

CELEBRATING

THE
WELL
WOMAN
CENTRE

30 YEARS

ANNUAL REPORT 2008
1978 - 2008



Well Woman Medical and Counselling Services 2008

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)

Screening and Sexual Health Services:

- Cervical smear testing (National Cervical Screening Programme and TDL Express)
- Screening for Sexually-Transmitted Infections (Men's STI screening is

available in Pembroke Road only)

- Chlamydia testing
- Cryotherapy
- HPV typing

Counselling:

- Non-directive pregnancy counselling, and post-termination counselling available in all centres
- General counselling available in all centres (including sexual abuse, depression, relationship issues, stress, low self-esteem)
- Teen Counselling available in Coolock
- Counselling in Pembroke Road to support women with Hepatitis C
- 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 MacGowan is an experienced Relate Counsellor, and works with single people, couples, married, living together or separated.

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
872 8095 / 872 8051

Northside

Northside Shopping Centre,
Coolock, Dublin 5
848 4511

Ballsbridge

67 Pembroke Road,
Ballsbridge, Dublin 4
668 1108 / 660 9860

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CELEBRATING
30 YEARS

A Message From Our Chairperson

In 2008, Well Woman celebrated thirty years of commitment and service to women's health. This is no small achievement for an organisation coming from the uncertainty and passion of the women's movement. That we still remain to the fore in providing best-in-market health services, as well as advocating for women's health gain, is a tribute to the many doctors, nurses, counsellors and leaders who have steered Well Woman over those turbulent and challenging years.

When one considers how Ireland moved from the poverty and insularity of the 70s and 80s on through economic expansion in the 90s, and into the Celtic Tiger years, it becomes apparent that the more things change, the more they remain the same.

As 2008 drew to a close, all indicators pointed to an uncertain economic future for this country, and for public health service provision in particular. The challenge for Well Woman throughout 2009 will be to continue to provide accessible, quality healthcare at an affordable rate to women whose financial resources will be increasingly finite, and at the same time to press the case for equity in women's health services to policy makers.

In Autumn 2008, Well Woman became a smartaker under the newly-established National Cervical Screening Programme. We have long been an advocate for a national population-based screening programme, and we welcome the fact that Irish women can now access regular smear tests free-of-charge. When one bears in mind that as many as one in five of those women in the target age group for the programme, namely 25 – 60 years, has never had a cervical smear test we believe that, over time, CervicalCheck will lead to significant health gain for women in this country.

Just as we welcomed the start of this national programme, Well Woman found itself speaking out against the decision of the Minister for Health to cancel the roll-out of the cervical cancer vaccination programme. Working alongside cervical screening in the battle against cervical cancer, the vaccine would have marked a significant step in prevention. The Minister's decision to cancel the programme puts Ireland at odds with most other European countries, where routine vaccination programmes already exist, and Well Woman continues to press the case for this decision to be reversed.

When writing in the 2007 Well Woman Annual Report, I was critical of the fact that we had, at that time, no national sexual health strategy. One year on, we are still awaiting Government action in this respect. This is an area where real progress needs to happen, and we will continue to advocate for such 'joined up thinking' at policy maker and State level.

That being said, Well Woman is proud of its partner relations with a number of statutory bodies; this is a valuable facet of our work. In particular, I want to acknowledge our ongoing role in service delivery for the Health Services Executive, and the Crisis



Pregnancy Agency, who fund our GMS service in Coolock, and our crisis pregnancy counselling and medical services, respectively. More latterly we are now also partners in service delivery to the National Cancer Screening Service, who oversee the CervicalCheck programme.

In the day-to-day delivery of services, as well as the strategic development of the organisation, Well Woman's success is built on a massive team effort. I would like to extend particular thanks to our Chief Executive, Alison Begas, and our Medical Director, Dr Shirley McQuade; their commitment and leadership has been exemplary, and is much appreciated. To all of our doctors, nurses, counsellors, and administration staff, many thanks. Well Woman would not be in the positive position in which it finds itself without their continuing dedication to excellence and to the needs of our clients.

I would like to acknowledge Well Woman's Board of Directors for the tremendous amount of time, expertise and commitment they have given in guiding and advising the Executive during 2008;

we are fortunate in being able to tap into such goodwill.

I am proud to chair Well Woman as it continues to innovate and model the best standards in women's healthcare, as well as advocating for its patients, and I wish the organisation well for its continued success in the coming year.

« Working alongside cervical screening in the battle against cervical cancer, the vaccine would have marked a significant step in prevention.



Mary Worrall,
Chairperson,
April 2009



CELEBRATING
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Chief Executive's Report

I am delighted to record that 2008 was another year of progress for Well Woman. As we honoured our thirty-year anniversary, our focus was on consolidating services and maximising our business, to assist in long-term growth and ongoing investment in our people, facilities and services.

