

# Annual Report 2010



# Contents

- 2 Well Woman Medical and Counselling Service 2010
- 4 A Message from our Chairperson
- 6 Chief Executive's Report
- 8 Counselling Services: An Overview
- 10 Medical Director's Commentary and Report
- 15 Board of Directors
- 17 Financial Accounts
- 19 The Well Woman Team

# Well Woman Medical and Counselling Services 2010

## Family Planning Services:

- Combined oral contraceptive pill, the mini pill and Nuvaring
- Intrauterine devices, including Mirena and Copper Coils
- 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 CervicalCheck (the National Cervical Screening Programme) and Claymon 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)
- 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.

# Well Woman Medical and Counselling Services 2010

More information on services or opening hours can be obtained by visiting our website, [www.wellwomancentre.ie](http://www.wellwomancentre.ie) or by phoning any Well Woman Centre.

## City Centre

35 Lower Liffey Street, Dublin 1  
Tel: 872 8095 • Fax: 872 8051

## Northside

Northside Shopping Centre, Coolock, Dublin 5  
Tel: 848 4511

## Ballsbridge

67 Pembroke Road, Ballsbridge, Dublin 4  
Tel: 668 1108 • Fax: 660 9860

# A Message from our Chairperson



Looking back at 2010, I am pleased to record another successful year for the Dublin Well Woman Centre – albeit in an increasingly challenging economic and business climate.

The economy set the tone for much of our work programme in 2010, and our focus was on financial stability in order to sustain the organisation, as well as allow us consider longer-term projects. As part of this, early on in the year we rationalised clinic coverage in our centres. In addition, Autumn 2010 saw the launch of a 6-month integrated marketing and promotional campaign, designed to increase awareness of our Pembroke Road clinic (now beautifully refurbished).

That being said, we also worked to expand our advocacy platform, and our services during 2010. We were able to continue to make real the vision for new areas of service and advocacy, which had been defined for Well Woman at the Board's valuable 'Strategy Day', in 2009.

Early in 2010 the Minister for Health announced that a national schools-based HPV Vaccine Programme would start in September 2010. We are proud to have kept this issue alive, notably through our successful HPV Affordable Access Initiative, delivered in our Coolock centre, which concluded in 2010. We succeeded in reaching over 60% of our target group (12-year old girls living in the locality), and had a compliance rate – that is to say, take-up of all three shots of the vaccine – of over 97%.

Building on Well Woman's 'Seven Ages of Women's Healthcare' concept, and to tie-in with World Menopause Day, we launched On the Vine, our inter-active web forum on the Menopause. This was backed up by the first three of a series of on-line Menopause Fact Sheets, each one focused on a different aspect of this phase in women's lives.

On the policy front, Well Woman made a submission to the Law Reform Commission on the sensitive subject of minors and medical treatment. We followed this up by meeting the Commissioner and President to discuss our experience, and recommendations, and how current treatment guidelines and legislation might be improved.

These initiatives have been exciting, and serve to reinforce Well Woman's relevance, as it continues to advocate, and to provide best-in-market healthcare services. However, these positive developments took place against the backdrop of a dramatically worsening economy.

Our public funding streams were reduced in 2010 - following on from reductions already experienced in 2009. As we absorbed the impact of these cuts to our budget, it was even more important to us to ensure

# “Working towards health gain for women makes long-term economic sense for them, for their families and for society in general.”

our services remained accessible to women whose financial resources were under ever-greater pressure.

Because Well Woman's three clinics operate in three markedly different demographic areas, we can demonstrate that good health is intrinsically linked to economic status. Throughout the year, we heard from our patients of the impact of financial worries on their health decisions, and this is detailed elsewhere in this report.

Well Woman will continue to argue the case to policy makers for equity in women's health services, even if for no other reason than that working towards health gain for women makes long-term economic sense for them, for their families, and for society in general.

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. I want to acknowledge our ongoing role in service delivery for the Health Services Executive, and the HSE Crisis Pregnancy Programme, who fund our GMS service in Coolock, and our crisis pregnancy counselling and medical services, respectively. We are 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 and Medical Director; their commitment and leadership has been exemplary. To all of our dedicated doctors, nurses, counsellors, and administration staff, many thanks.

