientific practice, to the economy and to local communities. Its research programme will make a tangible difference to the lives of people across the UK and the world, while providing a boost to the UK economy.

A BOOST FOR SCIENTIFIC RESEARCH AND MEDICINE

Biomedical research drives improvements to public health by establishing the processes and mechanisms involved in normal development (from the level of cellular physics to whole organisms), and identifying how these mechanisms are undermined by disease states like cancer and infection.

These discoveries can be used as the basis of new diagnostic methods, new treatments and new preventative approaches.

The BLISS Medical Research Centre will strengthen research in critical areas of research, from systems biology (which uses large data sets to research how different parts of a cell or organism interact), to structural biology (which develops understanding of biological processes at an atomic level of detail), to research on how disease genes function and interact with environmental factors to cause illness.

The BLISS partners have complementary expertise in a range of areas.

By bringing their research capacity together they will be able to advance understanding and treatment of many of the biggest health challenges that we face today, including:

- The identification, prevention and treatment of cancers.
- New multiple-drug-resistant strains of common pathogens (eg, MRSA).
- Previously unknown pathogens (eg, SARS).
- Pathogens with pandemic potential, (eg, influenza, malaria, tuberculosis and HIV).

A BOOST FOR THE ECONOMY

The UK is a global leader in biotechnology and pharmaceutical research: its biotechnology sector is second only to the USA, and the UK leads the G8 countries in the productivity of publicly performed R&D. The location of the BLISS Centre for Medical Research in London offers benefits to the London and UK economy:

- The strengthening of London's biomedical science base will help to attract and retain investment by multinational pharmaceutical and medical equipment firms;
- The provision of incubator space within BLISS will help to meet the needs for 20–30,000 square feet of such space identified in the London Development Agency's Life Sciences Strategy;
- The enhancement of the academic/scientific Bloomsbury cluster of research institutes will boost the ability of London, and the south east of England, to attract and retain inward investment and the highly skilled scientists that are critical to such investment;
- An assessment of different potential locations for the Centre found that a London location would have a higher net impact on job numbers than alternative cities; and
- The focus on training within the BLISS Centre will help to bring forward the next generation of scientists who can maintain the UK's competitive position in life sciences and biotechnology.

A BOOST FOR THE COMMUNITY

The site chosen for the BLISS Centre sits in one of central London's most important growth hubs, and alongside some of central London's most marginalised communities. While many of the scientists working at the partner institutions are drawn from a labour pool that is international in nature, there will be tangible economic and social benefits for the surrounding area:

- More than 200 support staff jobs will require different skill levels than research staff jobs, many of them offering great opportunities for career development within a vibrant, growing and nationally important industry sector;
- In addition to these jobs, the construction of BLISS will lead to spin off development, in terms of suppliers, development partners and pharmaceutical companies;
- BLISS will work actively with local schools and communities to develop public understanding of and interest in science, and to promote the study of science among local children building on existing programmes run by the partners.

THE BLISS PARTNERS

Medical Research Council (MRC)—www.mrc.ac.uk

The MRC is dedicated to improving human health through excellent science. It invests on behalf of the UK taxpayer. Its work ranges from molecular level science to public health research, carried out in universities, hospitals and a network of its own units and institutes. The MRC liaises with the Health Departments, the National Health Service and industry to take account of the public's needs. The MRC was set up in 1913 to administer public funds for medical research. The MRC receives an annual grant-in-aid from Parliament through the Department for Innovation Universities and Skills (formerly from the Office of Science and Innovation (OSI)), and funds from other sources including government departments, PSA target mellics lot—the UK research base, Department of Trade and Industry/Office of Science and Innovation, March 2007 13ioLondon: London life sciences strategy and action plan, LDA, 2003 DTZ/NIMR, 2006 international agencies, industry and medical research charities. In 2006–07, the MRC spent £477 million.

The Wellcome Trust—www.wellcome.ac.uk

The Wellcome Trust is the largest charity in the UK. It was set up in 1935 with a bequest from Sir Henry Wellcome. It now has an endowment of £13 billion. The Trusts mission is to foster and promote research with the aim of improving human and animal health. Its constitution and mission allows us to respond flexibly to medical needs and scientific opportunities. As well as tackling immediate priorities, its independence and long-term perspective enable it to support research that will benefit future generations. It also seeks to improve understanding of the ways science and medicine have developed, and how research affects people and society today. In 2005–06, the Trust spent £484 million.

Cancer Research UK (CRIJK)—www.cancerresearchuk.org

CRUK was formed in 2002 when the Imperial Cancer Research Fund and the Cancer Research Campaign merged. It is one of the UK's largest charities, currently funding 4,250 scientists, doctors and nurses in its own institutes, universities and hospitals. Its main role is to carry out world-class research to improve the understanding of cancer and find out how to prevent, diagnose and treat different kinds of cancer. CRUK takes proactive approaches to educate the public about cancer risks, and provide authoritative information to improve the understanding of cancer and its complexity amongst the general public. CRUK works with other research funders, the NHS and with industry, including its technology transfer company CRT, to ensure that its research is translated to patient benefit. It raises funds directly from the public, through donations shops and legacies. In 2006–07, CRUK spent £315 million.

University College London (UCL)—www.ucl.ac.uk

UCL is the oldest multi-faculty constituent college of the University of London. It is one of Europe's largest and most productive centres for biomedical science. Biomedical research is enhanced by extensive collaborations with those in the physical sciences, engineering and the humanities. The School of Life & Medical Sciences links the Faculty of Biomedical Sciences, which covers UCL medical institutes and departments, with the Faculty of Life Sciences, which comprises UCL's biomedical science departments. The Royal Free and University College Medical School provides an outstanding clinical research environment, A General Biomedical Research Centre at University College Hospitals NHS Foundation Trust, and two Specialist Biomedical Research Centres, at Great Ormond Street Hospital for Children NHS Trust and at Moorfields Eye Hospital NHS Trust, funded in national competition by the Dot-I, provide exceptional facilities for translational medical research. UCL consistently ranks among the top five university institutions in the UK league tables and in the top 25 universities across the world, with an annual turnover of over £550 million.

October 2007

APPENDIX 2

SALE OF THE LAND TO THE NORTH OF THE BRITISH LIBRARY TO THE UK CENTRE FOR MEDICAL RESEARCH AND INNOVATION - Q&A

(DCMS document)

Q1. *Who is in the Consortium?*

A1. The consortium includes the Medical Research Council (MRC), The Wellcome Trust, Cancer Research UK and University College London.

Q2. *What have the Consortium paid for the site?*

A2. The Consortium have paid £85 million for the site.

Q3. *Was the Consortium's bid the highest received by the Department?*

A3. No. We made an allowance for the value to the public of creating a world-class centre for interdisciplinary medical research in the heart of London.

Q4. *What assessment was made of the Public value?*

A4. MRC anticipates that some £205 million of additional investment will be secured from consortium partners for the development of the UK Centre for Medical Research and Innovation. This is investment which would otherwise be Lost to the public purse. This additional investment in the work of the National Institute of Medical Research (NIMR) will support the delivery of high quality research on:

The origins of the AIDS epidemic, detecting tuberculosis (TB) infection, variations in the structure of the bird flu virus H5N1 all of which could Lead to more effective breakthroughs in drug development. Scientists at NIMR have also: (With the University of Hong Kong) isolated the gene responsible for sensory development in the inner ear, which may lead to significant advances in the development of treatments for the deaf and those with severely impaired hearing; and determined the structure of the enzyme that regulates cellular energy levels which could lead to new drugs for type II diabetes, an illness that affects more than two million people in the UK. Taken together, these important results emerging from the UKCMRI could substantially improve the quality of life and allow those who benefit from the findings to continue to make their important contribution to the economy.

Q5. *Does the selling of the land mean that the Centre will go ahead?*

A5. No. The Consortium will need to obtain planning permission from the appropriate authorities for their proposal.

Q6. *Have the views of Local residents been taken into account?*

A6. We have listened to the case made by them. This has been considered against the public value case of creating a world class centre for medical research is.

Q7. *What happens if MRC sell the land on?*

A7. The profit from any future sale would be passed back to the Department.

