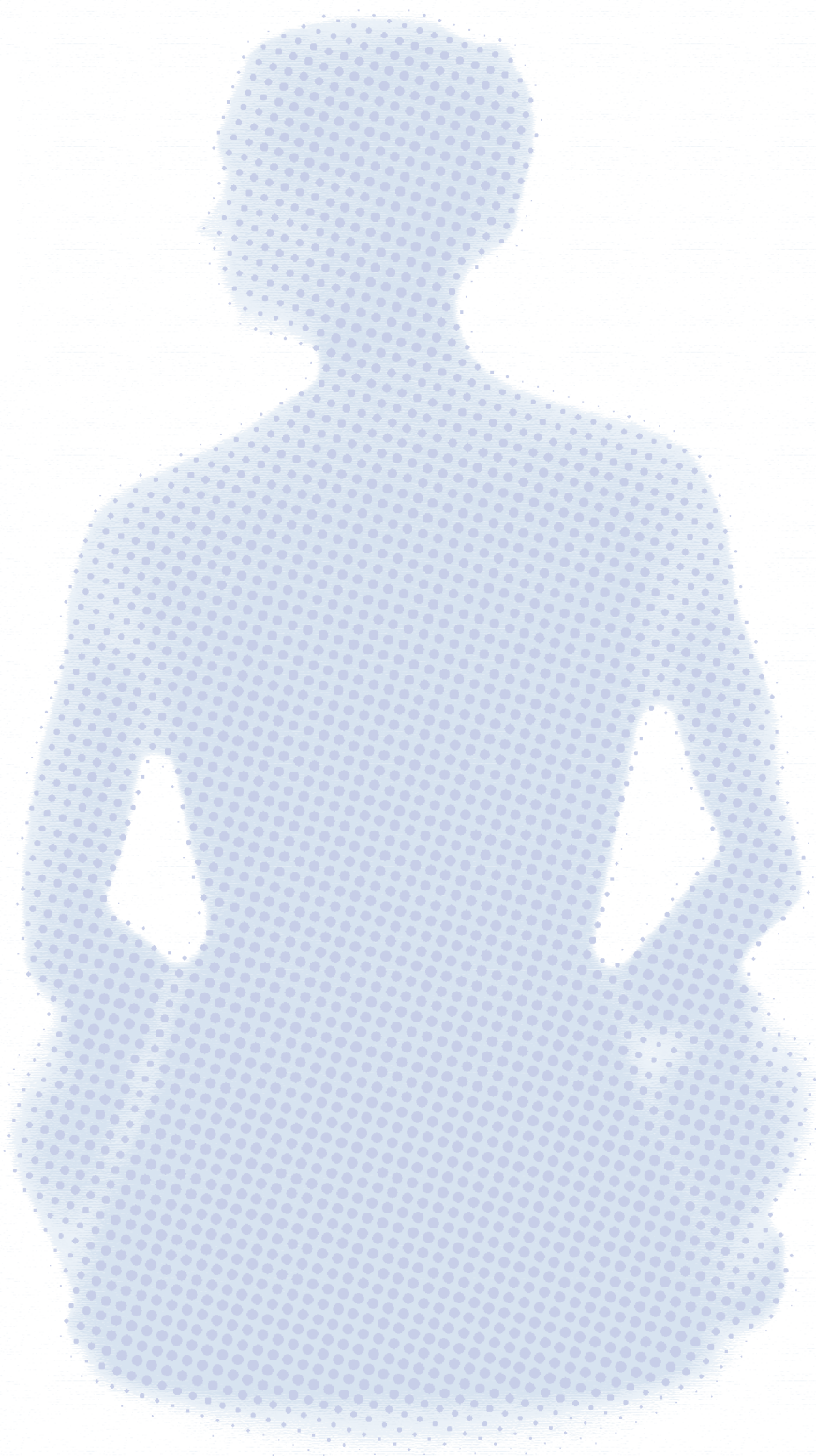


Annual Report 2003

The Dublin Well Woman Centre



Well Woman 1978—2003
25 years devoted to women's health

WELL WOMAN Medical & Counselling Services

FAMILY PLANNING SERVICES

- ▶ Combined oral contraceptive pill, the mini pill and Nuvaring
- ▶ Intrauterine devices, including Mirena and Flexi-T
- ▶ Implants (Implanon) and injectable contraception (Depo Provera)
- ▶ Evra (contraceptive patch)
- ▶ Emergency contraception and post-coital coils
- ▶ Vasectomy counselling and operations (Coolock and Pembroke Road)

WOMEN'S AND GENERAL HEALTH SERVICES

- ▶ Pregnancy testing and blood testing
- ▶ Initial infertility investigations
- ▶ Post termination medical check-ups
- ▶ Breast examinations
- ▶ P.M.S. and Menopause consultations
- ▶ Travel vaccines (Liffey Street only)

SCREENING AND SEXUAL HEALTH SERVICES

- ▶ Cervical smear testing (Thin Prep)
- ▶ Screening for Sexually-Transmitted Infections (Men's STI screening is also available).
- ▶ Chlamydia testing
- ▶ Cryotherapy

COUNSELLING

- ▶ Non-directive pregnancy counselling, and post-termination counselling
- ▶ General counselling by Linda Wilson-Long available in Liffey Street (including sexual abuse, depression, relationship, stress and addiction).
- ▶ In Coolock, the Dublin Rape Crisis Centre provides an outreach counselling service to those affected by rape or sexual abuse.
- ▶ In Pembroke Road, Consultant Psychiatrist Dr Eimer Philbin Bowman deals with issues including phobias, panic attacks, depression, eating disorders, psycho-sexual problems and vaginismus. Joan McGowan is an experienced Relationship Counsellor, and works with single people, couples, married, living together or separated. Bonnie Maher also sees patients with vaginismus.

More information on services or opening hours can be obtained by visiting our website, www.wellwomancentre.ie or by phoning any Well Woman Centre.