With the renewal of the Board during 2010, and mindful of best practice in corporate governance, we established a Finance Committee; this group continues to meet regularly, and closely monitors monthly management accounts, as well as supporting and guiding the Chief Executive on other operational issues.

I would like to acknowledge Well Woman's Board of Directors, for the tremendous amount of time, expertise and commitment they have given to the organisation during 2010.

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. I wish the organisation well for its continued success in the coming year.

Mary Worrall, Chairperson  
May 2011

# Chief Executive's Report

I am delighted to record that 2010 was another year of progress for Well Woman.

On a national level, the year began positively when the Minister for Health announced that a national HPV Vaccine Programme for first-year girls would commence during 2010. Given Well Woman's advocacy work to keep this issue live in the minds of patients, parents and opinion-formers in recent years, we saw this as a hugely positive step. We know from our affordable access programme in Coolock that there is a high level of awareness among parents regarding the benefits of the HPV vaccine, and that they want their daughters to be able to avail of it.

We continued our collaboration with the H.S.E. in terms of those services we provide in partnership with the State – our medical card health services in Coolock, our non-directive pregnancy counselling and post-abortion support services, and our cervical screening services as part of the CervicalCheck programme.

We looked to build on our 'Seven Ages of Women's Healthcare' concept, launching an on-line Menopause Forum, along with the first of a series of Menopause Fact Sheets.

Our focus was also on younger women and the challenges they can face when they seek to access medical and / or contraceptive services. During 2010 Well Woman met with the Law Reform Commission to discuss minors and medical treatment. This followed on from our making a formal submission and recommendations to the Commission, based on our experience in the clinics.

Achieving clarity for medical practitioners regarding minors and medical treatment remains highly sensitive, and is not without its complex legal and constitutional implications. We await a clear announcement from the Government regarding the long-planned referendum on children's rights. At time of writing, we also await publication of the Law Reform Commission's report and recommendations on minors and medical treatment.

Well Woman's Medical Director, as well as the present writer, were invited during 2010 to join a multi-disciplinary policy group convened by the Royal College of Physicians in Ireland, which is looking at all aspects of sexual health services in Ireland, and will work to produce a report and recommendations during 2011.

Writing as far back as in the 2006 Annual Report, I made the point that Well Woman wanted to see policy-makers engage with stakeholders before implementing a national strategy, which would deal with all aspects of sexual health – education and prevention, awareness and services.

We are still waiting. It remains apparent that programmes to prevent sexual and reproductive health problems and diseases are slow to receive the priority and funding they deserve.

## “It puts the need for sufficient public – that is, free of charge – sexual health services into sharp relief.”

From Well Woman's clinical experience over thirty years, it is clear that Ireland's sexual health needs have changed, 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 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. At the same time, elsewhere in this report Well Woman's Medical Director details the decline in numbers of patients presenting for 'Full Screen' STI testing.

This may be due to falling levels of discretionary spending for healthcare. It puts the need for sufficient public – that is, free of charge – sexual health services into sharp relief. Quite simply, that infrastructure is presently inadequate to meet the needs of our population, and this is another area in which we will continue to advocate for change.

Against this backdrop, we should be proud that Well Woman continues to provide cutting-edge health services that are relevant to women at all stages of their lives.

I must thank all of our staff for their energy and dedication to patients. In particular, our management team has shown extraordinary dedication. Finally, warm thanks must go to our Chairperson Mary Worrall, and to Well Woman's Board of Directors.

It is one thing to chair or serve as a Board member of a not-for-profit organisation in a climate of prosperity and generous public funding, and quite another to give one's time as Chairperson or Board member in a time of recession and financial contraction. Mary and the Board gave me unqualified support and guidance during 2010, for which I am most grateful.