Q8. *Was the decision made to sell the land to the MRC from the start of the process?*

A8. No. There has been a competitive sales process to which MRC submitted an expression of interest. Their bid has been considered against the other bids received.

Q9. *What was the highest bid?*

A9. This is a commercial matter for the other bidders: subject to their views, we can release a figure in due course.

Q10. *What is the position on the and swap with the British Library?*

A10. An agreement has been reached with the British Library on the land swap. Heads of term have been agreed.

Supplementary written evidence submitted by Robert Henderson (UKCMRI 05a)

My name is Robert Henderson. I asked to give evidence to the committee at the UKCMRI hearing of 9 February. This request was refused. Hence, this email.

Although most of the important points were covered, there were one or two that were either not touched upon or failed to be debated in sufficient depth. The first is the extreme proximity of the site to the Eurostar Terminal, The British Library and residential housing. To give you an idea of how close, the site is 50 feet from my front window. It is also a surprising small site, a fact which was tacitly acknowledged when the representatives of UKCMRI admitted they would have to be putting work out to other sites, including that obvious component of the London "cluster", Edinburgh University. I really do think the committee should visit the site. Actually seeing how close it will be to prime terrorist targets, residents and passengers is a real eye-opener. I should be delighted to act as your guide.

On the subject of terrorist attacks, while it is true that other laboratories exist in central London with Level 3 licences, there are two prime differences between them and this site: (1) the scale of the project and (2) the

vast amount of publicity given to it, not least by Gordon Brown, David Cameron and Boris Johnson. That, together with its proximity to Eurostar and the British Library, makes it a much more attractive and likely target for terrorists.

It was noticeable that when challenged over terrorist security issues, the UKCMRI representatives descended into waffle. This did not surprise me because I have spent the past few years attempting unsuccessfully to get them to answer such simple questions as are the security staff and cleaners to be employed directly by the consortium or employed through sub-contractors. That is an important question because any lowly paid staff are a prime security risk, especially cleaners who work outside normal hours with little supervision.

The other issue I would draw your attention to is the biohazard level. The UKCMRI representatives were decidedly shifty when the question of the Level 4 licence held by the Mill Hill site. Despite the most diligent use of search engines, I cannot find any official listing for their claimed biohazard 3+ level of security. The suspicion must be that it is Level 4 in disguise. Just to remind you, Level 4 covers this type of toxin:

“Biohazard Level 4: Viruses and bacteria that cause severe to fatal disease in humans, and for which vaccines or other treatments are not available, such as Bolivian and Argentine hemorrhagic fevers, H5N1 (bird flu), Dengue hemorrhagic fever, Marburg virus, Ebola virus, hantaviruses, Lassa fever, Crimean-Congo hemorrhagic fever, and other hemorrhagic diseases. When dealing with biological hazards at this level the use of a Hazmat suit and a self-contained oxygen supply is mandatory. The entrance and exit of a Level Four biolab will contain multiple showers, a vacuum room, an ultraviolet light room, autonomous detection system, and other safety precautions designed to destroy all traces of the biohazard. Multiple airlocks are employed and are electronically secured to prevent both doors opening at the same time. All air and water service going to and coming from a Biosafety Level 4 (P4) lab will undergo similar decontamination procedures to eliminate the possibility of an accidental release.”

Robert Henderson

February 2011

Written evidence submitted by the Medical Research Council's National Trade Union Side (UKCMRI 06)

The National Trade Union Side (NTUS) represents all MRC employees through a joint negotiation and consultative committee. The MRC recognises the following unions: Unite, PCS, UCU, BMA, FDA.

The Individual unions and the Trade Union Side are aware of the intention to close NIMR but are not aware, at this stage, of any arrangements for the closure of NIMR, have not been consulted or involved in any discussions about the closure. We consider this to be a cause of concern.

David Poor

Secretary NTUS

National Institute for Medical Research

12 January 2011

Written evidence submitted by Mireille Burton (UKCMRI 07)

I wish to voice my concerns regarding the proposed building of the Bioresearch Laboratory on the site behind the British Library.

TERMS OF REFERENCE: NO. 4 RISK ASSESSMENT

The most obvious objection to me is the threat of Terrorist and Anti-Vivisection action in an area containing three main line train stations, Euston, St Pancras and Kings Cross and six underground lines; the Camden Council offices; housing; schools; businesses etc.

The possibility of dangerous pathogens escaping by accident or intent which could cause horrendous diseases is a danger too great to risk in such an area. The site is too small to build such an important Research Laboratory. What is the real reason for moving from the existing 37 acre to a 3.6 acre site?

In these days of austerity it appears both unseemly and egoistical to spend such a large sum when we are all asked to “tighten our belts”. The ongoing costs also seem to be disproportionate for the next 10–20 years or so.

With Broadband contact with the consortium can be made in seconds at little cost.

It has been brought to my notice that certain authorities such as MI5, MI6 and the Police have also raised objections. I think these should be looked into.

Scientists from all over the world have said the Mill Hill Laboratory is one of the greatest research facilities in the world. What is the need to move it?

12 January 2011

Written evidence submitted by Professor Sir Richard Trainor, Principal, King's College London (UKCMRI 08)

King's College London is a multi-faculty research-led university institution which, awarding its own degrees, is a member college of the University of London. King's has 23,000 students of whom 8,600 are graduate students and 5,500 employees. It has particular strengths in health-related research and has been in the top four recipients of MRC awards by volume in each of the last five years.

King's would like to make the following observations on items 1 and 2 of the terms of reference of the enquiry.

1. It has long been the ambition of MRC to relocate the National Institute of Medical Research (NIMR) from Mill Hill to a site closer to central London and its translational and clinical research facilities. Following a competition in 2005, MRC Council determined that NIMR should move to a site close to Euston Station, thereby continuing and extending the historical close relationship between NIMR and UCL. This plan has subsequently evolved into a bold and imaginative proposal to co-locate both NIMR and the London Research Institute of Cancer Research UK to a single new build site at St Pancras, to create UKCMRI.
2. King's strongly supports the creation of UKCMRI, which has the potential to create a world class centre for biomedical research in the heart of London. UKCMRI is supported by the government and the three major funders of medical research in the UK.
3. The proposed location at St Pancras is one of the few central London sites which would be capable of accommodating such a building. It is not located on a university or clinical campus, although the historic links with UCL continue with UCL as a founding partner in UKCMRI.
4. In our view, close academic links with all three major biomedical academic institutions in London (UCL, Imperial and King's) would be of great benefit to UKCMRI. Specifically:
 - It would facilitate access by UKCMRI researchers to the translational and clinical research facilities and resources which all three institutions possess in abundance.
 - UKCMRI could provide a fulcrum through which the three London academic institutions can forge London-wide collaborations with UKCMRI and with each other, following decades of unproductive competition. This would allow London to compete effectively with major international centres of biomedical research such as Boston, Singapore and Shanghai.
5. With these objectives in mind, both Imperial and King's are currently in discussion with the UKCMRI directorate with a view to joining the consortium as additional academic partners.
6. In summary, UKCMRI has the potential to create not only an exceptionally strong intramural biomedical research programme but also within London a consortium of medical researchers and facilities and resources which is equal to the best in the world. This is an opportunity for the UK which must not be missed.

Conflict of Interest statement: As will be clear from Paragraph 5 above King's is in discussion with UKCMRI about potential membership.

12 January 2011

Written evidence submitted by Isabel Vasseur (UKCMRI 10)

AN OBJECTION TO THE CREATION OF UKCMRI AT ST PANCRAS IN LONDON

1. I understand from contact with members of NIMR staff that there is absolutely nothing they can achieve from the UKCMRI project. Mill Hill already has a world wide reputation as being at the "forefront of global medical research". By virtue of the scale and setting of the site Mill Hill provides resources which can never be duplicated at St Pancras. It not only provides all the essential practical, physical support for research of this particular sensitive nature, with plenty of room to expand, it also provides an unequalled social environment for the exchange of ideas.

2. As a tax payer I am appalled that such an unnecessary expense on an unnecessary building as the UKCMRI is being incurred when the sums mentioned would surely be better spent on research in existing labs. Equally, the fact that the colossal global sum for the erection of this inadequate behemoth will afford a much needed contribution to the Camden Section 106 fund, is not a reason to ignore the understandable disquiet of local St. Pancras residents at one end of the spectrum and scientists from all over the world at the other.