CITY CENTRE

35 Lower Liffey Street
Dublin 1
01 872 8095 / 01 872 8051

NORTHSIDE

Northside Shopping Centre
Coolock
Dublin 5
01 848 4511

BALLSBRIDGE

67 Pembroke Road (Basement)
Ballsbridge
Dublin 4
01 668 1108 / 01 660 9860

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The Well Woman Team

Helen Keogh
Chair, Well Woman Centres



A Message from our Chairperson

→ I am delighted to report that 2003 has been highly positive for Well Woman. There is a real sense that the work and effort put in over recent years is at last moving us towards an expanded and improved organisation.

This kind of research-based information will be the cornerstone of future health service planning and policy development. This year Well Woman has sought funding for a prevalence study on HPV*. No such data exists for women in Ireland. If our application succeeds, this joint research initiative with the Royal College of Surgeons in Ireland has the potential to provide vital clues to assist in earlier detection of cervical cancer.

One example of this is our computerisation initiative, begun in 2001. While moving to an automated client records system has certainly not been easy, it is now beginning to pay off.

The tangible result is that we can now analyse our client throughput, demographics and most excitingly, clinical data. Elsewhere in this report the Medical Director has provided a commentary on some of the clinical data for 2002—2003. Clearly Well Woman, and especially our clients, will benefit greatly from having information of this quality at its disposal.

Well Woman continued to work positively with the Crisis Pregnancy Agency during 2003. An Executive Summary of our research project, *Is Alcohol A Factor In Unsafe Sex Among Women Seeking Emergency Contraception?* is included in this report. I am pleased that Well Woman continues to shape the policy agenda by identifying the information gaps and making the research happen.

During 2003, senior management and the Board of Directors worked hard to consolidate the organisation and plan for the future. The Board also spent a considerable amount of time determining policy and strategy. The vision for the future means that Well Woman will be widely recognised as the leading provider of women's health and family planning services in the Dublin metropolitan area. The Chief Executive's report contains exciting details of how the organisation can broaden its services to appeal to a wider target group, while remaining loyal to our core values.

Well Woman took the first steps towards making that vision a reality when the Board gave its backing to the medium-term goal of a flagship city-centre clinic offering an expanded menu of services to women of all ages. Planning towards that goal will continue through 2004 and beyond. This will present enormous challenges and will require huge work and support from the Board and other stakeholders.

None of these achievements would have been possible without the extraordinary contribution of Well Woman's Board. As a voluntary Board, the members give generously of their time and experience because they are committed to the ethos of Well Woman and its services. They have set sound, solid and progressive core values on which the organisation will grow.

In February 2004, as part of its strategy for continuity for the future, the Board decided to appoint a Deputy Chairperson, Lynne Tracey. I would like to thank Lynne for her support over the last few very busy months and look forward to proposing her as Chairperson at the A.G.M.

All of the work was underpinned by Well Woman's Chief Executive, Alison Begas and Medical Director, Shirley McQuade, along with an energetic and committed team. Without their vision, leadership and enthusiasm, little would be achieved. I thank them for their hard work in 2003.

I have greatly enjoyed the opportunity to serve as Chairperson for the last five years. We have come through times of great challenge and uncertainty but the steady progress over the past few years provides a solid base for growth and a sense of optimism.

There is energy and direction behind Well Woman and I wish to the organisation, its new Chairperson, the Board, the management and staff, continued success in 2004 and beyond.

Helen Keogh

*Chair, Well Woman Centres
April 2004*

* Over 100 types of HPV virus have been identified, with some of these sub-groups being implicated in causing cervical cancer. In other countries, testing for HPV is an accurate indicator of whether or not a woman is at high risk of developing cervical cancer.

« The vision for the future means that Well Woman will be widely recognised as the leading provider of women's health and family planning services in the Dublin metropolitan area. »

Chief Executive's REPORT 2003

→ 2003 saw Well Woman treating more patients than in any previous year, with more returning for services, and higher patient satisfaction. We traditionally receive very few complaints, but this was substantially reduced – a great tribute to our staff. We also carried out topical research, looking at the links between drinking and demand for emergency contraception.

However, much of the strategic thinking of the year was on how the organisation can be brought forward, and this provides the main emphasis of this report.

To initiate the process, the Medical Director and I developed a vision for the organisation, spelling out clearly what Well Woman could be like if the right steps are taken. This was presented to the Board in September, and their subsequent deliberations focused on how we consolidate and plan towards expansion.

The Chairperson commissioned an Organisational Review, which looked at various aspects of Well Woman, including strengths and weaknesses in each clinic, how the Board works, and how to maximise the return on our I.T. investment. It also recommended a number of improvements.

By the end of 2003 there was general acceptance that Well Woman must extend its capacity and offer an expanded menu of medical and counselling services if it is to move to the forefront of women's healthcare in Dublin. So, what is envisaged for Well Woman in the 21st century?

Well Woman has huge growth potential – not because women are more sick, but because they are more health-aware. Introducing new consumer-oriented services will allow us target other population groups, including mature women. We intend to introduce the following services:

- ▶ Osteoporosis screening
- ▶ General 5-yearly health check-ups for women
- ▶ New family planning services (as appropriate)
- ▶ Nutrition services
- ▶ Partner screening for sexually-transmitted infections
- ▶ HPV testing
- ▶ Corporate screening
- ▶ Some new counselling services (bereavement, stress)

Well Woman has always been an innovator. However, in keeping with modern management techniques, Well Woman has now become a performance-driven organisation, while holding on to its social policy agenda.

This does not mean that provision of health services will be measured on numbers at the expense of quality. Far from it. Rather, we will exploit Well Woman's strong brand to raise our profile, increase reserves and put the organisation on a stronger footing to support our expansion plans.

As part of this, we have substantially increased the staff-training budget. Management are working towards clearly defined performance outputs. We have started to integrate some of the services previously outlined.

I would like to acknowledge our funding partners: the Northern Area Health Board, for their support of the GMS service in Coolock, and the Crisis Pregnancy Agency, who make it possible for Well Woman to offer free, professional pregnancy counselling and post-abortion support to women.

The Government has clearly signalled that changes in healthcare delivery are coming; enhanced primary care is seen as key to healthcare reform. Well Woman's ability to be an effective partner to the State is proven, and we will look for opportunities to develop this further.