Alison Begas, Chief Executive  
May 2011



# Counselling Services: An Overview

Counselling services in Well Woman continued to be provided by highly trained, professional and ethically driven counsellors in 2010. Counselling services, to date, remain equivalent to the hours provided in 2009, but the recession has had an impact, with a small reduction in funding for our services of pregnancy and post termination counselling. The continuing recession has also led to reduced numbers of clients attending our general counselling service, indicating that despite the apparent need for such support in these difficult times, many may defer seeking therapeutic services because of financial stress.

## **Crisis Pregnancy Counselling**

Our counselling service upholds the client's right to make decisions with regard to her crisis pregnancy around the options of parenting, adoption and abortion. Crisis pregnancy can result from failed contraception, relationship break-ups, incest, rape, foetal abnormality and / or lack of self-care. Our counsellors offer a client the necessary support and information to enable her to reach informed choices for her crisis. Counselling is client led, non directive and legally compliant.

The diversity of our service which includes clients with world-wide nationalities has led to the translation into 8 languages of a service guide which can be read by a client both on arrival at the clinic and within the counselling room. This enables clients who do not have English as a first language to understand our policy and our service and they can be assured of the support and professionalism they are entitled to receive. It also enables the counsellors to ensure the client receives appropriate information, especially if the use of a translator is needed in the session.

Within the crisis of an unplanned pregnancy, increasingly a presenting element in the counselling session revolves around financial concerns for clients who may be without employment, or working on reduced hours etc. There would appear to be concerns for many that they are financially unable to continue with a pregnancy due to the insecurity of future employment or have mortgage related issues. Concerns are raised regarding their ability to continue working, manage further salary cuts and perhaps experience two unemployed adults in one household. Clients wish to provide sufficiently for present family and home circumstances and a crisis pregnancy can be a source of great distress to them.

The Crisis Pregnancy Agency, now integrated into the HSE as the HSE Crisis Pregnancy Programme, continues to provide a training module in conjunction with NUI Maynooth on crisis pregnancy counselling. This module is of particular value to counsellors who are new to the provision of crisis pregnancy as a form of therapeutic intervention and ensures an increase in knowledge around the complexities contained within this counselling work

**“There would appear to be concerns for many that they are financially unable to continue with a pregnancy due to the insecurity of future employment.”**

### **Post Termination Counselling**

Clients who wish to travel for termination used to only avail of the services in the UK but recent statistics show that many clients may travel to their country of origin, or to the many available and medically excellent clinics within Europe, or as far afield as America or India. As before, some return to us for their medical check-ups and ongoing support in our counselling service. Whilst women do not avail of these services in the numbers we would hope to see, we note from our statistics a slight increase in clients using both medical and counselling services. Hopefully this suggests that the still present stigma of abortion in Ireland and the secrecy for clients when they return to within family, friends and work conditions is lessening. Teenagers, in particular, can experience isolation from family who can express support or opposition to their decision to terminate, and with friends from whom they must keep this secret.

The HSE Crisis Pregnancy Programme has increased its advertising commitment to ensure wide media support for clients to avail of services when they return to Ireland. This ongoing campaign continues to remove the secrecy and silence of termination for Irish clients and is also of relevance to our multi national clients who may have very little support in this country.

Our post termination counselling service is available to any person, male or female, who has familiarity with the experience of abortion and looks for support to work through any emotional issues reached through that experience.

### **General Counselling**

Our general counselling service is attended by many people recognising the benefits of the support and structure of a confidential, safe and therapeutic meeting. It is still possible, due to lack of legislation, to offer a counselling service without appropriately trained therapists. Therefore clients can be vulnerable, and may be exposed to serious harm caused by lack of professional and ethically bound standards. At Well Woman we strive to meet all professional and ethical criteria with ongoing training, supervision and workplace support for all our counsellors.