The environment in which we work changed significantly in 2008, with the introduction of legislation to regulate the not-for-profit sector, and a growing crisis in the public finances. However, the major development for Well Woman was the welcome introduction of a national, population-based cervical screening programme.

CervicalCheck has led to a number of operational changes to the way we provide our smear service. We are pleased that Irish women aged 25 – 60 can now access smears free of charge, regardless of where they live, and can also benefit from a structured recall programme that guarantees them the appropriate follow-up.

This is something Well Woman has offered its smear patients for a number of years. Elsewhere in this report the Medical Director documents the significantly higher rates of abnormal smear results in women coming from socially marginalized backgrounds; it is hoped that the national screening programme will be able to ensure that poorer women across the country are provided with the appropriate routes to access this important test.

That Ireland now has a National Cervical Screening Programme was arguably the most positive development in public health policy in 2008. However, we were dismayed – and depressed – by the Government's decision to cancel the roll out of the HPV Vaccination Programme. The HPV virus is the root cause of over 99% of all cervical cancers, and routine vaccination programmes for the virus already exist in most European countries, as well as in many U.S. States. The vaccine has the potential – over time – to reduce instances of cervical cancer by over 70%.

While short-term budgetary savings may result from not proceeding with the vaccine, the reality is that unnecessary deaths will arise among the cohort of girls who were to have been targeted. Furthermore, because the Minister's decision pulls money from the prevention stage, it is likely that Exchequer costs will still be incurred in treating women who did not receive the vaccine as 12-year olds. To this end the 'cost saving' both in terms of lives and money, is questionable, and Well Woman continues to advocate for a reversal of this short-sighted decision, even given our changed economic circumstances.

Writing in the Annual Report two years ago, I made the point that Well Woman hoped to see politicians and policy-makers engage with stakeholders before implementing a national strategy encompassing all aspects of sexual and reproductive health - education, awareness and services.

When the Government cancelled the planned cervical cancer vaccination programme, it was clear to Well Woman that programmes to prevent sexual and reproductive health problems and diseases are still slow to receive the priority and funding they deserve.

From our clinical experience over thirty years, it is clear that Ireland's sexual health needs are changing, with most people now having a number of sexual partners throughout their lives. People are living longer and consequently remain sexually active for longer.

While many of these changes are very positive, more women and men are now more exposed to more sexually transmitted infections than ever before, and the most recent national figures on STI detection indicate increased prevalence rates. Quite simply, the infrastructure in terms of public sexual health services is inadequate to meet the needs of our population, and this is another area in which we continue to advocate for change.

For an organisation that has been in existence for thirty years, it is a source of immense pride

that we can continue to provide health services that are at the cutting edge, as well as relevant to women at all stages of their lives.

To do this successfully, Well Woman depends 100% on the commitment of its clinic staff, and I must thank all of our staff for their energy and dedication to patients. In particular, I acknowledge our management team - Shirley McQuade, Linda Wilson Long, and the three Clinic Managers, Siobhan Caskie, Josephine Healion and Imelda Healy.

Finally, warm thanks must go to our Chairperson Mary Worrall, and to Well Woman's Board of Directors. Mary and the Board gave me unqualified support and guidance during 2008, for which I am most grateful.

« programmes to prevent sexual and reproductive health problems and diseases are still slow to receive the priority and funding they deserve. »

Alison Begas
Chief Executive
April 2009



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Counselling Services Commentary and Overview

Throughout 2008 Well Woman continued to offer a comprehensive counselling service in our three centres; Liffey Street in the city centre, Pembroke Road in Dublin 4 and the Northside Shopping Centre in Coolock.

We were delighted to ensure that highly trained, professional and ethically driven counsellors provide this service. Our therapists have many years experience of counselling practice, offering a broad range of therapeutic interventions to complement and support our crisis pregnancy, post termination and general counselling services.

Our service also includes the practices of two consultant specialists in our Pembroke Road branch, Dr. Eimear Philbin-Bowman and Joan MacGowan, who are expert in their particular disciplines, allowing appropriate referral and resources if required.

Crisis Pregnancy

All our centres uphold and facilitate the client's right to make decisions in regard to her crisis pregnancy around the options of parenting, adoption and abortion. Crisis pregnancy may result from a number of different factors - failed contraception, incest, rape, foetal abnormality and relationship issues. Appropriate counselling can offer a client the necessary support and information to enable her to reach an informed

choice to deal with her crisis. Counselling is client-centred and legally compliant.

As Well Woman clients are now truly multi-national, we use our own in-house Services Guide, which is printed in eight languages, including Polish, Arabic and Cantonese. This resource is available to the client both on arrival at the clinic and in the counselling room. It assures her of the service she is entitled to receive if English is not her first language, and aims to make sure she understands her right to travel and information, as well as Ireland's position on abortion. In offering these translations it is hoped that women will feel supported to make informed choices and can be assured of the counselling service offered by Well Woman.