I am grateful to the Board of Directors, and especially to Helen Keogh, for the support and guidance given to me. When Helen took on the role of Chairperson in 1999, Well Woman faced an uncertain future. As she ends her stewardship of the Board, the organisation is both financially and structurally more stable; this provides the platform for Well Woman to capitalise on its resources and reputation to build for the future.

« Well Woman has huge growth potential – not because women are more sick, but because they are more health-aware. »

Finally, Well Woman – like any successful organisation - depends on teamwork, and I must thank my colleagues - Shirley McQuade and Caroline Puyou in Head Office, Clinic Managers Imelda Healy, Siobhan Caskie and Josephine Healion, and a very committed staff.

Clearly, Well Woman enjoys high levels of trust and loyalty from clients and staff alike. The vision of an expanded Well Woman offering new services will present many challenges, but that vision is a clear roadmap with which we can move forward.

Alison Begas

Chief Executive

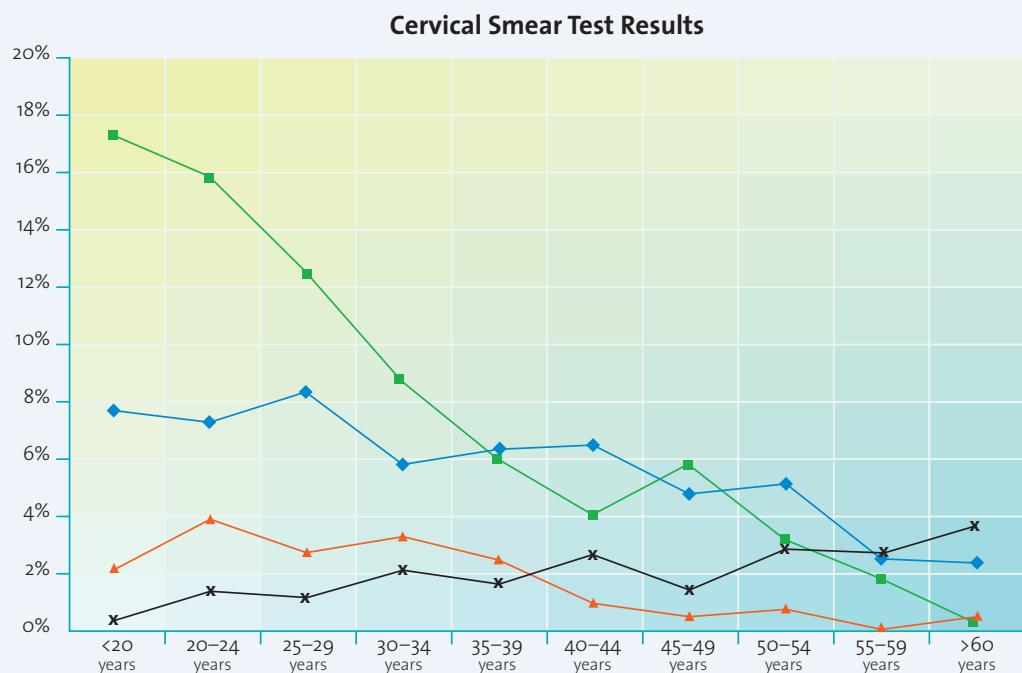
April 2004

Medical Director's Commentary and Report



We now have two full years of clinical information on our computer system. This allows us to start using the data to monitor trends, particularly in some key areas relevant to sexual health.

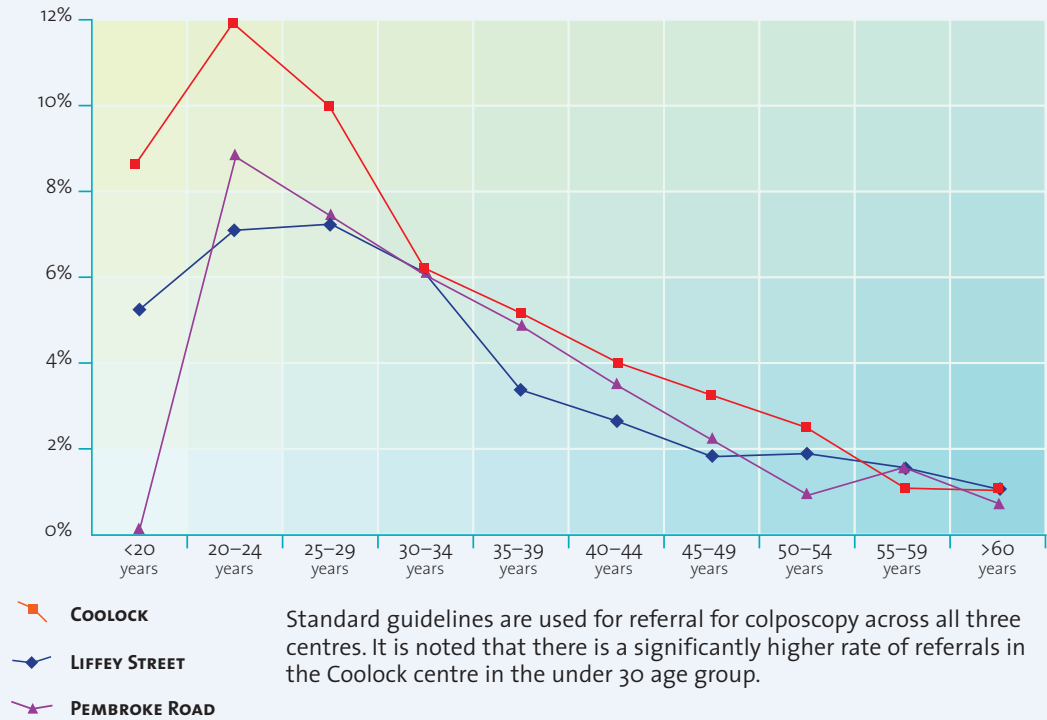
- ◆ BNC Borderline Nuclear Change
 - CIN 1 Cervical Intraepithelial Neoplasia Grade 1
 - ▲ CIN 2/3 Cervical Intraepithelial Neoplasia Grade 2/Grade 3
 - * Insuf Insufficient sample – repeat test needed.
- BNC are very minor changes whereas CIN 3 indicates potentially severe changes.