3. It appears that the closure of the NIMR started from the earliest discussion of its move to another location. Ever since the debate commenced Mill Hill has endured a type of blight typical of institutions whose future is unsure. Major figures have not quite known how to ally their future to that of the NIMR and one may imagine that research could suffer from a continuation of this state of affairs. What ever the decision it should be made as soon as possible, confident that if the UKCMRI is built, all the problems that will be incurred from the likely extreme behaviour of the antivivisectionists to the inevitable over run of the budget, can be dealt with without arresting the progress of medical research in the UK.

12 January 2011

Written evidence submitted by Imperial College London (UKCMRI 12)

KEY POINTS

1. Imperial College London believes that UKCMRI presents an unparalleled opportunity for UK science, and will provide a cornerstone of the UK's effort to retain its position as one of the global leaders in life and biomedical sciences. Bringing together the three leading funders of biomedical sciences in the UK will ensure maximisation of effort, capitalisation of opportunities and efficiency of research spend.

2. Particularly important for UKCMRI is the opportunity, through engagement with the University sector, to harness academic expertise in the physical and engineering sciences and provide breakthrough technologies for tomorrow's societal and global challenges. Currently University College London (UCL) is the single academic partner in UKCMRI, but we believe that, looking to the future, engagement with other academic Institutions is crucial to its success. Bringing the complementary capabilities of additional academic Institutions with those that will transfer from the MRC National Institute of Medical Research (NIMR), the CRUK London Research Institute (LRI) and UCL would create a centre of excellence in the life and biomedical sciences unrivalled elsewhere in Europe and convincingly competitive on the global stage.

3. The inclusion of all three major Universities in London—University College London (a founder member of UKCMRI), Imperial College London and King's College London (the latter two currently negotiating their accession to UKCMRI)—as equal partners in UKCMRI, would create an academic alignment of an unprecedented nature in the UK.

4. UKCMRI will provide the training ground for future leaders in biosciences who will increasingly have a multidisciplinary skill set and who will seed our Universities, biotechs and pharma of the future thereby playing a central role in wealth creation.

5. Alignment with the Academic Health Sciences Centres (AHSCs) and Biomedical Research Centres (BRCs) of partner organisations will allow UKCMRI to fast track basic science discoveries directly into the clinic, thereby benefitting patients in a tailored and timely fashion.

6. UKCMRI will act as a magnet for talent from around the world, not only into the Institute itself but also to those partners with a stake in the organisation and more broadly to the UK. The location of UKCMRI will allow ready access via fast rail links to partner and collaborating centres in Europe.

7. UKCMRI will allow the UK to develop, as well as invest in, novel technologies and scientific equipment and allow access to state-of-the-art facilities to all academic as well as industrial partners in the UK.

8. Imperial College is committed to becoming an equal academic partner in UKCMRI with negotiations ongoing. Partnering with UKCMRI would provide mutually beneficial opportunities across all of our activities, from educating, training and nurturing the next generation of scientists through world-leading research partnerships and to translation of our ideas into solutions for healthcare challenges. In particular, the partnership would benefit from our strong ethos of multi-disciplinary working which is underpinned by our excellence in the cognate disciplines. We would further bring to the partnership our established network of national and international collaborations as well as our recognised ethos of working with industry.

REVIEW THE PROGRESS ON THE UKCMRI SINCE 2008 AND ASSESS THE PLANS FOR THE COMING YEARS

9. Progress on UKCMRI since 2008 is well documented. Given the financial and political uncertainties of the last few years, the project has remained well on-track and this is underscored by the signature of the Joint Venture Agreement by the four founding partners, together with planning consent agreement in late 2010. Sir Paul Nurse, PRS, is an outstanding choice as founding Director and CEO of UKCMRI, taking up his post from Jan 2011 and this adds significantly to the confidence we have that the Centre will be delivered on time and to a high standard.

10. Imperial College recognises the enormous contribution made by the four UKCMRI founding members but considers for the future, that partnering with additional Universities will substantially strengthen the Centre and will be crucial for maximising the benefits that it can bring to the UK. The initial focus should, we believe be on London but we would wish to encourage collaboration with additional research organisations throughout the UK and beyond, although for primarily geographical reasons these are likely to be of a different flavour to those with the London-based Universities.

11. Discussions are currently at an advanced stage to enable accession of both Imperial College London and King's College London to the Centre. As well as educational and training opportunities, Imperial's physical sciences and engineering strengths would underpin the pre-competitive research programme of the centre. Imperial's ability to work effectively and successfully in "big science" multi-partner projects is exemplified by our strong presence at CERN. The academic partner's AHSCs and BRCs will foster and enable the translational output from UKCMRI. Imperial College would also bring its industrial connections to the partnership, although we recognise that handling of IP could become a challenge for UKCMRI as multiple partners join from different sectors and this will need to be well understood and managed.

12. UKCMRI plans to open in 2015 and this presents a tight timeline for construction, fitting out of the building and its occupation. Although the scientific vision for the Centre is now published, plans on how this will accommodate current groups from both NIMR and LRI have not yet been published. In the period leading up to the centre's opening there is an opportunity for collaborative work between the partners to be developed and commence and this is, we believe, to be encouraged. This will be facilitated by an early agreement on the accession of additional academic partners to UKCMRI.

What do the four partners hope to achieve from the project and what new technologies and innovations are being considered?

13. UKCMRI will "use interdisciplinary and innovative approaches to reveal the basic biology underlying the understanding of human health that is necessary to attack the causes of disease and death". It has four key goals, to:

- create a world leading medical research institute with sufficient critical mass to enable cutting-edge, multi disciplinary, basic biomedical scientific research that will be translated into patient benefit;
- offer a unique training ground to deliver future generations of UK basic biomedical and clinical researchers;
- support the nation's biomedical research endeavour by acting as a catalyst to promote better networking, collaboration and fluidity; and
- foster innovation and translation by setting a high priority to ensure that its scientific advances will be speedily exploited.

14. There is an understanding amongst the founding partners with which we most certainly agree that, in order to remain competitive internationally, the UK will need increasingly to work collaboratively as the scale of biomedical science demands and investment in this area by emergent economies increases. The partner organisations expect the collaboration to lead to raised productivity and expertise for all participants and the creation of a powerful tool to attract world-leading researchers in biomedical science to the UK. There is an expectation of a two-way exchange between participating institutions and UKCMRI, for instance between University partner(s) and UKCMRI and other Wellcome Trust, MRC and CRUK Institutes and UKCMRI. This will have important implications for future wealth creation, training of talented researchers for the 21st century, and novel approaches to patient care.

15. Imperial College believes that a critical mass of research and training in basic biomedicine of the breadth and depth outlined in the UKCMRI vision can be delivered most effectively with the involvement of appropriate university partners. The potential opportunities for novel, multidisciplinary research, the development of new technologies as well as educational and training opportunities will be maximised by interconnecting the strong physical and engineering sciences of other Universities, such as Imperial College, with the UKCMRI basic biomedical research base. We envisage a two-way flow of researchers between Imperial College, UKCMRI and its other partners to create and maximise a culture of opportunities, shared expertise and infrastructure.

16. UKCMRI will, we believe, create a culture and infrastructure for innovation and translation. Assuming that the negotiations to enable Imperial College to join UKCMRI are successful, then the outstanding track record that the College enjoys of translating its basic biomedical research into commercial and clinical successes, through Imperial Innovations plc and through its AHSC, may be a model for UKCMRI. For instance Thiakis Ltd., built on many years of research demonstrating that a specific peptide suppresses appetite and reduces food intake, has recently been acquired, in a deal worth up to £99.4 million, by Wyeth Pharmaceuticals 4.5 years after the launch of the company by Imperial College. Imperial Innovations combines the activities of technology transfer, company incubation and investment. Its goal is to bring valuable ideas to market, either by building businesses or licensing to industry. Imperial Innovations was listed on the Alternative Investment Market of the London Stock Exchange in 2006 and has raised £66 million over three years. It has equity holdings in 80 companies spun out of Imperial's research and has recently announced to the stock exchange a fundraising worth £140 million which will enhance support for inventions arising from research not only at Imperial College but also the universities of Cambridge, Oxford and University College London.