As in previous years, Well Woman strives to support clients who have experienced traumatic visits to 'rogue' agencies, where their right to appropriate information and counselling support was instead met with scare tactics and bullying techniques.

Clients continue to travel for termination, traditionally using one of the many medically excellent clinics in Britain or, more recently, the Netherlands. However, as world-wide travel becomes more commonplace, clients may have had terminations as far afield as America, Australia or India. Many return to their own country for a termination.

After an Abortion

We always welcome and encourage clients to return to us for a medical check-up approximately three weeks after a termination. We also

encourage them to avail of our ongoing support within the counselling service, but it is disturbing to note that relatively few clients return for counselling after an abortion.

Women do not avail of post abortion services in the numbers we would hope to see, despite a high-profile campaign during 2008 by the Crisis Pregnancy Agency to make them aware that support services are available to them, throughout the country and free of charge. Post-termination counselling is available to anyone – female or male - who has experienced termination, whether in the recent past, or many years ago.

Our pregnancy and post termination counselling services continue to be funded by the Crisis Pregnancy Agency, who also fund a training module in conjunction with NUI Maynooth on the provision of Crisis Pregnancy Counselling. This module offers extended learning for counsellors in their knowledge of the complexities of this counselling arena.

General Counselling

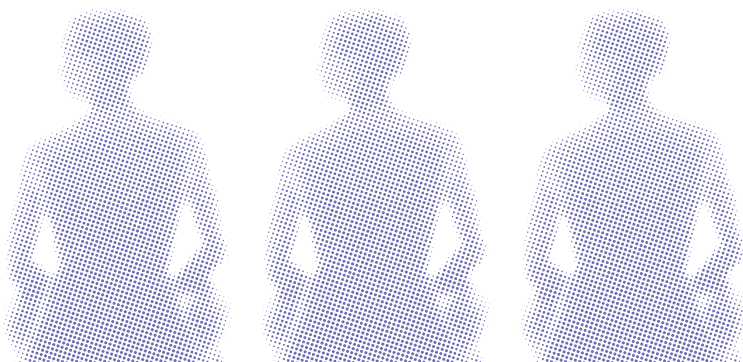
Our general counselling service is available on a self referral basis and creates a safe and confidential arena to clients who wish to establish an ongoing

therapeutic alliance for exploration of personal issues such as low self-esteem, depression, abuse or trauma recovery.

It is our intention to continue to offer the above services throughout the coming years and with further appropriate training and supervision, our therapists will provide and maintain a professional, client-led and non-directive counselling service to our client base.

« it is disturbing to note that relatively few clients return for counselling after an abortion. »

Linda Wilson Long
Head of Counselling Services
May 2009



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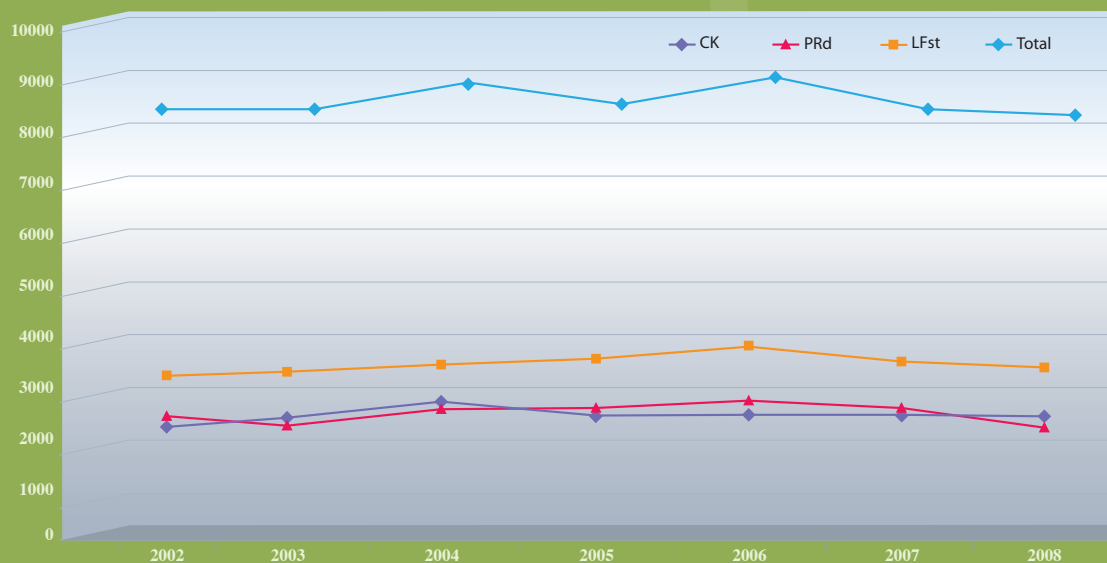
Medical Director's Commentary and Report

The most significant change to clinical practice in Well Woman occurred during the last quarter of 2008 with the introduction of the National Cervical Screening Programme. Internationally, cervical screening programmes have been shown to reduce the mortality rate from this cancer by up to 70%.