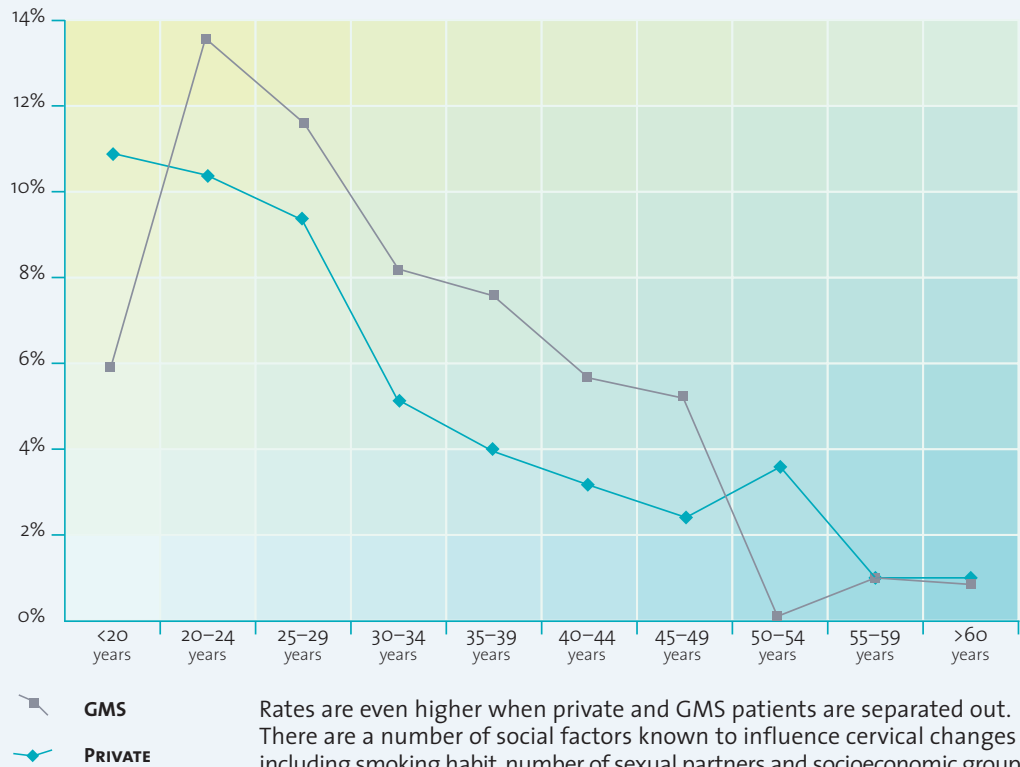
Women are advised to have cervical smear tests from early 20s up to mid 60s. We can see from the chart that most changes are minor and seen in the younger age groups. These tend to be transient and often need no treatment. However, persistent CIN 1 changes or a result of CIN2/3 need immediate referral for colposcopy.

Prior to the year 2000 we were using the conventional slide method with an insufficient rate of 8–10%. The insufficient rate is now much lower due to the use of liquid based cytology. This has been of benefit to our patients because of the dramatic reduction in repeat tests needed. The information in this graph and in the two graphs opposite is based on over 18,000 test results.