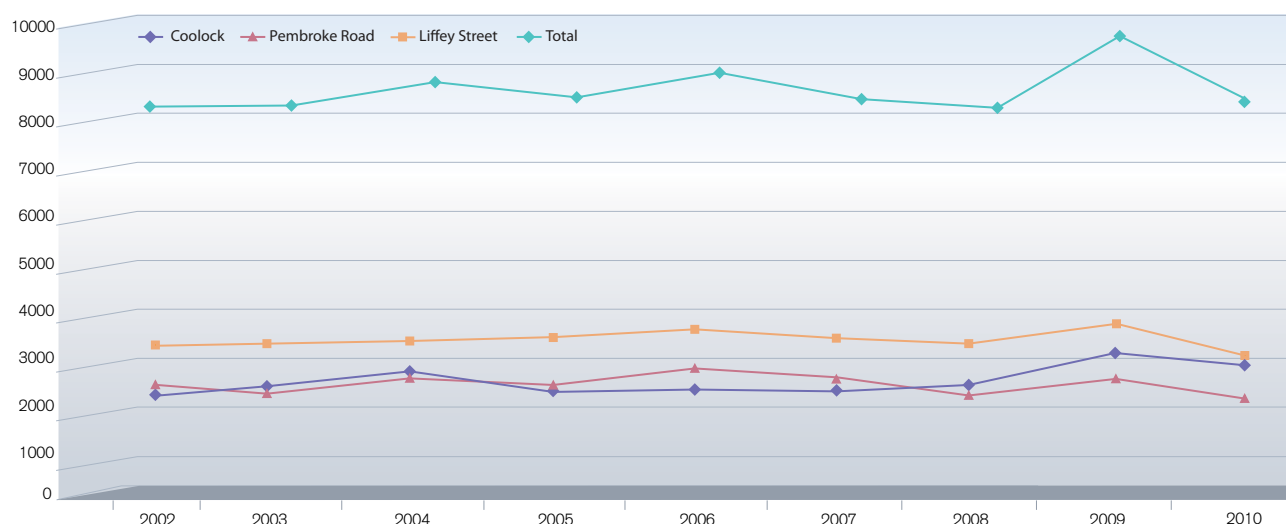
Dr Eimer Philbin Bowman continues to offer her service which deals with panic attacks, eating disorders and phobias in our Pembroke Road Centre.

Well Woman continues to liaise with other Service Providers, facilitating information and knowledge flow to uphold and maintain good practice for our counselling service. Continued participation with our funders, the HSE Crisis Pregnancy Programme, ensures ongoing development and growth for our service and we will continue to offer professional and ethical therapeutic intervention for our clients.

Linda Wilson Long, Head of Counselling Services  
May 2011

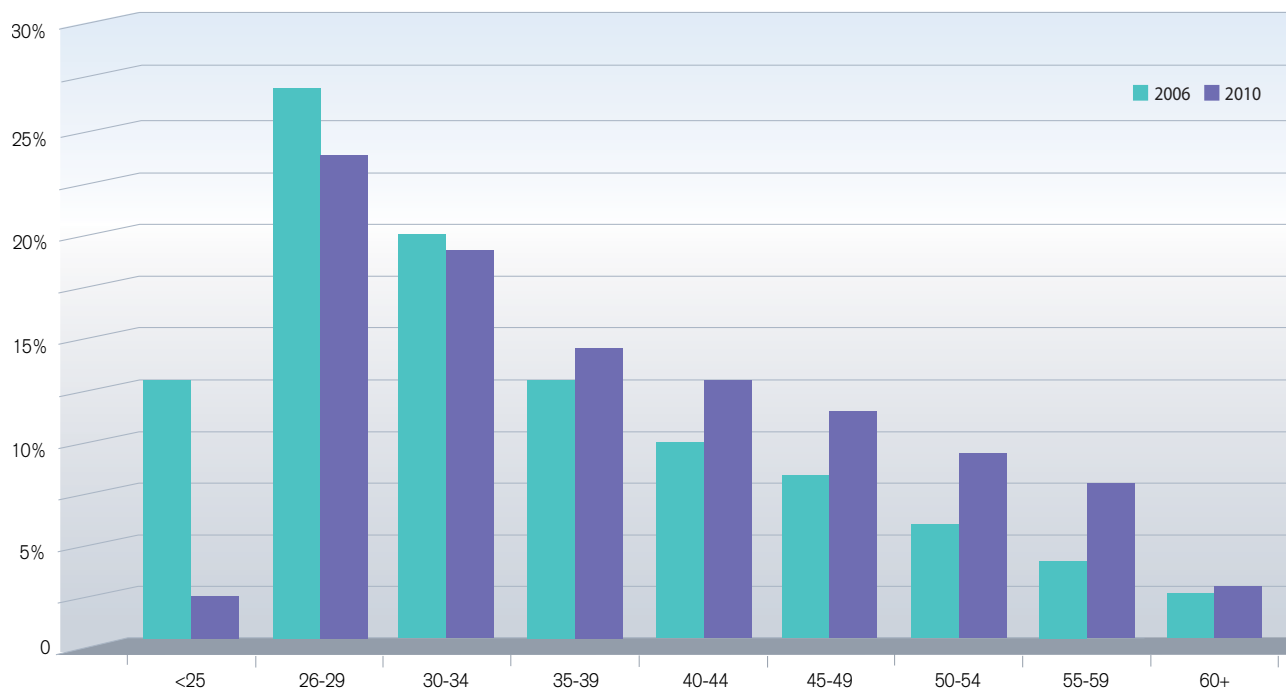
# Medical Director's Commentary and Report

