

Submissions on behalf of the Independent Clinical Review ("ICR") for Eljamel Inquiry, Procedural Hearing on 14 May 2026

Professor Wigmore, as Chair of the ICR, is grateful to the Inquiry's Chair for this further opportunity to address the Inquiry and makes the following points:

Since the last hearing, substantial progress has been made. The ICR is now established, and has been pleased to receive registration of many former patients of Mr Eljamel. This submission sets out in more detail some of that progress, and of the anticipated procedure in the near future. It also repeats some of what has been said in previous submissions, to remind participants what the role of the ICR is.

By definition, the ICR is an independent process. Both the ICR and the Inquiry work independently of one another, though are committed to cooperating with one another as is set out in the Memorandum of Understanding agreed between them. The purpose of the ICR is set out in its Terms of Reference. The purpose of the ICR is to offer and coordinate expert clinical reviews of the cases of the former patients of Mr Eljamel who (or whose relatives or representatives) wish these reviews to be undertaken. The reviews are completed by independent expert neurosurgeons. Where consent is provided, the ICR will share those clinical reviews with the inquiry.

Registrations with the ICR

By way of an update, as at noon on 8 May 2026:

- 525 former patients (or family members of patients) have now registered with the ICR; and
- 489 consent forms have been received back from registrants, of the 525 consent form packs sent out to them.

The ICR has formally closed registrations however a number of referral cases from the Public Inquiry who had not previously registered have been invited to register with the ICR so that they may submit an applicant statement. The total number of former patients or their legal representatives involved in the ICR is approximately 560.

The ICR is grateful to all former patients (and family members) who have participated so far.

Support for patients

The ICR has previously reported on its procurement of various levels of support for former patients or their authorised representatives.

- (a) Legal support: The Scottish Government will fund legal support for those participating in the ICR to include assisting them with completion of the Applicant Statements. This funding is available to individuals who are currently legally represented and those patients who are not currently legally represented but who may seek legal representation.
- (b) PASS service: The Patient Advice and Support Service (PASS) is available for those participating in the ICR. PASS is a service which already exists, provided by Citizens Advice Scotland to the NHS in Scotland. PASS can assist patients who do not have legal representation with completion of their applicant statement. The ICR has engaged with stakeholders to ensure that the PASS service is both available and effective.
- (c) Psychological support: The ICR has procured confidential and independent psychological support for former patients via the Association of Clinical Psychologists UK.

These support systems appear to be working well and the ICR is making progress on behalf of former patients. Applicant statements have been requested from 77 former patients or their representatives. The ICR has asked former patients or their legal representatives to complete the applicant statement within four weeks. This is to ensure the ICR proceeds efficiently, and to manage the workload of the expert neurosurgeons who are completing the reviews. The ICR understands that some former patients may require longer, and remains committed to deal with former patients in a trauma informed and patient centred way. The ICR would however urge legal representatives of former patients to ensure that deadlines for submission are

met to enable the review process of the very large number of former patients to proceed smoothly.

The ICR has set up a panel of 29 neurosurgical experts, who have sufficient expertise and who have no conflict of interest with Eljamel, NHS Tayside or Scottish Government, to undertake reviews of the former patients. To date 14 instructions have been sent out for cases where applicant statements have been received in finalized form or are not required (for example for referral cases who have not registered with the ICR). Once these reports have been completed, they will be sent to former patients or their legal representatives. If former patients have consented, they will be shared with the Public Inquiry.

The Inquiry has set out the target timescales agreed between the Inquiry and the ICR for the various steps involved in the production of case reviews. This is set out in paragraph 92 of the Note by Counsel to the Inquiry. To achieve these targets, the ICR is dependant on the cooperation of the Inquiry, former patients and the legal representatives of former patients. Only by all parties ensuring that they deliver their tasks timeously will these targets be adhered to.

Conclusion

The ICR is prepared for the next phase of work, having made significant progress since the last hearing. It has begun the process of instructing expert neurosurgical reviews of former patients to understand more about what took place when Mr Eljamel was responsible for their care and treatment.

The ICR also understands the important role which it plays in assisting the public inquiry to fulfil its Terms of Reference. The ICR will continue to assist the inquiry in any way it can and does look forward to working alongside the Inquiry in the future.

Morton Fraser MacRoberts LLP
12 May 2026