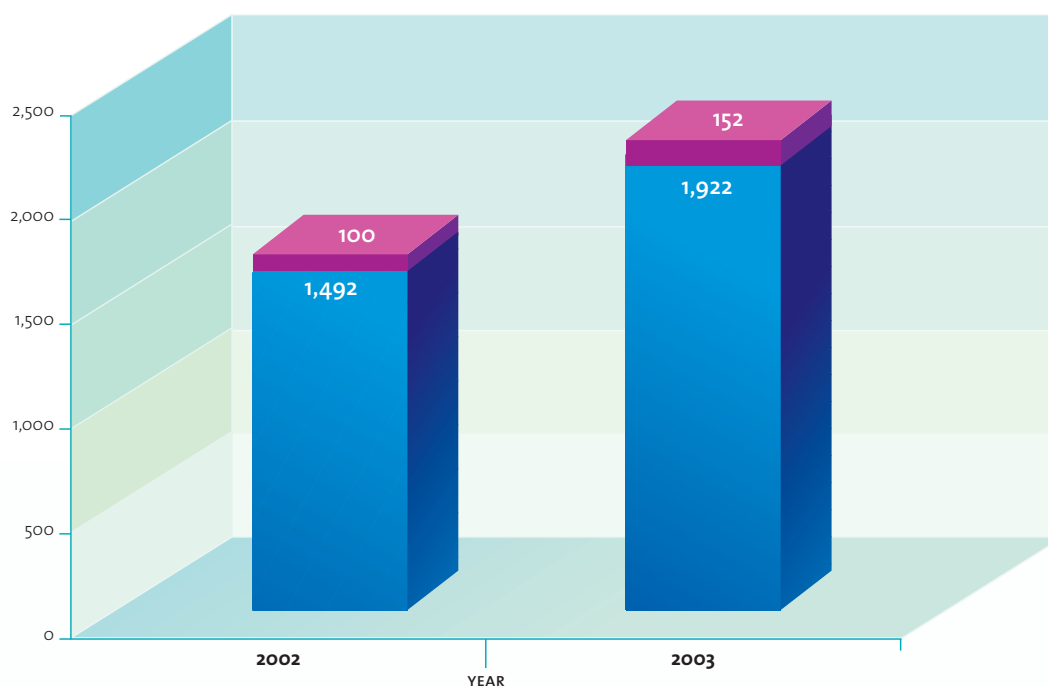
Referral for Colposcopy



Referral for Colposcopy from the Coolock Clinic



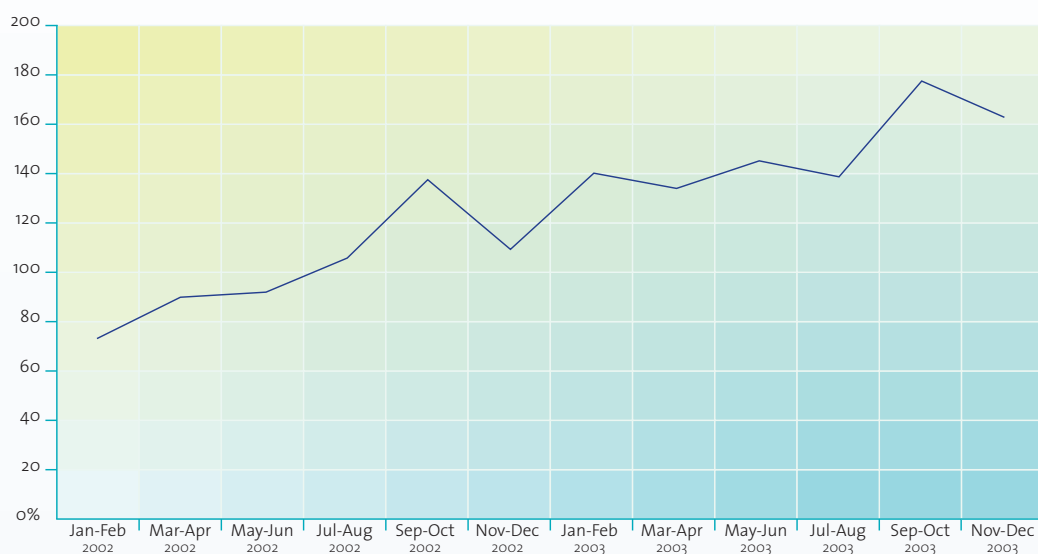
Chlamydia Tests Done



POSITIVES
NEGATIVES

The number of chlamydia tests taken has risen by almost 30%. Coupled with an increase in rate of positive results, the number of cases of chlamydia diagnosed has risen by over 50%.

Total STI Screenings 2002—2003



There has been a steady increase in the number of full screens done. The dip in November/December occurs annually due to a reduction in laboratory services between Christmas and New Year.

A full screen involves taking samples that are analysed for chlamydia, trichomonas, gardnerella, gonorrhea, herpes, hepatitis B, hepatitis C, HIV, and syphilis.

Well Woman hopes to continue to increase awareness of the risks of acquiring sexually transmitted infections and to continue to provide an environment where women and men will feel comfortable attending for screening.

Shirley McQuade
Medical Director

ALCOHOL, sexual risk-taking & Emergency Contraception

Summary of a Well Woman research initiative, Spring 2003

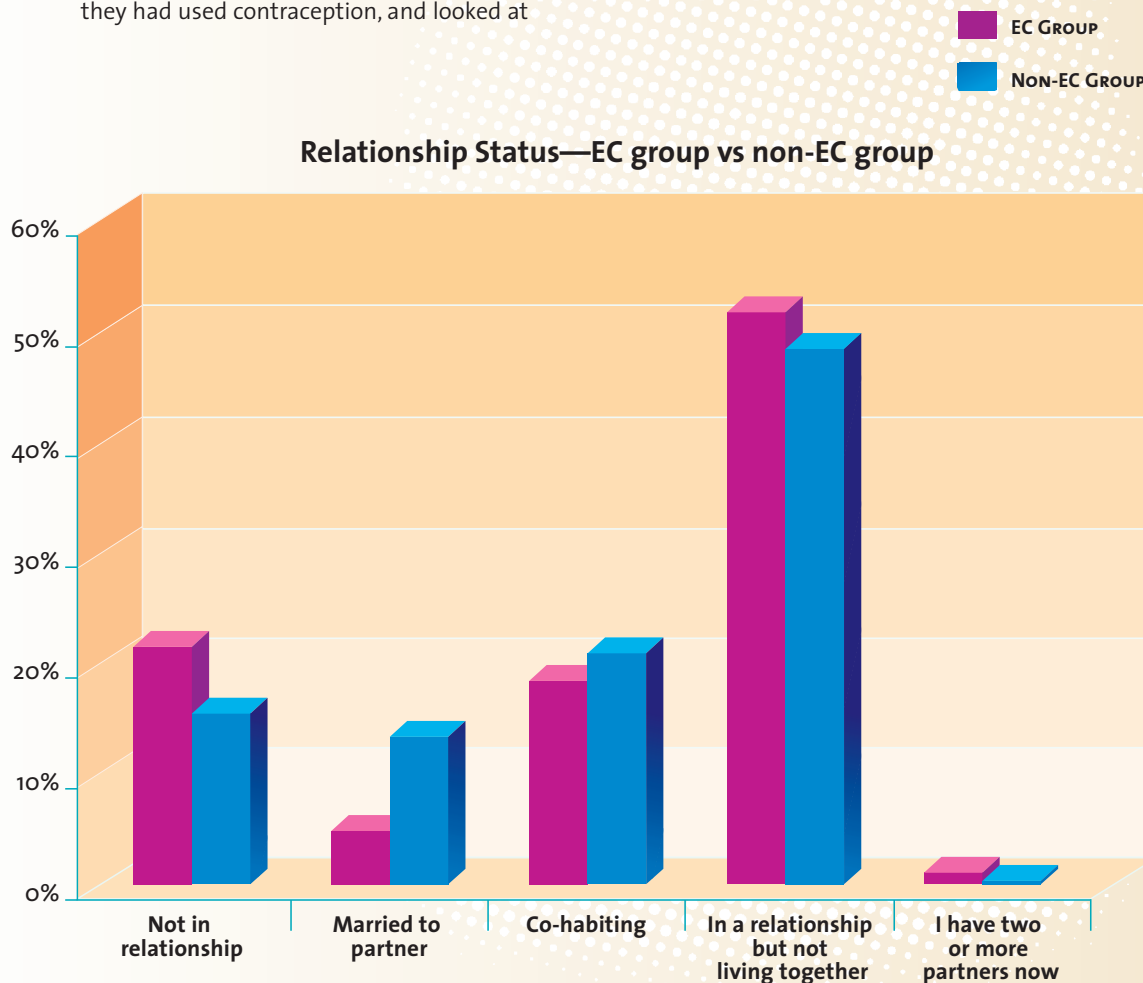
→ Much has been written about Ireland's 'drink culture' and the growth in excessive drinking, particularly by young women.

In the Well Woman clinics we perceived a trend of alcohol consumption leading to increased sexual activity – often without using contraception – and increased demand for Emergency Contraception (EC).