17. UKCMRI will build on **technologies and innovations** currently being developed at NIMR, LRI and UCL. New technologies that will be developed and employed are outlined in the UKCMRI science vision and include:

- Model organisms
- Stem Cells
- Imaging
- Chemical Biology
- Systems Biology
- Synthetic Biology

18. Imperial College has strength in all of these areas. In addition, our expertise in a variety of novel tools, technologies and approaches to biomedical science would complement UKCMRI enormously. Exemplars of our potential contributions include:

- **Neurotechnology:** the fusion of neuroscience and one or more of electronics, mathematics, computing and genetics.
- **High-throughput morphological and functional measurements:** in support of basic science applications, including novel hardware, methods, instrumentation and robotics.
- **Bionanotechnology:** the development of nanostructured hybrid scaffolds for tissue regeneration and diagnostic and therapeutic nanoparticles.
- **Developmental bioengineering and mechanobiology:** the fundamental biophysics of organised tissue formation during embryogenesis and organogenesis; how cell/tissue function is modulated by mechanical stimuli.
- **Miniaturization of analytical techniques and microfluidics:** the investigation of systems, which manipulate, process and control small volumes of fluids, driven by a need for rapid, on-line measurements at low concentrations within fields such as DNA sequencing, protein analysis, DNA amplification, drug discovery, synthetic biology, high-throughput screening, medical diagnostics etc.
- **Mathematical modelling, computation and systems approaches:** the identification of underlying principles in noisy, complex systems and generation of novel, testable hypotheses.
- **Bioinformatics:** central to our ability to harness the explosion of genome and other information.
- **Structural Biology:** the study of molecular structures to allow biological understanding and rationale drug design.
- **Synthetic Biology:** Our approach combines Imperial's robust engineering framework for the design and optimisation of new synthetic biology parts, devices and systems.
- **Chemical Biology:** Our approach focuses on quantitative experimental and theoretical topics in physics, chemistry and mathematics that are relevant to the understanding of biological macromolecules and their interactions.
- **Imaging sciences:** Our approach to "seeing" biological processes in context and in real-time ranges from atomic level to whole body levels of resolution and draws on expertise particularly in chemistry, physics and engineering to provide novel solutions and technologies.

Is the financing of the UKCMRI robust and justified, with particular reference to the public support for the project and the knock-on effect on budgets for other research?

19. The facility is undoubtedly costly, but justifiably so if we expect UKCMRI to be a magnet for the world's most talented researchers and to deliver internationally leading research excellence, state-of-the art facilities, a unique training ground and the maximisation of translation of scientific discoveries for patient and commercial benefit. In order for the UK to remain globally competitive in these areas a facility such as will be delivered by UKCMRI is, we believe, essential.

20. We view the development of UKCMRI as complementary to the existing investment in the research base and an opportunity to enhance collaborative and multi-disciplinary working. Our expectation is that funding from MRC and CRUK to UKCMRI will replace that currently invested in NIMR and LRI. The Wellcome Trust anticipates no diversion of resource from other facilities or funding streams in the future.

21. The inclusion of the National Institute of Health Research funding of ~£220 million towards the building project underscores the commitment of government to this project and to the translation of novel basic findings to the clinic. It is essential, however, that the primary goals of UKCMRI remain founded in fundamental understanding of the behaviour of biological systems—which is the only basis on which we will retain a vibrant pipeline for translation into the future.

22. It is not anticipated that the UKCMRI will become a primary recipient of HEFCE QR funding. Secondees from the partner University(s) would be expected to be recipients of QR funding through their “home” Institutions, but it would not be anticipated that this would perturb the distribution of HEFCE QR and Charity QR funding. It is essential that University partners retain the ability to access this funding for their secondees into UKCMRI whilst paying their fair share of UKCMRI’s costs.

DECLARATION OF INTERESTS

Imperial College London is interested in becoming an academic partner in UKCMRI with equal academic status to UCL. If successful, Imperial’s financial commitment to UKCMRI will be equivalent to that of UCL.

Professor Maggie Dallman
Professor of Immunology
Imperial College London

11 January 2011

Written evidence submitted by The Public & Commercial Services Union (UKCMRI 13)

This submission is presented on behalf of the members of The Public & Commercial Services Union working in the British Library adjacent to the proposed site of the medical research laboratory.

1. We are opposed to a plan which is using land initially intended as an integral part of the new British Library complex.

2. Personally, I have been a trade union representative for 30 years. I was involved with the talks concerning the planning and construction of the new British Library building in St Pancras.

3. It was a mammoth project with building ongoing for 15 years.

4. The complete British Library site was originally owned by the Department of the Environment. In the initial plans the land to the north was designated for additional book storage and conservation. Unfortunately insufficient government funding scuppered these plans. However the remains of a linking tunnel between the Piazza and the back of the building still exist as an offshoot from our Basement 2.

5. The present BL building at St Pancras was handed over to the BL board and the leftover land was given to the Department of Culture, Media and Sport. It is some of this leftover land that has been sold off for the medical research lab.

6. The British Library building took so long to complete because there were many technical problems to overcome.

7. For instance attention had to be given to flood prevention techniques following flooding in the basements prior to occupation.

8. In 2007 “The Times” broke the news that DCMS were selling the land to accommodate the largest medical research laboratory in Europe. At the earliest opportunity PCS in the British Library confronted the BL management team. Our management said they had no involvement in the decision to sell the land. The issues of concern to staff were nothing to do with the British Library.

9. Other attempts have been made to raise the issues but all to no avail. It seems the health, safety and welfare of staff is not a major concern to our management.

10. Our building’s close proximity to the lab and its danger of suffering water contamination together with the heightened threat of terrorist/eco warrior attack gives cause for concern about dangers for the staff.

11. If there are evacuations from the St Pancras/BL complex another 500 individuals from the have to be dispersed somewhere.

12. It is inappropriate for a large medical lab to be built in areas of dense population. Not only is it adjacent to 1,000 staff in the British Library it is close to a well populated residential area and a major London transport complex.

12 January 2011

Written evidence submitted by Action for our Planet (UKCMRI 14)

Action for our Planet (AFOP) is a UK based website and organisation which helps contribute to a better planet. Below is our contribution to the Science and Technology Committees inquiry.

DECLARATION OF INTERESTS

We have no financial interests in the project. We only seek to express our concerns over the research facility.

TERM OF REFERENCE 3

Is the financing of the UKCMRI robust and justified, with particular reference to the public support for the project and the knock-on effect on budgets for other research?

1. While the four founding organisations involved in creating the UK Centre for Medical Research & Innovation plan to invest £600 million in the new project, the government plans to invest a large financial sum of £220 million over four years. Investments by the four founding organisations; the Medical Research Council, Cancer Research UK, the Wellcome Trust and the University College London come from non-governmental sources including donations and patrons. In contrast, the coalition government's investments into the project uses public money which could be invested elsewhere.

2. While welfare funding will be cut by a projected £11 billion by 2014–15 and unemployment is to peak at around 8.1% in 2011, this large investment seeks to contradict the rest of the government's spending. While many departments such as education and defence are faced with making billions in spending cuts, the UK cannot afford to invest £220 million into a project that may produce less than desired results. While creating new medical facilities is important, this particular facility aims to conduct tests on animals. Animals have been used in experiments for years and often yield unreliable results. This unreliability of using animals for experimentation is exemplified by the fact that many animals have completely different reactions to drugs in comparison with humans. For example, rats have different gene repair systems to humans which makes them highly susceptible to cancer. In other cases the use of certain drugs like penicillin has killed animals whereas it has the opposite effect on humans. The use of animal experimentation, is just one example of misapplying investments as the research itself has a chance of producing unreliable results.

3. The planned UKCMRI will be located by St Pancras station in amongst public places including shops and housing. There is a chronic shortage of housing in Camden with overcrowding becoming a more serious problem every day. With this overcrowding comes poverty and people become susceptible to bad health and may suffer from a downgraded quality of life. Before the building plot for the new research facility was purchased for an undisclosed sum, Camden City Council had plans to use the plot of land for community facilities. These facilities included community spaces like parks and housing (both private and rented housing). If these plans were adopted originally then Camden's overcrowding problem could have been resolved.