We are one of the last countries in the developed world to adopt a screening programme. In Northern Ireland, for example, a screening programme has been in operation since 1991. The challenge for the programme will be to ensure adequate uptake. To be effective, the aim should be to screen at least 80% of the eligible population.

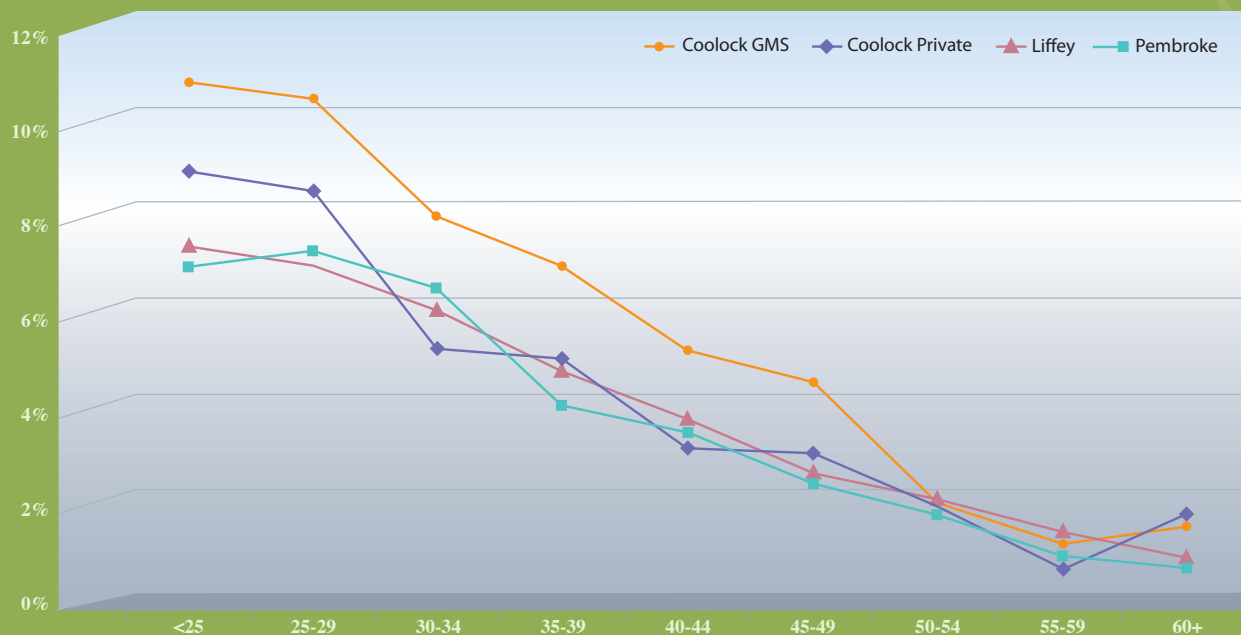
We in Well Woman greatly welcome the advent of the screening programme. At the same time, it is regrettable that we are no longer able to avail of the excellent services of the Royal College of Surgeons in Ireland cytology laboratory. The RCSI laboratory analysed over 8,000 samples per year and its staff, under the guidance of Professor Mary Leader, were at all times extremely professional and helpful.

Number of Cervical Smear Tests Taken



Well Woman began to computerise medical records in 2001, so full year statistics are available from 2002 onwards. The preceding graph shows a steady demand for smear tests over the last seven years. Testing has been mostly patient driven, although we have also operated a recall system in conjunction with the RCSI laboratory. There was a slight drop in the number of tests taken in 2008 as compared to previous years. This was due to a hiatus in the service in September and early October when the RCSI lab was no longer able to receive samples from Well Woman, but we were not yet registered as smertakers in the national programme.