Annual Number of Cervical Smear Tests Taken in Well Woman



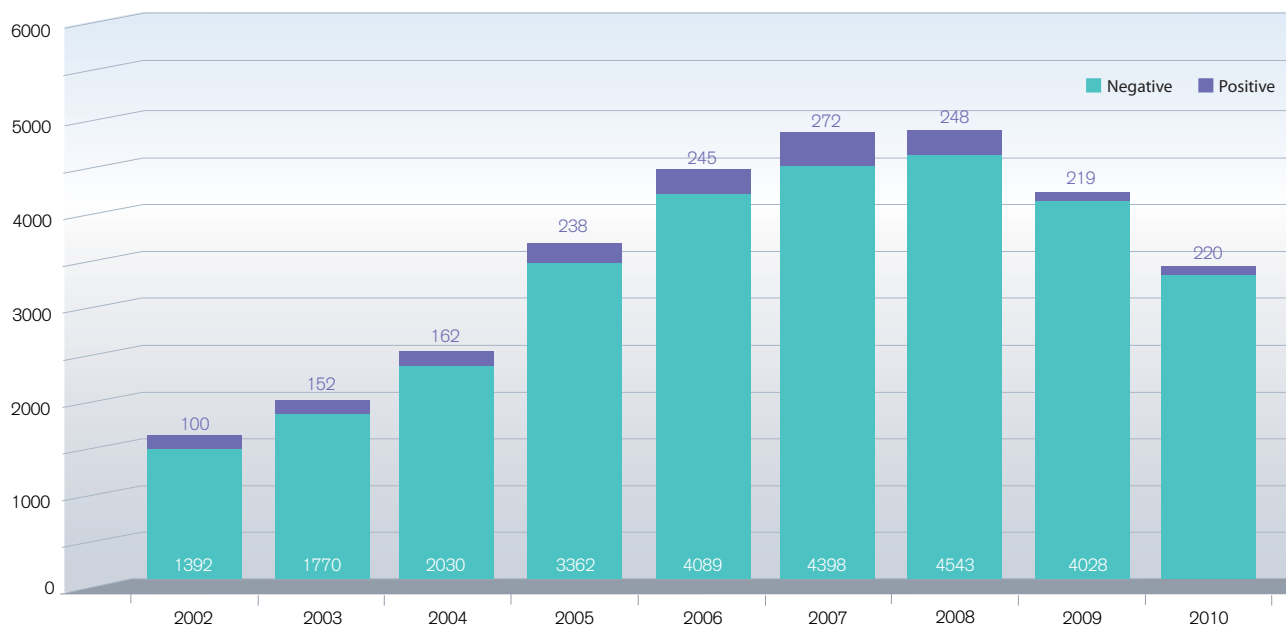
The Well Woman Centre has provided a cervical smear test service for many years. The annual number of tests taken has been remarkably consistent except for an unprecedented surge in demand in early 2009. This coincided with the start of the National Cervical Screening Programme and the well publicised illness and subsequent death due to cervical cancer of a young woman with a high media profile. Despite the National Cervical Screening Programme, which invites women aged 25 – 60 years of age to be tested without charge, the number of cervical smear tests taken in 2010 is in line with other years dating back to 2002. On initial consideration, this would suggest that the programme has had little effect.