4. This project could also cause a knock-on effect as there would be more focus on this particular research facility and less focus on others. This could lead to a lack of funding for other vital research programmes. With all government investments, money has to be taken from one project, institution or facility and applied to another project. This means the money could have been taken from the education or welfare where the money would have been so vitally needed.

5. While the facility plans to offer 1,250 scientific jobs, 250 supporting role jobs as well as employment for hundreds of construction workers, the government investment of £220 million could easily be applied to more cost effective projects. For example, the £220 million could be invested in dozens of different programmes including creating new businesses, community facilities and expanding existing business sectors including the energy sector thereby, creating thousands of jobs. Alternatively the money could be used to help stop thousands of individuals from becoming unemployed. Whether by providing additional funding to hospitals and schools or by supporting workplaces and encouraging them to keep their staff.

We hope you will consider our concerns over the UKCMRI.

Oli Dillon Squire
Action for our Planet

12 January 2011

Written evidence submitted by GlaxoSmithKline R&D (UKCMRI 15)

1. GlaxoSmithKline (GSK) would like to offer some comments to the House of Commons Science and Technology on its inquiry into the establishment of the UK Centre for Medical research and Innovation (UKCMRI), the proposed biomedical research centre being founded by the Medical Research Council (MRC), Cancer Research UK (CR-UK), University College London (UCL) and the Wellcome Trust.

2. It would not be appropriate for GSK to comment on a number of issues identified in the terms of reference that relate, for example, to the financing of UKCMRI, to proposals for risk assessment arrangements for the safety of the site or to the aspirations of the individual partners in the project. However, we do welcome this opportunity to put on record our support for UKCMRI's vision, and believe that it will become a fundamental driver for the UK biomedical research base, which continues to support the UK's ongoing success in the biopharmaceutical industry sectors. Without a doubt the research and biomedical training environment that will be created through UKCMRI will lead ultimately to improved patient and economic benefit for the UK.

3. GSK, headquartered in London, employs almost 100,000 people and is one of the world's leading pharmaceutical and healthcare companies developing innovative medicines and products that help millions of people around the world. GSK produces medicines that treat major disease areas such as asthma, virus control, infections, mental health, diabetes and digestive conditions. In addition, we are a leader in the important area of vaccines and are developing new treatments for cancer. Almost 40% of GSK's R&D is carried out in the UK with one of our major global research centres based at Stevenage—just 28 miles north of London.

4. GSK's continued investment in the UK is based firmly on our ability to work closely with world-class collaborative partners in biomedical research in the UK's academic research base and our access to high quality scientifically trained staff—including those likely to be trained and employed by UKCMRI.

5. Interdisciplinary and translational research have long been at the core of innovation in the pharmaceutical industry. GSK believes that the vision of the UKCMRI partners in ensuring that its researchers will be able to develop key interdisciplinary links is an exciting approach to the fostering of innovation in the biomedical sciences. Locating high quality research scientists adjacent to clinicians in the world class teaching hospitals to be found in London and the surrounding area will have a major impact on research into understanding disease mechanisms, and in translating these basic discoveries into clinical investigation. This is widely recognised as one of the major bottlenecks in the development of new treatments for unmet medical need.

6. The establishment of UKCMRI will be a major stimulus to the further development of the growing biomedical research cluster in London and the South East. It was recently announced that a new science park is to be developed at Stevenage. The Stevenage Bioscience Catalyst is a joint venture between the Department of Business, Innovation & Skills, GlaxoSmithKline, the Wellcome Trust, the East of England Development Agency and the Technology Strategy Board. Construction on the £38 million development, which will be an independent bioscience facility, has started on this site located next to the GSK R&D campus in Stevenage. GSK expects that tenants at the science park will be able to benefit from the networks and expertise of the sponsor organisations and will be able to establish close working links with other researchers in the region, including as and when appropriate with those at UKCMRI. GSK views the relative proximity of UKCMRI, the Stevenage Bioscience Catalyst and the academic powerhouse of London, Cambridge and Oxford as an important factor for the success of each project. We believe that the proposed location of UKCMRI will be a major contribution to its success. It will enhance the capabilities and output of surrounding institutes and will become a magnet for high calibre researchers.

January 2011

Written evidence submitted by Professor Guy Dodson, FRS, FMS, ForMemINSA (UKCMRI 16)

1. MY BACKGROUND

I have been working in the bio-medical field since the 1960s, first at the Universities of Oxford and York and then NIMR.

In 1993 I went to NIMR to a position joint with the University of York, and established the Protein Structure Division. My experience here opened up to me the critical importance of institutes like the NIMR for effective bio-medical research.

2. MY CONCERNS

In this submission I will concentrate on the NIMR perspective in the arrangements associated with UKCMRI.

2.1 *The dissolution of the NIMR*

The plans for the UKCMRI mean the dissolution of the NIMR. However the Select Committee in its earlier deliberations on the future of the NIMR has always insisted that the research capacities of the NIMR (and the LRI) should be enhanced by the future arrangements at the UKCMRI. I see this as a fundamental commitment of the MRC.

I see some specific difficulties in achieving the enhancement in the research capacity at UKCMRI. These are addressed in the sections below.

2.2 Finance

All the major issues raised by the Committee come down to the availability of funds. It should be noted that in the past the Select Committee has had reason to be critical about the financial management of the various MRC plans for moving NIMR to central London.

In the Terms of Reference the Select Committee asks whether the finance is robust and justified.

I take “robust” to mean that the funds are securely available and that they are fully adequate for the construction of the laboratories to the highest scientific and technical standards. I am concerned that £600 million, the stated available funds for the building, will turn out simply not be sufficient. Secondly, detail is needed about the £100 million per year for supporting the planned research level and for running and maintaining the building.

2.3 The building and the housing of research equipment

2.3.1 Structural Biology laboratories

I fear that the £600 million funding will not be sufficient to meet the uncertainties in building and equipping the laboratories. For example the UKCMRI will contain such equipment as electron microscopy, atomic force microscopy and x-ray and NMR devices. For their effective operation the electromagnetic fields and vibrations generated by the nearby underground must be controlled to very low levels indeed. The engineering to solve these problems cannot afford to fail but the problems and expense here are hard, probably impossible, to predict. Failure to create a superb experimental environment for structural research would undermine the *raison d’être* for moving. There is a need to see bulletproof engineering and financial arrangements in this area.

2.3.2 Category 3+ laboratory

The funds needed to ensure the proper safety and advanced technical levels for the Category 3+ laboratory are very considerable and have unpredictable aspects; it is vital that the costs are identified as far as possible, but most important they need to be robustly funded for contingencies. With influenza and other fearfully problematic infections such as HIV and drug resistant TB now real threats, the Category 3+ laboratory is a critical and strategic element for the bio-medical research of the UKCMRI. Failure to fund the category 3+ laboratory on site would profoundly weaken the UKCMRI’s credibility in translational science and would undermine the scope of the UKCMRI concept. It would lead to the untenable and embarrassing situation where the facilities at UKCMRI were less fit for purpose than those currently available at NIMR.

2.4 Running and maintenance costs of the UKCMRI

According to the information available there will be £100 million per year running costs to cover salaries, consumables, equipment purchase and maintenance. At present the NIMR gets about £40 million a year for its running costs from the MRC. There is an increased salary cost in doing research in central London compared to outer London/Mill Hill; most estimates put the increase in total running costs (including salary) in central London at not less than 25%. Thus the Committee needs to investigate the MRC strategy on NIMR/UKCMRI salary and running costs and establish what its expenditure plans are and how these affect MRC-staff.

Obviously the MRC element of funding the UKCMRI will be critically important to the institute’s success and future development; this information is crucial in assessing UKCMRI viability. One should note that a running budget for the NIMR/MRC component limited to the present amount of funding would lead to fewer staff at the UKCMRI with a consequent reduction in the overall scientific output—not the expressed intention!

2.5 MRC policies for intra-mural research

In the context of the NIMR/UKCMRI issue it is clearly important to know what the MRC’s longer term policies/intentions are for intra-mural (institute) funding. In particular the Committee might explore the MRC’s long term commitment to direct funding at UKCMRI; ie is this commitment limited to 10 years or will it continue indefinitely.