Colposcopy Referrals 2002-2008 (based on 59,475 smear test results)

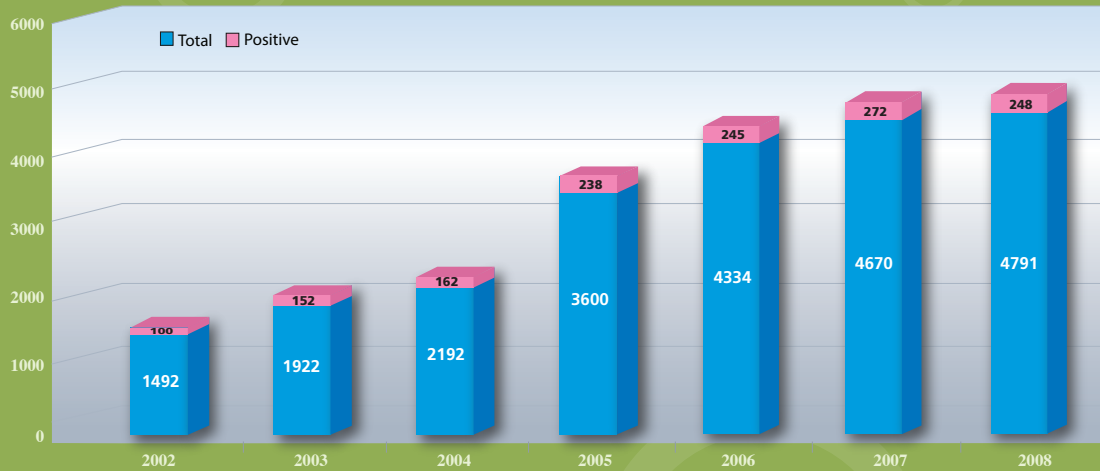


Women who have persistent low grade changes on repeated cervical smear testing or have a single high grade change are referred to a hospital based unit for further investigation – a colposcopy. Over the years we have used the same laboratories and guidelines in all three clinics. There is remarkable consistency in referral levels for private patients across all three clinics. However, this pattern varies in Coolock, where the patient base is a 50:50 mix of medical card-holders and private patients. The medical card-holders are clearly at higher risk of having smear test abnormalities that require further investigation. This indicates a clear health inequality. Well Woman would like to see the National Cervical Screening Programme take this kind of information into consideration when planning any targeted information or patient recruitment campaigns.



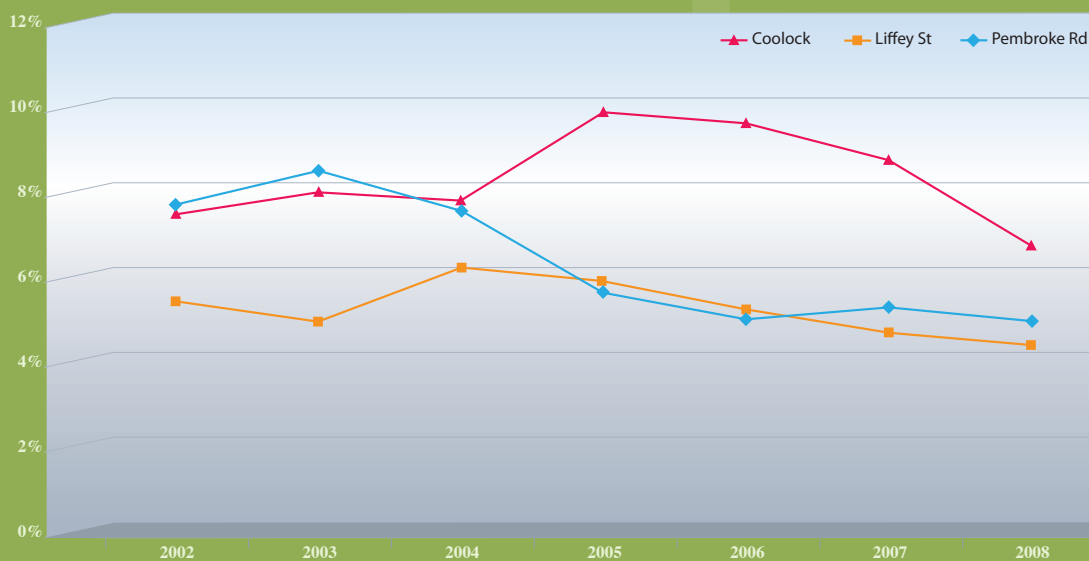
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Chlamydia Tests



