

Dr Ian Menown
3fivetwo Healthcare
Kingsbridge Healthcare Group Administration Centre
Danesfort Building
221 Stranmillis Road
Belfast
BT9 5UB

24 March 2025

By Email: [Personal Information redacted by the USI]

Dear Dr Menown,

Re: The Statutory Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust
Provision of a Section 21 Notice requiring the production of a Witness Statement & Documents

I am writing to you in my capacity as Solicitor to the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust (the Urology Services Inquiry) which has been set up under the Inquiries Act 2005 ('the Act').

I enclose a copy of the Urology Services Inquiry's Terms of Reference for your information.

The Inquiry is currently continuing its investigations into the matters set out in its Terms of Reference. A key part of that process is gathering all of the relevant documentation from relevant departments, organisations and individuals.

In keeping with this approach, the Inquiry is now issuing a Statutory Notice (known as a 'Section 21 Notice') pursuant to its powers to compel the production of relevant documentation.

This Notice is issued to you, as care provider to a named patient, relevant to the Inquiry. It is hoped that this Section 21 Notice will alleviate any concerns that you may have in relation to data protection or confidentiality.

As the text of the Section 21 Notice explains, you are required by law to comply with it.

Please bear in mind the fact that the witness statement required by the enclosed Notice is likely (in common with many other statements we will request) to be published by the Inquiry in due course. It should therefore ideally be written in a manner which is as accessible as possible in terms of public understanding.

If it would assist you, I am happy to meet with you, your officials and or legal representative(s) to discuss what documents you have and whether they are covered by the Section 21 Notice.

You will also find attached to the Section 21 Notice a Guidance Note explaining the nature of a Section 21 Notice and the procedures that the Inquiry has adopted in relation to such a notice. In addition, as referred to above, you will also find enclosed a copy of the Inquiry's Terms of Reference to assist you in understanding the scope of the Inquiry's work and therefore the ambit of the Section 21 Notice.

Given the tight time-frame within which the Inquiry must operate, the Chair of the Inquiry would be grateful if you would comply with the requirements of the Section 21 Notice as soon as possible and, in any event, by the date set out for compliance in the Notice itself.

If there is any difficulty in complying with this time limit you must make an application to the Chair for an extension of time before the expiry of the time limit, and that application must provide full reasons in explanation of any difficulty. The Inquiry will be pleased to receive your documents in tranches; you do not have to wait until you are in a position to fully comply with the Notice before you begin to send documents. Indeed, it will greatly assist the progress of the Inquiry's work if you immediately begin the process of forwarding documents to the Inquiry.

If you do not hold documentation in respect of some of the categories of documents specified in the Section 21 Notice, please state this in your response. If it is possible to indicate by whom such information might be held, if it is not held by you, the Inquiry would find that of assistance.

Please do not hesitate to contact me to discuss any matter arising.

Yours faithfully

Personal Information redacted by the USI
[Redacted Signature]

Anne Donnelly
Solicitor to the Urology Services Inquiry

Tel:

Mobile:

Personal Information redacted by the USI
[Redacted Contact Information]

THE INDEPENDENT PUBLIC INQUIRY INTO
UROLOGY SERVICES IN THE
SOUTHERN HEALTH AND SOCIAL CARE TRUST

Chair's Notice

[No 2 of 2025]

pursuant to Section 21(2) of the Inquiries Act 2005

WARNING

If, without reasonable excuse, you fail to comply with the requirements of this Notice you will be committing an offence under section 35 of the Inquiries Act 2005 and may be liable on conviction to a term of imprisonment and/or a fine.

Further, if you fail to comply with the requirements of this Notice, the Chair may certify the matter to the High Court of Justice in Northern Ireland under section 36 of the Inquiries Act 2005, where you may be held in contempt of court and may be imprisoned, fined or have your assets seized.

**TO: Dr Ian Menown
3fivetwo Healthcare
Kingsbridge Healthcare Group Administration Centre
Danesfort Building
221 Stranmillis Road
Belfast
BT9 5UB**

IMPORTANT INFORMATION FOR THE RECIPIENT

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.
2. The Notice requires you to do the acts set out in the body of the Notice.
3. You should read this Notice carefully and consult a solicitor as soon as possible about it.
4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.
5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

DOCUMENTS TO BE PRODUCED

TAKE NOTICE that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(b) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry the documents set out in the Schedule to this Notice by **12.00 noon on 14th April 2025**

APPLICATION TO VARY OR REVOKE THE NOTICE

AND FURTHER TAKE NOTICE that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **12.00 noon on 7th April 2025**

Upon receipt of such a claim the Chair will then determine whether the Notice should be revoked or varied, including having regard to her obligations under section 21(5) of the Act, and you will be notified of her determination.