If there is an intention to reduce intra-mural institute research I would be both disappointed and surprised; there is powerful evidence that bio-medical research gets important benefits from institute-based research. My own experience of institutes and universities supports this view.

2.6 The transition from NIMR to UKCMRI

2.6.1 Research staff appointments at NIMR

The career structure at UKCMRI is, I understand, not yet decided. It would be valuable to know what plans are under discussion, and what level of consultation there is, or will be, on this issue.

In the NIMR tenured research staff constitute about 10% of the institute's complement. This seems to me to be a very successful model that balances security and commitment.

2.6.2 The funding mechanisms for research in the UKCMRI

The merging of the institutes will presumably be accompanied by new financial arrangements involving CRUK and the Wellcome Trust (charity funds), MRC funds and some University College funds. It is a worry that the funding complexity will interfere with its smooth integration and the seamless distribution of funds and resources needed for effective fast-footed research. I am not aware of any decisions on this fundamental matter but I imagine there has been discussion and it would be helpful to know whether some general principles have been established.

2.7 *The future of the NIMR site*

There is also the question as to the future of the NIMR site. As a working institute it has immense value, as land however it is apparently worth only £40 million. The site's 40 acres allows all sorts of possibilities—including superb animal house facilities! I wonder if its laboratories can continue be used or leased, rather than sold.

3. CONSULTATION AND TRANSPARENCY

The magnitude of the investment and the acute shortage of research funding means it is inevitable that building and running the UKCMRI will impact on the nation's research funding.

In this situation the biomedical research community's view on the UKCMRI is an unknown and it ought not to be. At the time of the open consultations sponsored by the MRC in 2003 and 2004, the great majority of those who responded were against NIMR moving; many of those expressed concern at the cost consequences for extramural MRC-funded research. I strongly suspect that those concerns have not gone away.

I consider that transparency in the UKCMRI process is essential and that consultation on the investment is appropriate, helpful and important. This is an exercise that the Select Committee might want to explore.

4. CONCLUSION

4.1 *Financial pressures*

This enquiry comes at a critical stage in the development of the UKCMRI. The UKCMRI concept is ambitious and comes at a huge price.

The desperate state of the national finances may well be with us for a considerable time, creating a danger that the bio-medical research goals will not be achieved.

I hope the Committee will be able to satisfy itself that the financial arrangements will allow the UKCMRI to be built and maintained to the highest standards. Otherwise a prodigious amount of research-directed monies will be wasted and two outstanding institutes lost.

4.2 *Transparency and consultation*

I believe the momentum generated in the creation of UKCMRI has been at the expense of rigorous scientific evaluation and consultation. It would be hugely disappointing if this project failed to live up to expectations because of shortcomings in these fundamental processes.

12 January 2011

**Supplementary written evidence submitted by
Professor Guy Dodson and Dr Tim Bliss (UKCMRI 16a)**

I attach some comments on NIMR staff morale. These comments come from me and Tim Bliss, like me a retired NIMR staff scientist.

For me there are two questions. The first is not usefully addressed at your meeting tomorrow, the second is. Clarification on these issues are key to staff morale. Paul Nurse et al. should be able to provide some answers to question 2.

1. *What do the staff know about the arrangements for their future? How will the quinquennial reviews impact on future planning and decisions?*

2. *What are the scientific strategies that will be followed by the UKCMRI and how do they relate to those existing at NIMR and LRI? How will staff from NIMR and LRI be chosen? How will the emphasis on translation be increased?*

I write with a colleague, Dr Tim Bliss FRS, who retired as Head of Neurosciences at NIMR in 2006. We wish to emphasise the importance of robust funding arrangements for UKCMRI in order to maintain staff morale. The committee will be pleased to know that the Divisional quinquennial reviews have recently been completed; they confirm that the research continues to be excellent and there is much in these reviews to be pleased with.

The morale of NIMR staff is of critical importance, and although we are now retired from NIMR, we would like to make some comments based on our experience of the Institute. NIMR on its current site offers a superb scientific and working environment that is hugely valued by its staff. Nevertheless, those NIMR staff involved in the development of UKCMRI have shown a full and admirably professional commitment to its planning and design. They are motivated by assurances that UKCMRI will exceed the joint research capacities of the two institutes it will replace (NIMR and the London Research Institute, run by Cancer Research UK). It is essential that the commitment shown by NIMR staff to UKCMRI is matched by equal commitment from the MRC and its partners to guarantee adequate funding for the new Institute.

In this connection it is essential for staff morale that they can have confidence in the scientific strategies at UKCMRI and we wonder if these are known and have been discussed. Secondly it is critical that funding for the NIMR by MRC is going to be properly preserved until the move to central London. The previous MRC CEO undertook to maintain NIMR funding until the move to central London. We assume that this policy will be continued. The MRC cannot afford planning blight at NIMR and such problems as retention and recruitment.

Tim Bliss and Guy Dodson

15 February 2011

**Further supplementary written evidence submitted by
Professor Guy Dodson (UKCMRI 16b)**

I write having heard the recordings of the two sessions, one with John Savill et al., the other with Paul Nurse et al.

Some of my particular worries were addressed in the inquiry. Thus I was pleased with the questioning on the future of the NIMR staff. The outcome: “the vast majority” will be translocated, is exactly what the NIMR staff needs to hear and the future of the UKCMRI requires.

The explicit undertaking to maintain core support for NIMR until it moves—2018 apparently—was also welcome. What did not emerge however is that the ~£40 million that NIMR gets at Mill Hill gets in running costs does between 20–30% less in central London. This implies either reducing staff, running resources or a reliance on outside funding. The deficiency in core funding that £40 million implies will inevitably impact on the research funds for other research centres—especially the universities. So here is an important financial issue that remains unexplored.

I was disappointed to hear Paul Nurse dismissing the Mill Hill building as not up to standard, indeed in more need of refurbishment than LRI. This view of a dilapidated 1930s building was first put about in the early days by MRC. However the report from the structural and engineering consultants commissioned by the MRC, in 2005, was clear—the building was completely sound and was entirely fit for purpose for the next 30 years. The laboratory and utility spaces can be adapted easily to meet the highest current standards. If the arguments for the central London option are so good they don’t need misinformation about the Mill Hill building. This issue has already been addressed by the Select Committee in its earlier enquiries.

The category 4 issue has raised its head again. It is not at all clear to me whether the tensions here are financial, social or technical. There are certainly technical complexities* here and these were avoided in the rather muddled discussion. Maybe it is best to settle this issue by correspondence.

*The containment categories are regulated by two agencies: HSE and DEFRA. It is intended to merge the two systems and it is expected that the new category level arrangements will always be the higher between the HSE and DEFRA requirements, as is now the current practice. For example H5N1 avian influenza is regulated as category SAPO 4 by DEFRA.

Finally I was surprised by the claims that the Wellcome Trust steered the synchrotron to completion, under budget and early. The Wellcome Trust provided 14% of the funds, the government 86%. The project's management reflected this.

Professor Guy Dodson, FRS, FMS, ForMemINSA

22 February 2011

Written evidence submitted by Camden Green Party (UKCMRI 17)

The following submission is made in particular to numbers 2, 3 and 4 of the inquiry's terms of reference.

REGARDING TERM 2

What do the four partners hope to achieve from the project and what new technologies and innovations are being considered?

Site limitations

1. It might be assumed that, in light of the importance the partners place on the project, they would expect the UKCMRI to grow and expand in coming years, to continue to develop as an institution. In this case the choice of site would appear to be extremely ill-advised, given that the planned structure is already in planning terms a grow overbuilding of the site, and there is no room in the vicinity to expand. It is bounded by the British Library and St Pancras station to the east and south, which might be reasonably considered perpetual site occupiers, and to the west and north by densely packed social housing (in the case of the west Grade II listed buildings), and a park.

2. It has nowhere to go for expansion. If by contrast the institution were to be built on the existing Mill Hill site, there would be extensive expansion opportunities.

Scientific basis unproven

3. The consortium claim that there are benefits in efficiency and effectiveness of scientific research in concentrating researchers from different disciplines on one site, but despite consistent requests over a period of many months from Camden Green Party have failed to provide any research from a peer-reviewed journal or other appropriate source that there is any evidence for this claim. In an age of teleconferencing, or multiple choices, the claim that workers need to be in the same physical space to exchange ideas and work together looks very like a concept from another age, not an innovative (and cost effective) way forward.