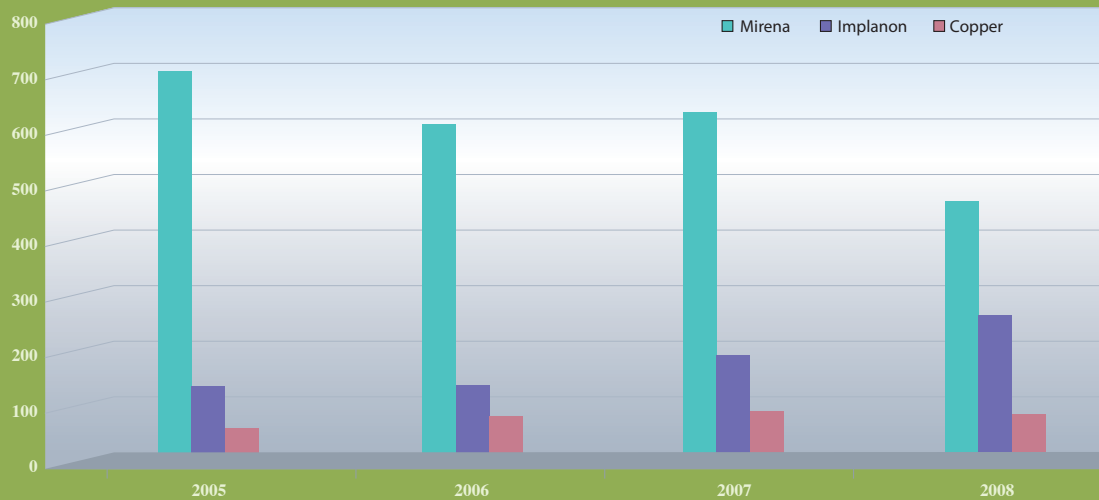
The number of chlamydia tests taken this year is similar to the number taken last year. There has been a slight reduction in the prevalence rate. In 2008 5.2% of samples were positive, as compared to 5.8% of samples in 2007.

Chlamydia Positive Rates



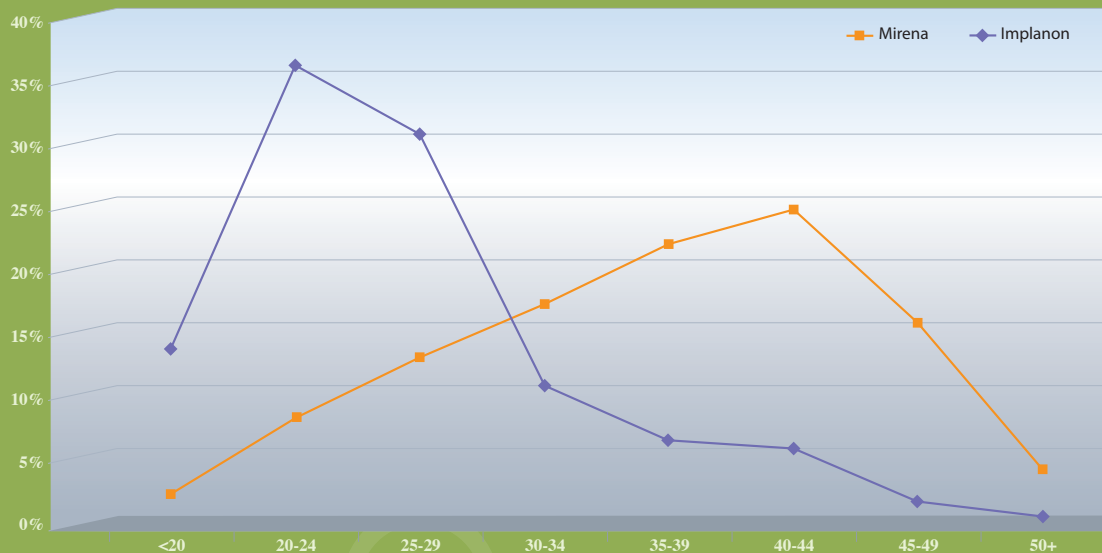
In 2005 we changed our policy on testing for chlamydia to include a greater emphasis on screening women with no symptoms. This resulted in a greater detection rate particularly in the Coolock practice. Last year saw a dramatic decrease in the prevalence rate in that area. Unfortunately most of this drop is due to a reduction in the amount of young medical card patients being seen in the clinic. In previous annual reports we have shown that chlamydia is most common in the under 25 age group. In July 2008, Well Woman had to – reluctantly – close the service to new medical card patients. This is a result of restrictions to the funding we receive from the HSE for our medical card service in Coolock. We greatly regretted this decision, but it was essential if we were to preserve services to existing GMS patients, and continue to provide them with medical care within the constraints of our grant allocation.