Dated this day 24th March 2025

Signed:

Personal Information redacted by the USI

Christine Smith QC
Chair of Urology Services Inquiry

**SCHEDULE
[No 2 of 2025]**Background

At the outset of the public Inquiry into Urology Services in the Southern Trust, the Inquiry undertook outreach work asking that those who felt they fell within the Inquiry's Terms of Reference make contact with the Inquiry to tell their story. One of the people who made contact, **Patient 82's Daughter**, did so on behalf of her father, **Patient 82**, who died in **Personal Information redacted by the USI**. To preserve anonymity, the Inquiry gave **Patient 82** the cipher 'Patient 82'.

We are writing to you to provide you with the opportunity to consider the evidence provided to the Inquiry on behalf of Patient 82 by his daughter and to respond as you see fit. We have identified below an extract from the transcript that you may wish to address specifically.

Please be advised that all information provided to the Inquiry will be considered within the context of the Inquiry's Terms of Reference and may be included in the final Report of the Inquiry Panel. This is your opportunity for you to address the extract relevant to you so that the Inquiry may consider your reply within the totality of the evidence.

Please also be advised that the work of the Inquiry is ongoing and this correspondence, and the matters raised in it, should not be taken as meaning this information will necessarily be included in the final Report, save as to do so is in furtherance of the Inquiry Terms of Reference.

Questions to be addressed by you

1. By way of background, Mr. O'Brien had commenced Patient 82 on Bicalutamide 50mg once daily, and tamoxifen 10mg daily in February 2011. **Patient 82's Daughter** on behalf of her father, raised her concern that none of the doctors ever queried the dosage of bicalutamide that her father had been prescribed.

The following extract is taken from Patient 82's Daughter's evidence to the Inquiry and can be located at **TRA-01869** to **TRA-01871** of the Inquiry's Transcript bundle. She stated:

TRA- 01869 "I would have expected Dr. Thwani and Mr. Tyson and Mr. O'Brien to have known that. Yet, Mr. Thwani and Mr. Tyson seen Daddy's medication and never queried why he was on a low dose of Bicalutamide... It looks like to me that there were two other doctors with knowledge of urology that should have questioned the use of Bicalutamide and tamoxifen in Daddy, and didn't."

TRA-01870 "He would have had breast tissue, I would have felt. Fatigue. You know, there again he seen a cardiologist, Mr. Menown, and complained of fatigue, and there was no mention of it being down to Bicalutamide or tamoxifen, it wasn't questioned. From, I mean, a cardiologist -- right, if hormone treatment is detrimental to somebody with Daddy's acknowledged cardiac condition, was the cardiologist not concerned that Daddy was being prescribed a drug from another practitioner and yet didn't consult with that practitioner to say, well, look, you know, his heart condition is causing me concern, does he really need to be on this or can we do something different?"

There didn't seem to be any of that correspondence between either of those two people . "

Having considered this extract, you may wish to address:

- (i) Whether you ever had cause to review Patient 82's prescribed medication at any stage and/or had any concerns regarding the dose of Bicalutamide prescribed to him? Please explain your answer in full.

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

1 Patient 82's Daughter ?

2 A. No, it's my own words.

3 CHAIR: Sorry, your own notes.

4 A. It refers to standard clinical practice for Daddy's

5 management, so I presume that's something that's 10:42

6 written down that doctors are meant to follow. I would

7 have expected Dr. Thwani and Mr. Tyson and Mr. O'Brien

8 to have known that. Yet, Mr. Thwani and Mr. Tyson seen

9 Daddy's medication and never queried why he was on a

10 low dose of Bicalutamide. 10:42

11 CHAIR: There's some water there, if you need it,

12 Patient 82's Daughter .

13 A. Sorry.

14 CHAIR: You're okay, don't worry.

15 A. It looks like to me that there were two other doctors 10:43

16 with knowledge of urology that should have questioned

17 the use of Bicalutamide and tamoxifen in Daddy,

18 and didn't.

19

20 Daddy took a dizzy spell one day in the main street in 10:43

21 Personal Information redacted by and he was referred to a geriatrician.

22 I understood that to be an expert in the care of the

23 elderly and medicine suitable to that age group. He

24 never questioned it. In fact, he actually reduced

25 furosemide and clopidogrel at that review, and never 10:44

26 questioned.