REGARDING TERM 3

Is the financing of the UKCMRI robust and justified, with particular reference to the public support for the project and the knock-on effect on budgets for other research?

High spending on a building

4. At a time of severe budget restrictions, with the science community fearing a 25% reduction in funding for research, spending £600 million (£220 million directly from public funds) on a **building** (with a further estimated £100 million annual running costs) is not a sensible allocation of resources.

Use of charitable donations

5. A significant part of the funding for the UKCMRI is through Cancer Research UK, which is heavily reliant on public donations. Camden Cllr Claire-Louise Leyland told the council planning hearing that as a voluntary fundraiser and donor for cancer research she was gravely concerned to see funds to which she has contributed spent on such a grand and expensive structure, rather than on actual research. Public support for the charity is likely to be reduced as awareness of this use of donations spreads.

Private profit from public facilities

6. The UKCMRI has stated that the Centre will accept bids for facilities by outside bodies including pharmaceutical companies. This creates serious questions about the use of public facilities by private, for-profit companies, and given the many recent cases of pharmaceutical companies behaving in dangerous, illegal and inappropriate manners, is likely to significantly impact on public support for the project.

High-risk, high-cost site

7. The choice of site is high risk, given the need for huge, expensive excavations to a depth of five storeys in a densely packed residential/central London location. This will mean significant additional costs in managing the disposal of spill. Given the significant overruns in time and expense that affected the adjoining British Library, it cannot be assumed that this building project can be delivered either on time or on budget.

Harm to local community

8. The community in which the UKCMRI is to be located is a disadvantaged one, with significant existing health and welfare problems, one indicator of which is the fact that it has a male life expectancy 10 years below that of Hampstead, just a mile to the north. Placing the UKCMRI on this site, instead of other potential uses such as community facilities that could address some of the area's deprivation, will have a negative effect on the health of the community, as will the loss of light, air and pollution that it will cause. The costs of this will be human but also financial—extra costs for the NHS and social services.

REGARDING TERM 4

What are the risk assessment arrangements to ensure the safety of the site?

Flu is dangerous

9. The UKCMRI consortium has frequently stated that they'll "only be working with flu" on the site—that would be the virus that in 1918 caused a global pandemic that killed between 50 and 100 million people, and that twice in recent years, as bird flu and swine flu, has caused expensive global panics. To choose to place this high-visibility facility handling other dangerous infectious agents almost literally within spitting distance of one of Europe's largest transport hubs, which carried people around the UK and across the continent (direct trains to Berlin expected to start soon, in addition to Paris/Brussels links), belies common sense. Yes, there are other labs in the area working on the same diseases, but they are far smaller, long-established (often the result of centuries-old historical development rather than any kind of planning) and not in such immediate proximity to such a significant link.

Will it be safe in 50 or 100 years?

10. It may be the safety precautions instituted now will be effective for the first period of the building's use. But what about in a decade, in 20 years, in 50 years, even 100 years? Pipes rust, joints get loose, records are misplaced or lost, humans are fallible. As Britain expensively saw with the Pirbright foot and mouth outbreak, systems go wrong—particularly where as in this case a number of institutions are linked together over a long period of time.

CONCLUSION

11. The UKCMRI consortium has failed to show significant benefits for this particular site for its planned facility. But there are obvious and significant risks which mean the committee should oppose its placement on this site.

12. The committee should also be seriously questioning the use of public (and publicly donated) money meant for medical research on a mere building, particularly at a time of desperate austerity. The UKCMRI is a 20th-century idea that does not fit the realities of 2011.

Cllr Maya de Souza

Natalie Bennett

On behalf of Camden Green Party

12 January 2011

Written evidence submitted by Councillor Roger Robinson, St Pancras and Somers Town Ward (UKCMRI 18)

As one of the ward councillors for St Pancras and Somers Town Ward in the borough of Camden I wish to render my views as to why I and many local residents opposed the UKCMRI development of a medical research centre on the land behind the British Library.

1. The original planning brief for that land was not for a 10 storey building however one appreciates the need for medical research—the land was designated for social housing predominantly.
2. We have no land left in Camden to build new housing to meet the needs of the 17,000 plus on the housing waiting list—there is to be social housing on the adjoining Kings Cross Development but not enough to meet the needs of those most vulnerable in our community; elderly, disabled and large families.
3. The national government are imposing massive cuts on the local authorities which means the closure of Age Concern centres such as Hill-Wood in my ward; of possible closure of play groups like Plot 10 also in my ward; and closure of Families in Focus etc plus libraries, youth centres, voluntary organisations etc and yet are partly funding the UKCMRI centre to the sum of £220 million while Camden Council are having to meet massive cuts in all its services.

4. We need that land for housing and leisure facilities like sitting out areas—Somers Town is heavily built up and deprived—to have huge buildings now taking away light from surrounding flats like the Ossulston estate is simply not acceptable.
5. The land itself is small and yet the existing medical research centre in Mill Hill is massive—why transfer to Euston?
6. There is fear of security risks from those groups that might demonstrate etc on the site due to their opposition to animal experiments.
7. The traffic flow will increase into adjacent streets like Purchase Street; Ossulston Street, Midland Road etc.
8. There is probable loss of light to the estates nearby like Coopers Lane estate; Ossulston estate (Levita House and others).
9. I have an interest as a ward councillor representing the area of St Pancras and Somers Town.

I therefore oppose this development. Camden Council's Development Control Committee approved it despite local opposition and they were told that if the council did not approve it then there was no doubt that the Mayor of London would.

I am concerned deeply—I have made the points regarding the massive sum allocated by this Government to it whilst massively cutting back on funding for local facilities and organisations. It is simply not what one expects from local or national government.

I hope the Science and Technology Committee will accept my views.

13 January 2011

Written evidence submitted by John Mason (UKCMRI 20)

OPERATION, ROLE AND PURPOSE OF THE UKCMRI "SUPER-LAB"

I should declare an interest as a local resident and an opponent of the Brill Place development. However, during the campaign against building the new centre in Somers Town, wider issues came to light. In an ideal world, it would have been better had these been discussed within the wider scientific community and with local residents before the MRC and its partners helped themselves to a site already earmarked for another purpose.

1. Operational difficulties and risks associated with the Brill Place site

This is a building that will need to be fortified from within and without. The only breakdown of uses in Camden Planning Department's report to its committee (Agenda 16 December 2010, p20) is between laboratory space (35,168 m²), plant & circulation (48,303 m²) and non-residential space (462 m²). The operational plant, taking up 57.5% of the total floor space against 41.9% laboratory space (with a mere 5.6% for other uses), makes this more industrial than anything else. Even the research to be carried out will be on an industrial scale. This suggests that industrial hazard with a range of risks including air quality, flooding, noise and vibration is more of a potential problem than biohazards or security. The extent to which this should have been discussed with regulatory bodies remains unclear.

2. Mix of activities within the new building and its public role

The move from Mill Hill to a more restricted site with a high plot ratio (4.5:1 as opposed to the 6:1 typical of high density London offices) suggests that room for other activities will be severely restricted. It is claimed that the project will be a world class research centre located close to a major national and international transport hub. But since less than 6% of its space can be devoted to public uses, there are doubts whether it can match this aspiration. The model it should aspire to is the adjacent British Library, which fulfils the dual roles of a specialist institution with a strong public role. The space available for public use in the Brill Place development precludes this.

3. Possible conflicts of interest arising from the MRC's relationship with its new sponsors/partners

What are the implications of the effective merger of three bodies (MRC, UCL and Cancer Research UK, financed to a large extent by the Wellcome Foundation) for the role of the MRC as a public body? Within this network of relationships, what are the ethical risks? No-one disagrees with the consortium's objective of speeding up the process of getting research "from bench to bedside". However, the use of this phrase implies shortcuts at the expense of the longer-term goals of medical science and research practice. How closely are we prepared to allow the National Institute for Medical Research to become aligned to the pharmaceutical industry? And where and how will the demarcation lines be drawn?