LARCs in Well Woman



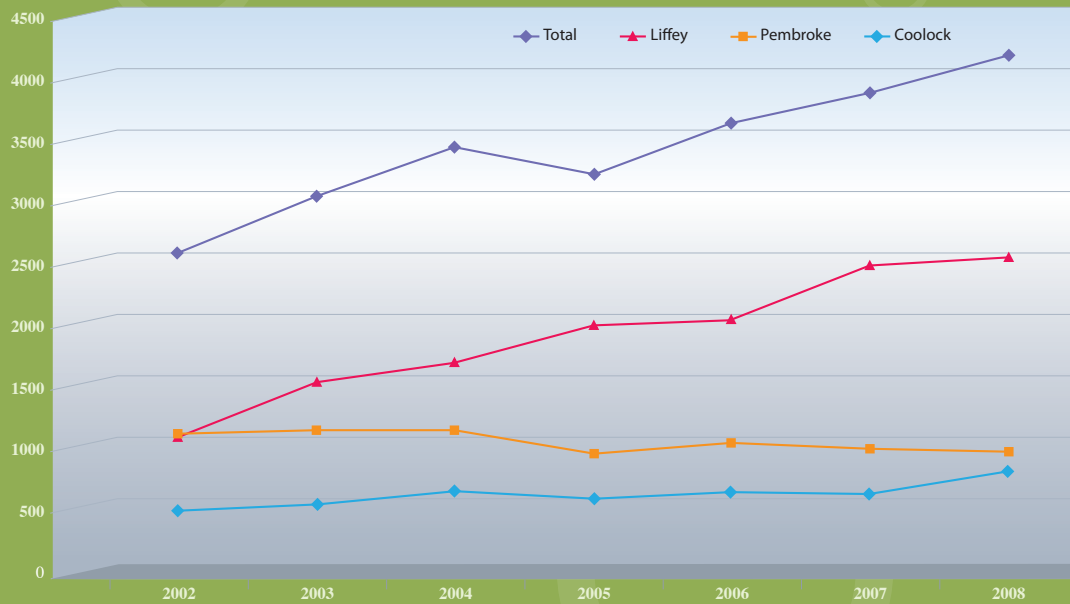
Long acting reversible contraception (LARC) is available in three forms – a Mirena intrauterine system, a copper intrauterine device and a progesterone implant which is inserted in the arm, Implanon. All three devices offer very effective contraception and last for between 3 and 10 years depending on which form is used. The implant is the newest of the three and usage is continuing to increase.

Age Profile of Users



The contraceptive implant appeals to a younger age group than the intrauterine system (IUS). Thirty five percent of all women having implants fitted were aged between 20 and 24. The IUS is technically easier to fit in women who have had children, is licensed for use in the treatment of heavy periods and can also be used as the progesterone component of hormone replacement therapy (HRT) – all of which means that it is more likely to be used in an older age group. Copper coils are used in all age groups but the numbers fitted were insufficient to provide a meaningful result.

Consultations for Emergency Contraception



Despite the many contraceptive options available, requests for Emergency Contraception continue to rise. Emergency Contraception is licensed for use within 72 hours of unprotected sexual intercourse. Studies show that it is most effective within the first 24 hours. This can pose a logistical problem for the clinics with peak demand occurring over weekends. The Liffey Street clinic provides a walk in service on Sundays and Monday mornings and also has more capacity to accommodate women at short notice at other times, due to the greater number of scheduled consulting hours available as compared to the other two clinics.

Dr Shirley McQuade
Medical Director
May 2009

Board of Directors

Ms. Mary Worrall (Chairperson)

Mary is a qualified Pharmacist who has worked in the field for over ten years. She has worked in retail but predominantly hospital pharmacy in Ireland and Australia. She currently works part-time as a Senior Pharmacist in Our Lady's Hospital for Sick Children, Crumlin.

Professor Blanaid Clarke

Professor Blanaid Clarke is an associate professor of Corporate Law in the Law School, University College, Dublin. Her research and teaching interests are in areas of Corporate Governance, Corporate Finance Law, Capital Markets Law and Contract Law.

Ms. Nerea Lerchundi

Nerea has lived in Ireland since 1987 and has worked in the complementary health sector. She also has been involved with Cuidiu offering support to breastfeeding mothers. She is looking after her young children at the moment.

Ms. Grainne Mullan (Company Secretary)

Grainne is a practising barrister specialising in the areas of judicial review, human rights law, child law and criminal law. She also lectures in Trinity College, Dublin, and in the Law Society of Ireland.

Dr. Mary O'Duffy (Resigned from Board January 2008)

Mary is a qualified GP, and has worked in Monaghan for 13 years, and previously in Australia and England. Her special interests include women's health, paediatrics and dermatology.



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Ms. Jan Richards

Jan worked in advertising in London, Budapest and Dublin for 16 years. She was Planning Director of Owens DDB in Dublin for 2 years, and also lectured in Marketing and Communications at Fitzwilliam College, and as a guest lecturer with D.I.T. Jan currently works as a brand and marketing consultant, and has a qualitative research agency. Jan is a copy clearance manager for the general Copy Clearance Committee Ireland, set up to approve food and drink advertising in Ireland. She also facilitates on the adoptive parenting courses run by the H.S.E. for prospective adopters.

Ms. Helen Twomey

(Resigned from the Board June 2008)

Helen was a Financial Accountant with Coyle Hamilton Willis for 20 years, and was involved for nine years with Junior Chamber in Dublin, having been President in 1995. She is currently working as a Senior Internal Auditor in the Central Bank and Financial Service Authority of Ireland.

Ms. Yvonne O'Neill

Yvonne worked as an Information Technology Project Manager in the private and public sector from 1986, the last 10 years of which was in health information systems. She moved into general health care management in 2001 working for the former Eastern Regional Health Authority, planning and commissioning health and personal social care services for children and families, and latterly as the Director of Monitoring and Evaluation.