27

28 Daddy would have complained about hot flushes, and

29 I could say on three occasions I have spoken to the GP

1 practices and been told, well, that's his cancer
2 medication, you know, so we're not going to touch that.
3 But nobody thought to ring or write to Mr. O'Brien and
4 say is this still essential, is it appropriate to
5 continue with this, he's having hot flushes?

11:31

6 CHAIR: Can I just ask, the hot flushes would be a side
7 effect of the medication?

8 A. Dizziness.

9 CHAIR: Were you aware of any other side effects that
10 he had in the ten years that he was on the drugs?

11:31

11 A. He would have had breast tissue, I would have felt.
12 Fatigue. You know, there again he seen a cardiologist,
13 Mr. Menown, and complained of fatigue, and there was no
14 mention of it being down to Bicalutamide or tamoxifen,
15 it wasn't questioned. From, I mean, a cardiologist --
16 right, if hormone treatment is detrimental to somebody
17 with Daddy's acknowledged cardiac condition, was the
18 cardiologist not concerned that Daddy was being
19 prescribed a drug from another practitioner and
20 yet didn't consult with that practitioner to say, well,
21 look, you know, his heart condition is causing me
22 concern, does he really need to be on this or can we do
23 something different?

11:31

24
25 There didn't seem to be any of that correspondence
26 between either of those two people.

11:31

27 CHAIR: So, not only are you saying that the
28 communication from the Trust to you as a family was
29 less than satisfactory, but you're saying that the

1 interdisciplinary communication between the doctors was
2 not satisfactory?

3 A. Well, it would seem that. You know, Mr. O'Brien did
4 write to the cardiologist to ask about stopping the
5 like of Plavix post-surgery, and they had to delay that 11:31
6 for a time because Daddy was waiting to get stents in,
7 so obviously his heart condition was taking priority
8 over his cancer condition at that time.

9
10 The one thing that sticks in my mind that Mr. O'Brien 11:31
11 did say to me was "Your Daddy's prostate cancer will
12 never kill him, his heart condition will". So, you
13 know, I took reassurance from that, to be honest.
14 I mean, the PSA treatment, the Bicalutamide and
15 tamoxifen, dropped the PSA. Well, it was the only 11:31
16 thing that I can give a reason for dropping it.

17
18 I mean, Mr. O'Brien, in fairness, did ring after hours,
19 after his working hours, and tell me if we had have
20 gone to clinic and the PSA result wasn't available, 11:31
21 he would have said "I'll get that and I'll ring it
22 through to you". I would have got calls -- I did at
23 least get a call at seven o'clock at night to say,
24 look, the PSA is down. It was music to my ears, you
25 know. 11:31

26
27 Again, on reflection, am I thinking now the
28 Bicalutamide was taking care of the PSA, it was
29 dropping within the normal limits, so the cancer was

UROLOGY SERVICES INQUIRY**USI Ref:** Notice 2 of 2025**Date of Notice:** 24th March 2025

Witness Statement of: Dr Ian Menown

I, Dr Ian Menown, Consultant Cardiologist, Southern Trust, will say as follows:-

1.01 Patient 82 attended me for elective cardiac catheterisation for angina symptoms on 05/02/2010 and then returned for planned stenting in a staged fashion to the right coronary artery on 17/05/2010, to the left anterior descending artery on 08/09/2010, and to the left circumflex artery on 04/04/2011. Good stent results were obtained on each occasion.

1.02 I saw Patient 82 once more for outpatient review on 13/4/2012 when it was documented that he was “feeling well with no further chest discomfort. He is troubled by bladder complaints. He is easily fatigued.” I noted that his heart rate was relatively low (57bpm) and that his blood pressure was relatively low (116/52mmHg), both of which could contribute to fatigue. Thus, I asked his GP to reduce the dose of his beta-blocker (Bisoprolol) from 5mg to 2.5mg od. As his angina had resolved, I discharged him back to the care of his GP.

1.03 Regarding TRA-01870: Bicalutamide or tamoxifen were prescribed by urology for prostate cancer and he was already under ongoing urology review for these. Assessing the indication and tolerability these drugs, including side effects and any contribution or otherwise to fatigue is outside of the expertise of a cardiologist.

1.04 Patient 82 subsequently saw two other cardiology consultants (NH, Belfast trust and CH, South Eastern trust) following a peri-procedural “vasovagal” episode in September 2012. Cardiac echo showed his heart strength remained normal (EF 61%), repeat angiogram showed his stents remained patent, and of note, neither commented on his urology treatment.



Urology Services Inquiry

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed:

Personal Information redacted by the USI
[Redacted Signature]

Date: 31/3/25