One further mystery is the comparison with other international centres. The MRC and its partners give no indication of any plan or standard by which they will be judged at an international level. In the only brochure made available to the public, they cite the French research organization INSERM and the European Molecular Biology Laboratory at Heidelberg. Sir Paul Nurse has also mentioned the Howard Hughes Medical Research

Center near Washington DC. But there is no mention of similar centres in Beijing and Singapore. American research enjoys immense philanthropic support and those in South East Asia receive equally generous state funding. Since neither of these sources of funding applies to the same extent in the UK, are we being short-changed?

John Mason

17 January 2011

Written evidence submitted by T Morgan (UKCMRI 21)

I am a long time resident of the London Borough of Camden whose main concern about the proposed lab is the use of animal models in scientific/medical experiments (terms of reference 2—What do the four partners hope to achieve from the project and what new technologies and innovations are being considered?)

I will draw your attention to the UKCRMI's *Scientific Vision and Research Strategy* which can be found on the UKCMRI website, dated June 2010. What is missing from this document is any mention of the steps the UKCRMI will be taking to reduce and eventually cease using animal models. It doesn't mention ethics, it doesn't mention public option or support (or lack of) for the use of animal models.

The Home Office Animals Scientific Procedures Inspectorate in its 2009 annual report, reported that:

- There had been only a 1% drop in scientific procedures started.
- The breeding of GM animals for procedures is on the increase.
- The total number of procedures in 2009 was a third higher than it was in 2000.

I'm not against medical research and innovation, but do feel that ethics and growing public option against the use of animals in experiments should be taken more seriously by government, scientists and companies.

T Morgan

Declaration of Interests: Independent, member of the public.

18 January 2011

Written evidence submitted by Rt. Hon. Frank Dobson MP (UKCMRI 23)

BACKGROUND

1. Ever since the decision was taken in 1976 to site the British Library on surplus railway land fronting onto Euston Road, I have hoped and argued for the surplus land at the back to be devoted to housing and other local uses. Part of that land was subsequently earmarked for housing with the remainder for commercial development.

2. The first I heard of the proposed Research Centre was when I was contacted by Lord Sainsbury, then the Science Minister, who told me that it was intended to re-locate the National Institute for Medical Research from Mill Hill to my constituency. Initially I questioned whether simply effecting such a transfer was the best use of the limited funds in the science budget. Following discussions about the need to rebuild, whether at Mill Hill or elsewhere, and about the advantages of co-locating the laboratory with other major centres of bio-scientific research in the southern tip of my constituency, I eventually accepted that on balance it might be a sound idea. I was told that it was intended that, to accommodate the new laboratory, the Medical Research Council should buy the site in Hampstead Road occupied by the former Temperance Hospital. I pointed out that this seemed to me unlikely to be big enough. Nevertheless the purchase went ahead. It was followed by a feasibility study which proved that the site was indeed too small.

3. I was subsequently telephoned by Professor Sir Colin Blakemore, then Chief Executive of the MRC, who rang for my reaction to the idea that the new laboratory should be located instead on the surplus land at the back of the British Library. I pointed out that half of that site was designated for housing for local people and that if it were to be taken up instead by the laboratory, then the National Temperance Hospital site should be used for housing. I added that a research centre would certainly be more useful to society than the likely alternative use of the non-housing part of the site which would probably have been used for offices for bankers and management consultants. I said that I would support the scheme subject to the proviso about the release of the National Temperance Hospital site for housing and the direct provision of measures to improve the health of local people. I subsequently confirmed that this was my view with Professor Sir Keith Peters at the MRC, with Professor Sir Leszek Borysiewicz when he became Chief Executive and with representatives of University College London and the Wellcome Trust who were involved in developing the proposal for a collaborative project which also includes Cancer Research UK.

4. The promoters of the project later argued that, as their proposed use of the site was socially useful, they were not obliged to offer the alternative site for housing. They eventually secured planning permission from Camden Council and the Mayor of London without including an offer of alternative housing as part of the Section 106 planning agreement they reached with Camden. That does not mean that Camden, as the planning authority, cannot require the use of some of the National Temperance Hospital site for housing as a condition of any planning permission for the re-development of the site. I am arguing very strongly that they should, and I hope they will.

THE PRESENT POSITION

5. Somers Town, where the UKCMRI is to be situated, lies between Euston and St. Pancras stations. It is very densely populated and the population is one of the most disadvantaged neighbourhoods in London with a high incidence of illness, low life expectancy, high levels of unemployment and related economic and social deprivation. I therefore believe that it is imperative that the UKCMRI contributes directly to relieving some of the problems of its residential neighbours—partly in compensation for the noise and other nuisance during the construction period and partly for the loss of housing. Most of all, it would be a startling criticism of our society for many impoverished people to be living cheek by jowl with a world class, state of the art research centre which could help them in so many ways and yet did not do so. In particular the nearby centre could provide a whole range of local jobs when fully operational as well as during the construction period, a top flight clinic and other measures to improve health and life expectancy and contribute to the development of local schools as centres for teaching the biosciences and stimulating interest in science generally.

6. I therefore very much welcome the co-operative approach by those promoting the project and the inclusion of a wide range of practical measures to help the locality, set out in the Section 106 agreement to which the planning consent is subject. I hope that the Select Committee will feel able to endorse these measures and urge those involved to pursue them enthusiastically and consistently over many years.

7. The main proposals designed to benefit local people are:

- (a) The Living Centre—to be located on the west side of the building and dedicated exclusively to improving the health and life chances of local residents, funded by UKCMRI, working to a set of priorities laid down by a community group representing local people, Camden Council, NHS Camden and the Research Centre and drawing upon the vast expertise available in the Research Centre.
- (b) Jobs—a clear commitment to the local recruitment of as many as possible of the 300 non-research posts at UKCMRI with the annual funding of five relevant apprenticeships together with a contribution during the construction period towards 40 apprenticeships recruited via the King's Cross Construction Skills Centre. UKCMRI would help develop a local procurement code to help local businesses get contracts to supply goods and services.
- (c) Education and Local Schools—the UKCMRI will have its own teaching and exhibition spaces, including a teaching laboratory with priority given to local schools, and a staff member with the task of promoting the participation of local children together with a scheme for UKCMRI staff to volunteer and mentor. I believe it is particularly important that the presence of the Research Centre enables South Camden Community School, which is presently being rebuilt, to become a major centre for teaching bio-medical sciences.
- (d) Housing—poor, overcrowded or insecure housing is second only to smoking as a cause of health inequalities. So, particularly in view of the loss of housing land, I welcome the commitment of £3.8 million to fund a district energy centre and over a further £1.5 million on improving insulation in local flats.
- (e) General Impact—it is intended to invest around £1m in improvements to the public realm and measures to improve general security in the neighbourhood.

BIO-SECURITY AND TERRORISM

8. However that brings me to what I believe to be the major outstanding concern of local people which is possible bio-insecurity from accidental discharges and the possibility of terrorism. I have been pursuing these matters with Ministers in both the present and previous governments. Most recently David Willetts, the Minister for Universities and Science, wrote to me to draw attention to the Select Committee's current inquiry into UKCMRI and emphasised that your terms of reference included inquiring into the risk assessments of the safety of the site. Two of the terrorist bomb outrages on 7 July 2005 occurred nearby, as did earlier ones perpetrated by the IRA. So local people are acutely aware of the general threat of terrorism. Their particular concern is that a terrorist explosion might lead to dangerous discharges from the laboratory, thus posing a greater threat to them and their families than an explosion aimed at some other prominent but "non infectious" target. I hope therefore that you will be able to use your authority to require those responsible, both locally and nationally, for bio-security of the Research Centre to put on the public record their technical assessment of the arrangements for bio-security in the event of any foreseeable terrorist outrage and that they are satisfied with those arrangements.

9. Subject to provisions of the Section 106 Agreement and the requirements on bio-security in paragraphs 7 & 8 above being met, I believe that the laboratory can make a positive contribution to the health, wellbeing, employment and education of local people as well as benefitting the whole of humankind with the product of its research. It would add to what is probably the biggest concentration of biomedical research in the world already being carried out and promoted at University College, Birkbeck College, Cancer Research UK, the Institute of Neurology, the School of Hygiene and Tropical Medicine, the School of Pharmacy, the Institute of Child Health, the Royal Veterinary College, the Wellcome Trust and associated hospitals and clinics in the area.

Rt. Hon. Frank Dobson MP

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