On the establishment of the new Health Services Executive, Yvonne worked until February 2007 as Executive Manager of the Strategic Planning and Reform Implementation (SPRI) Unit, a dedicated unit within the HSE designed to support the organisation in advancing the health reform programme. She is now leading the new Value for Money function within the Finance Directorate of the HSE, which is leading on the development and implementation of a framework for driving and delivering value and productivity throughout the HSE.

Financial Accounts

Profit and Loss Account

PROFIT AND LOSS ACCOUNT

For the year ended 31 December 2008.

	2008 €	2007 €
INCOME	2,849,312	2,663,925
GROSS PROFIT	2,582,017	2,401,412
EXPENSES		
<i>Staff costs</i>	(2,005,126)	(1,783,640)
<i>General overheads</i>	(446,908)	(446,048)
<i>Depreciation</i>	(59,579)	(57,587)
OPERATING PROFIT FROM CONTINUING ACTIVITIES	70,404	114,137
<i>Interest payable and similar charges</i>	(19,087)	(25,524)
PROFIT ON ORDINARY ACTIVITIES BEFORE TAX	51,317	88,613
TAX ON PROFIT ON ORDINARY ACTIVITIES	-	-
PROFIT ON ORDINARY ACTIVITIES AFTER TAX	51,317	88,613
RETAINED PROFIT BROUGHT FORWARD	178,472	89,859
RETAINED PROFIT CARRIED FORWARD	229,789	178,472

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

On behalf of the Board

Mary Worrall
Director

Grainne Mullan
Director

Financial Accounts

Balance Sheet

BALANCE SHEET

As at 31 December 2008

	2008	2007
	€	€
FIXED ASSETS		
<i>Tangible assets</i>	<u>342,633</u>	<u>377,864</u>
CURRENT ASSETS		
<i>Stocks</i>	36,775	46,004
<i>Debtors</i>	110,053	37,977
<i>Cash at bank and in hand</i>	<u>71,995</u>	<u>167,280</u>
	218,823	251,261
CREDITORS (amounts falling due within one year)	<u>(210,501)</u>	<u>(231,628)</u>
NET CURRENT LIABILITIES	<u>8,322</u>	<u>19,633</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>350,955</u>	<u>397,497</u>
Financed by:		
CREDITORS (amounts falling due after more than one year)	34,678	126,615
DEFERRED GRANTS	<u>17,922</u>	<u>23,844</u>
	<u>52,600</u>	<u>150,459</u>
RESERVES		
<i>Special reserves fund</i>	68,566	68,566
<i>Profit and loss account</i>	<u>229,789</u>	<u>178,472</u>
	<u>298,355</u>	<u>247,038</u>
	<u>350,955</u>	<u>397,497</u>

On behalf of the Board

Mary Worrall
Director

Grainne Mullan
Director

The Well Woman Team at 31st December 2008

Chief Executive:

Alison Begas

Medical Director:

Dr. Shirley McQuade

Administrator:

Maire Gough

Accounts Manager:

Donna Delaney

Bookkeeper:

Rachel Carey

Clinic Managers:

Siobhan Caskie

Josephine Healion

Imelda Healy

Doctors:

Dr. Fadzilah Ab Aziz

Dr. Zainab Abed

Dr. Gillian Darling

Dr. Lawahd Hassan

Dr. Sandra Hubert

Dr. Tom Kelly

Dr. Vina Kessopersadh

Dr. Mary McAndrew

Dr. Edmond O'Flaherty

Dr. Nora Sheehy Skeffington

Dr. Madeline Stringer

Dr. Sujatha Sundaralingam

Nurses:

Bernice Breslin

Betty Coggins

Maureen Cosgrave

Anne Crawford

Karen Crean

Deirdre Farrell

Kirsten Feehan

Gay Greene

Clíodhna Kerrigan

Geraldine Little

Sinead McDonald

Norah McPeake

Shirley O'Malley

Jennifer O'Neill

Simeon Orr

Pat Rees

Head of Counselling Services:

Linda Wilson Long

Counsellors:

Anne Feeney

Bonnie Maher

Patricia Moran

Michele Pippet

Receptionists:

Mary Butler

Yvonne Dowling

Olive Fanning

Tara Galvin

Patricia Keogh

Siobhan Laherty

Sandra Lyons

Miriam McCann

Doretta McNally

Elaine Murphy

Lynsey Murphy

Fionnuala O'Flaherty

Andrea O'Neill

Linda Scanlan



The Dublin Well Woman Centre

Head Office
25 Capel Street
Dublin 1

T 01 874 9243
F 01 874 9339
E info@wellwomancentre.ie
W www.wellwomancentre.ie