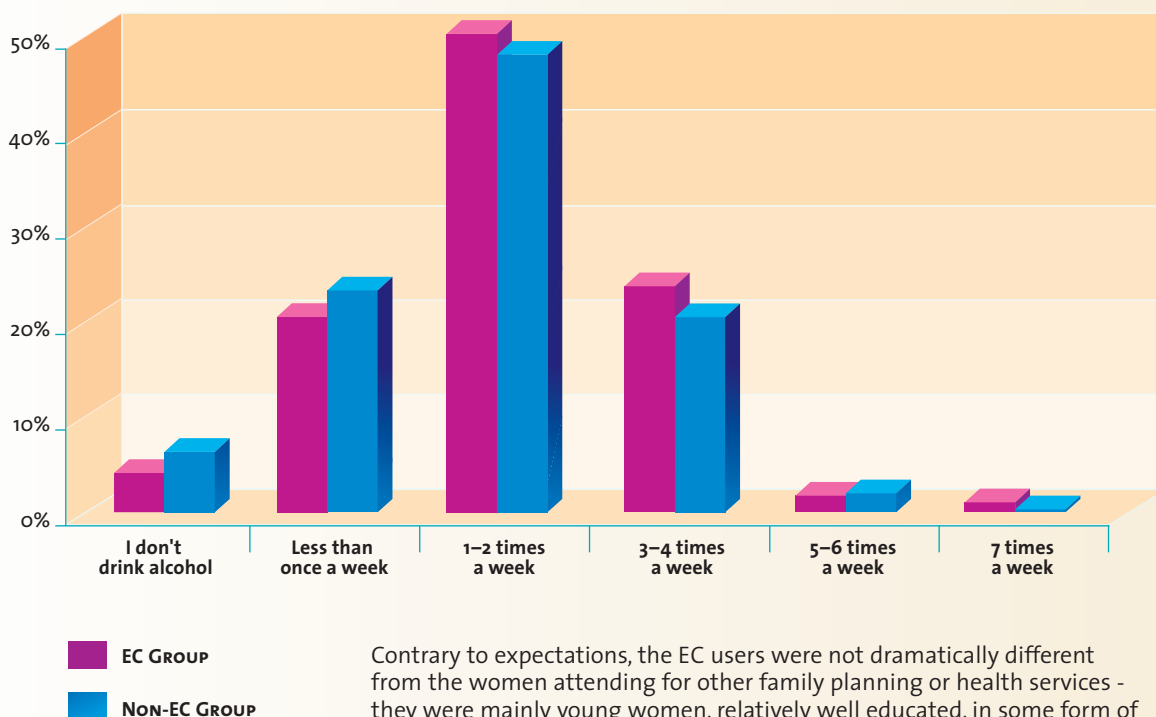
During 2003 we researched the extent to which a sample of women requesting EC in our Liffey Street clinic had drunk alcohol during the period in which sex took place. We also asked whether they had used contraception, and looked at

various factors including relationship status, age, education and previous contraceptive history, to see if they influenced the decision. A comparison group of women attending for other medical services was also questioned, to see how typical or atypical the EC clients were. These are some of the findings:

Regarding relationship status, one quarter of women attending for EC were either living together or married. More than three-quarters (77%) considered themselves to be in a stable relationship – shattering the myth that EC use is confined to one-night stands.



Alcohol consumption—EC group vs non-EC group

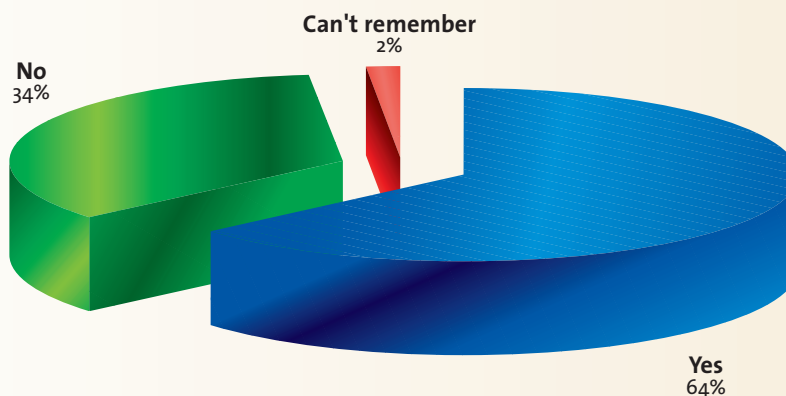


Contrary to expectations, the EC users were not dramatically different from the women attending for other family planning or health services - they were mainly young women, relatively well educated, in some form of employment and in a relationship of some description.

We asked a number of different questions about how often the women in both groups drank alcohol, and their levels of intoxication. Again, there was very little difference in reported alcohol use by both the EC and non-EC groups.

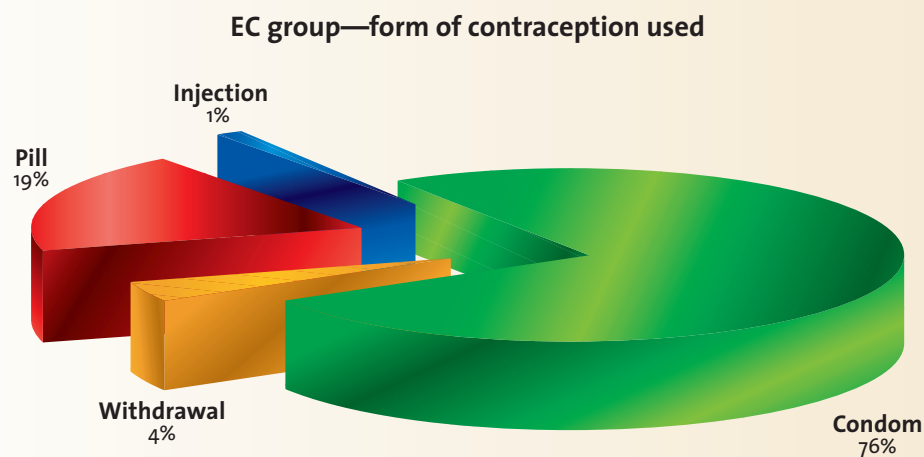
This suggests that drinking patterns of women attending for EC were not in any way aberrant, but matched the drinking patterns of women attending for other services.