Distribution of Smear Tests by Age



However if one looks at the age profile of women attending for smear tests, one can see a very definite shift towards older women being tested. Up to a quarter of women under 25 will have some cellular changes if tested but these are largely minor and resolve spontaneously without treatment. Detecting cellular changes in women in their 30s and 40s is much more important because these changes may be more severe and may not resolve. We have also noticed a very definite increase in older women attending for tests who have never had a smear test before. So even though the number of tests taken has not increased, the National Cervical Screening Programme is producing a more targeted approach.

Percentage Positive Chlamydia Tests



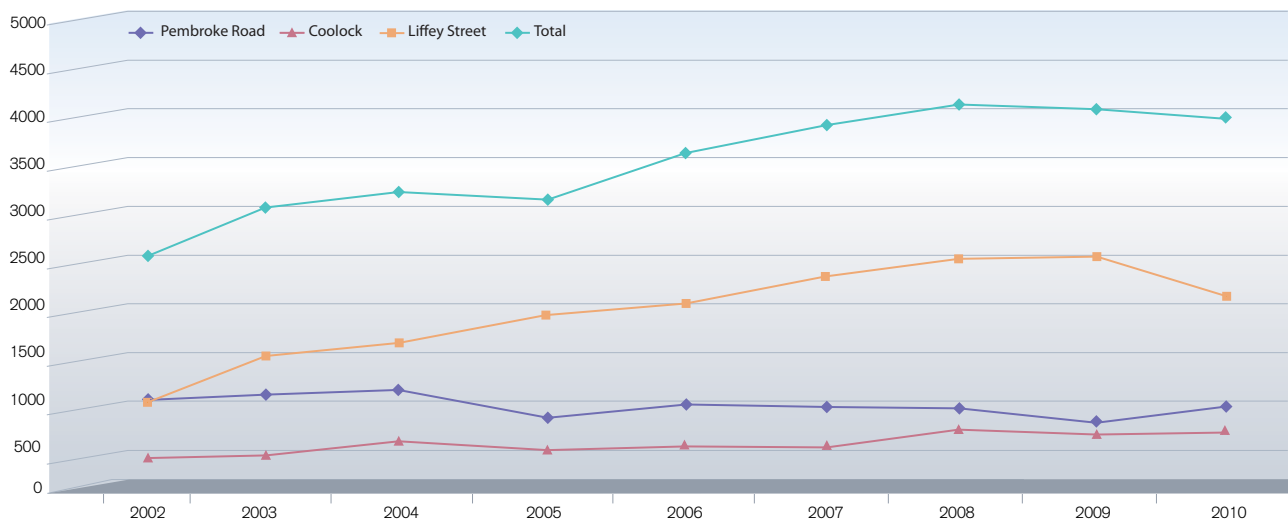
Chlamydia is a sexually transmitted infection that can cause pelvic inflammatory disease with the possible sequelae of chronic pelvic pain, infertility and increased risk of an ectopic pregnancy. The vast majority of women who contract chlamydia will not have any symptoms of infection. We routinely ask women whether or not they wish to be screened. The decrease in numbers tested in 2009 and 2010 reflects the overall decrease in numbers attending the clinics and also the reluctance of people to incur additional costs – even though the extra cost is only €15 for the test.

### Percentage of Chlamydia Tests that are Positive by Age Group (based on over 12,000 test results in 2008-2010)

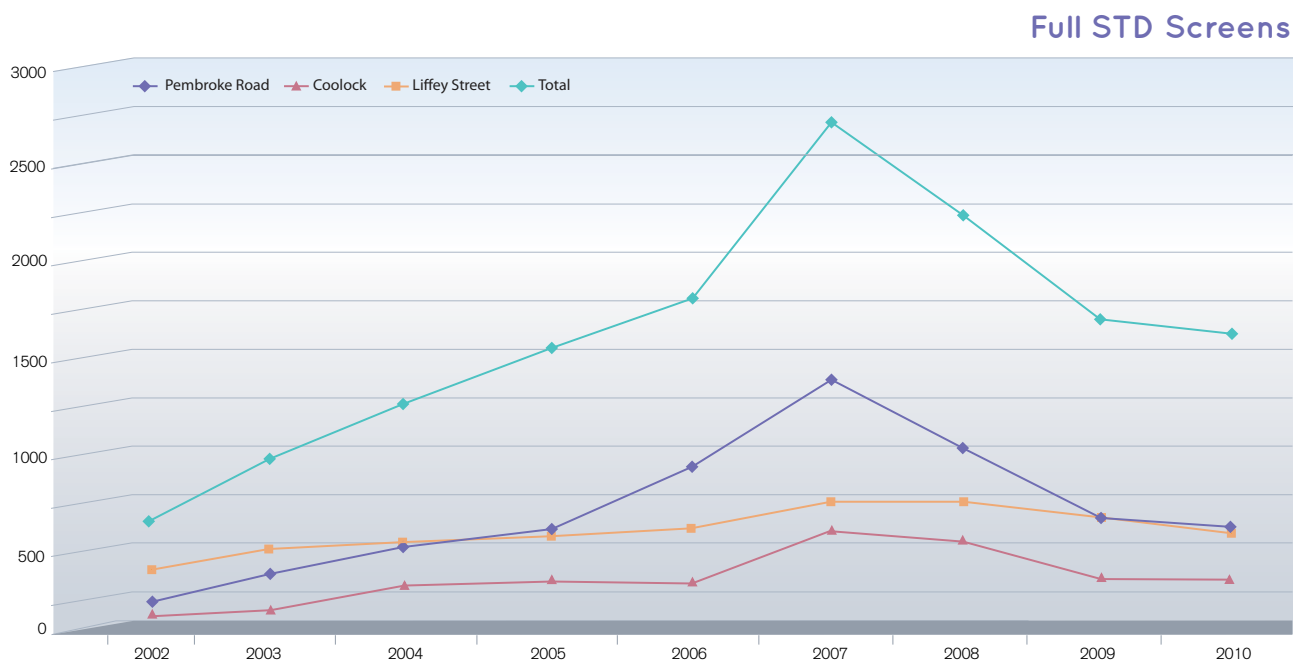


It is essential that we continue to emphasise the need for chlamydia screening in young people. The under 25s have particularly high prevalence rates across all three clinics. We are fortunate in the Dublin region to have access to the services of the National Virus Reference Laboratory because they analyse both urine and swab tests. This allows us to offer urine chlamydia testing which is much more acceptable to younger patients than having a physical examination to have swab tests taken.