EC group—were they or their partners using contraception when they had sex?



Our findings also challenged the stereotype of EC users as women who had unprotected casual sex while drunk, and who were using EC as their primary method of contraception.

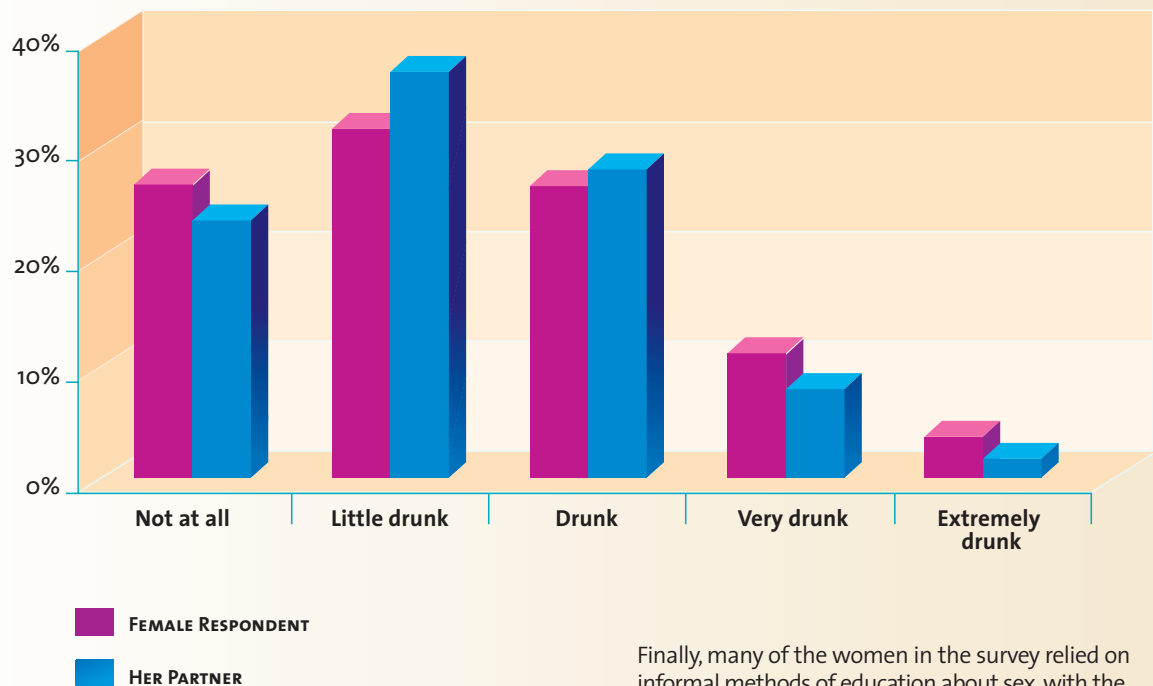
64% of the women who later presented for EC reported that contraception had been used at the time they had sex. Clearly, EC was not viewed as the primary method of contraception. Taking this further, we asked what contraception they had used:



76% reported that they had used a condom at the time. Almost 20% were on the pill, but in many cases they had forgotten to take their pill on the day, highlighting the need for better education on using the pill and ensuring it is taken consistently. Women should also be made aware of alternative forms of contraception, such as patches, injections, implants and vaginal rings.

58% of the women reported that both they and their partner had been drinking when sex took place. 42% reported that they had not drunk any alcohol on the occasion they had sex. Regardless of how much alcohol was consumed, a greater proportion of women – those who drank and those who did not – were using some form of contraception when having sex.

EC group—how drunk were you and your partner on this occasion?



Most women sought EC soon after they had sex, within 25 – 48 hours. Clearly those women who sought EC have responsible contraceptive practices and are aware of the risk of pregnancy, and they take measures to prevent it. The majority use contraception and if this fails, they ensure they protect themselves a second time through seeking EC within 72 hours.

75% of the EC group reported that they had used EC on at least one previous occasion.

In terms of general contraceptive usage, over 70% of the EC sample use condoms always or often. Fewer than 50% use the contraceptive pill. What is of real concern is that 28% of respondents use withdrawal as a contraceptive method – sometimes, often or always.

Finally, many of the women in the survey relied on informal methods of education about sex, with the media emerging as their main source of information, and the one rated most highly. There were some significant gaps in their knowledge, putting them at risk of unplanned pregnancy, and making the case for better health education at school level.

This is the first piece of research of which Well Woman is aware that attempts to directly address the link between alcohol use, unsafe sex and EC. The findings have important ramifications with respect to access to EC, and delivery of sex education and prevention messages for women.

The full report – including demographic profiles of both sample groups – is available on Well Woman's website, www.wellwomancentre.ie. Well Woman and the Crisis Pregnancy Agency (who funded the research) will present an abstract of the findings at the European Society of Contraception Conference in June 2004.

BOARD *of* Directors



Ms Helen Keogh (Chair)

Between 1989 and 2002, Helen served as a member of the Oireachtas as both Senator and T.D. respectively. During that period she was appointed to Front Bench positions on Education, Environment, and Equality and Law Reform. She served as a member of the Joint Committee on European Affairs; the Justice, Equality, Law Reform and Women's Rights Joint Committee; the Select Committee on Social Affairs, and the British Irish Inter-Parliamentary Body. She chairs the Board of Governors of St Catherine's College, Sion Hill, and is a member of Dun Laoghaire Rathdown Co. Council

In December 2003 Helen was appointed Executive Director of World Vision Ireland, a NGO working for sustainable development and the relief of poverty in the Third World – mainly Africa.

Ms Lynne Tracey (Deputy Chair)

Lynne worked in advertising for 18 years in Dublin and New York and is currently enjoying a career break. She served for nine years on the Board of the Institute of Advertising Practitioners of Ireland, where she was their first woman President between 1997 and 1999. In 2001, she was made a Fellow of the Institute. Lynne is also a former Board member of the Advertising Standards Authority of Ireland.

Ms Brenda Dooley (resigned November 2003)

Brenda has her own Human Resources Consultancy, Shannon Consulting, and was formerly Head of Human Resources with Ulster Bank Capital Markets. She is a Fellow of the Institute of Personnel Development, a member of the VHI Member's Advisory Council, and a former committee member of the Irish Association for Industrial Relations.

Ms Joyce Irwin

A former business banking specialist with Ulster Bank, Joyce is now a consultant with a number of companies and organisations. Between 1994 and 1996 she was seconded to the British Government at the Department of Trade and Industry.

Ms Marian Moylan

Marian is a Barrister working primarily in family law. She represents Well Woman on the Crisis Pregnancy Agency's Consultative Forum.

Dr Eleanor O'Higgins

Eleanor holds a BA and MSc from McGill University in Canada, an MBA from UCD and a PhD from Trinity College Dublin, where her doctoral dissertation was on a women's health topic. She is on the faculty of the Business Schools at UCD, and specialises in teaching, research and publications in strategic management, business ethics, corporate social responsibility and corporate governance. She has published in both scholarly journals, and in the professional and business media.

Eleanor has organised and presented at major international conferences and carries out teaching and speaking assignments in Europe, Asia and the US, addressing both industry and professional groups, and academic audiences. She chairs the International Theme Committee of the US Academy of Management, and is a member of the United Nations Global Compact Learning Forum, and of the Board of Management of The Institute of Directors Centre for Corporate Governance at UCD.

Previously, she worked as a research psychologist at Harvard University Medical School, as a clinical psychologist in the Eastern Health Board, and as staff development manager at RTE. She served on the board of IDA Ireland from 1994 to 1999.

Ms Mary O'Sullivan Steen

Mary is a solicitor with her own practice, based in Castleknock. She specialises in family law.

Ms Del Ryan

Del was Managing Director of an insurance brokerage. She is now a Psychologist and Psychoanalytic Psychotherapist with her own practice. She also lectures in the Department of Psychiatry in Trinity College, Dublin. She is Chairperson of the Irish Institute of Psychoanalytic Psychotherapy and Director of the Dublin Psychoanalytic Clinic.

Ms Helen Twomey

Helen is a Financial Accountant with Coyle Hamilton, and was involved for nine years with Junior Chamber in Dublin, having been President in 1995.

Financial Accounts

DUBLIN WELL WOMAN CENTRE LIMITED PROFIT AND LOSS ACCOUNT For the year ended 31 December 2003

	2003 €	2002 €
<i>INCOME</i>	<u>2,084,119</u>	<u>1,979,374</u>
<i>GROSS PROFIT</i>	<u>1,857,480</u>	<u>1,752,736</u>
<i>EXPENSES</i>		
Staff costs	(1,313,022)	(1,252,787)
General overheads	(445,594)	(395,947)
Depreciation	<u>(66,434)</u>	<u>(59,392)</u>
<i>OPERATING PROFIT</i>	32,430	44,610
Interest receivable	43	830
Interest payable and similar charges	<u>(25,435)</u>	<u>(28,528)</u>
<i>PROFIT ON ORDINARY ACTIVITIES BEFORE TAXATION</i>	7,038	16,912
<i>TAXATION ON PROFIT ON ORDINARY ACTIVITIES</i>	<u>-</u>	<u>-</u>
<i>PROFIT ON ORDINARY ACTIVITIES AFTER TAXATION</i>	7,038	16,912
<i>RETAINED LOSS BROUGHT FORWARD</i>	<u>(64,260)</u>	<u>(81,172)</u>
<i>RETAINED LOSS CARRIED FORWARD</i>	<u><u>(57,222)</u></u>	<u><u>(64,260)</u></u>

All recognised gains and losses have been included in the profit and loss account.

On behalf of the Board

HELEN KEOGH
CHAIRPERSON

JOYCE IRWIN
DIRECTOR

DUBLIN WELL WOMAN CENTRE LIMITED
BALANCE SHEET
As at 31 December 2003

	2003 €	2002 €
FIXED ASSETS	199,755	253,093
Tangible assets		
CURRENT ASSETS		
Stocks	23,021	22,250
Debtors	77,215	70,970
Cash at bank and in hand	7,463	2,941
	<u>107,699</u>	<u>96,161</u>
CREDITORS (amounts falling due within one year)	(206,701)	(202,600)
NET CURRENT LIABILITIES	(99,002)	(106,439)
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>100,753</u>	<u>146,654</u>
Financed by:		
CREDITORS (amounts falling due after more than one year)	89,409	142,348
RESERVES		
Special reserves fund	68,566	68,566
Profit and loss account	(57,222)	(64,260)
	<u>11,344</u>	<u>4,306</u>
	<u>100,753</u>	<u>146,654</u>
On behalf of the Board		
HELEN KEOGH CHAIRPERSON		
JOYCE IRWIN DIRECTOR		

THE WELL WOMAN Team

(at December 31st, 2003)

MEDICAL DIRECTOR

Dr Shirley McQuade

CHIEF EXECUTIVE

Alison Begas

ADMINISTRATOR

Maire Gough

ACCOUNTS MANAGER

Caroline Puyou

BOOKKEEPER

Carole Kellegher

CLINIC MANAGERS

Siobhan Caskie
Josephine Healion
Imelda Healy

DOCTORS

Dr Tahira Aziz
Dr Martina Cleary
Dr Gillian Darling
Dr Mairin Harrington
Dr Sandra Hubert
Dr Tom Kelly
Dr Charon Luke
Dr Mary McAndrew
Dr Rachel Mackey
Dr Edmond O'Flaherty
Dr Nora Sheehy Skeffington
Dr Carmel Sheridan
Dr Madeline Stringer

NURSES

Anne Crawford
Karen Crean
Lynette Davys
Emma Dilley
Lorraine Doyle
Carol Falvey
Kirsten Feehan
Imelda Feeney
Geraldine Little
Norah McPeake
Shirley O'Malley
Simeon Orr
Pat Rees

COUNSELLORS

Bonnie Maher
Denize Mullan
Carole Wardlaw
Linda Wilson-Long

RECEPTIONISTS

Aisling Caskie
Deirdre Dilley
Teresa Fu
Patricia Keogh
Miriam McCann
Doretta McNally
Ruth Mackey
Frances Mohan
Emily Morgan
Elaine Murphy
Fionnuala O'Flaherty
Andrea O'Neill
Shonah Sammon
Linda Scanlan

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