### Emergency Contraception Prescribed and Administered

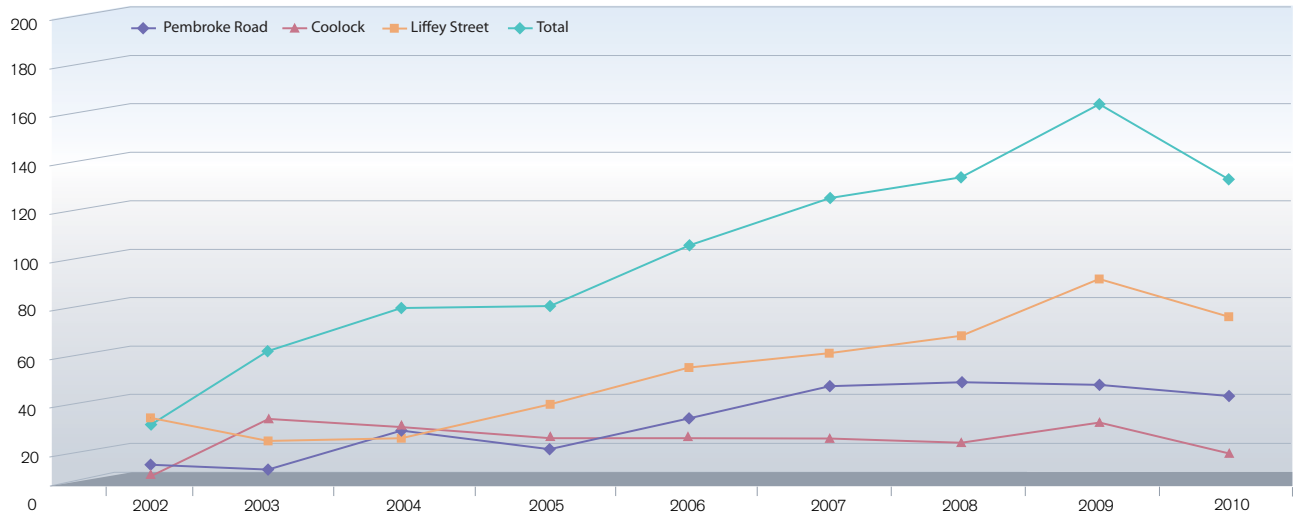


The number of women who attended for Emergency Contraception has dropped for the second consecutive year. Coolock numbers were stable as were Pembroke Road's when the one month closure for renovation in 2009 is taken into account. The decline in numbers was in the Liffey Street clinic. This clinic is in the city centre and has a more transient patient base than the others. The reduced levels may be due to the numbers of young people leaving the country for pastures new.



The continued decline in the number of men and women having full screens over the last three years is probably due to a combination of factors including less money available for discretionary spending and less people in the “at risk” age group now living in the country.

## Annual Number of Fertility Visits



Since computerised records began in 2002 there has been an increase every year in the number of couples attending for initial infertility investigations. The greatest predictor for subfertility is increasing maternal age. More and more couples have been delaying starting a family so it is not surprising that some will have difficulty conceiving. Last year, 2010, was the first year that the numbers coming into the clinics for a consultation declined. Is this yet another indicator of recession?

Dr. Shirley McQuade, Medical Director  
April 2011

# Board of Directors 2010

## **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 Children's Hospital, Crumlin.

## **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.

## **Breeda Cunningham (joined Board March 2010)**

Breeda is a Chartered Accountant, who trained with PricewaterhouseCoopers. During her time in practice she was involved in the audits of banks, stockbrokers, manufacturing and distribution companies. Post qualifying Breeda has worked for a number of large organisations including an investment bank in London and an insurance company and insurance broker in Ireland. Breeda currently works in Dillon Eustace where she assists clients in interpreting and adhering to regulatory obligations.

## **Dr. Fiona de Londras (joined Board March 2009)**

Fiona is a lecturer in UCD School of Law, and specialises in property and human rights law.

## **Grace O'Malley (joined Board June 2010)**

Grace is a qualified psychologist and psychotherapist and is a Fellow of the Chartered Institute of Personnel Development (FCIPD). Having worked across many sectors – technology/education/voluntary - she is currently lecturing in Human Resource Management, specialising in the areas of Change Management, Organisational Effectiveness and Development, and eLearning. A Former Treasurer and Board Member of the National Women's Council, she is currently Chair of The Rose Project, a charity working with women's healthcare in Malawi.



# Board of Directors 2010

## **Ms. Yvonne O'Neill**

Since mid-2007, Yvonne has been leading a Value for Money function within the Finance Directorate of the HSE, responsible for the development and implementation of a framework to drive and deliver value and productivity throughout the HSE. Prior to this she worked during the establishment of the Health Services Executive as Executive Manager of the Strategic Planning and Reform Implementation (SPRI) Unit, a dedicated unit designed to support the organisation in advancing the health reform programme.

This had followed five years with 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. Her previous experience was as an Information Technology Project Manager in the private and public sector from 1986, 10 years of which was in health information systems.

## **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.

# Financial Accounts: Profit and Loss Account

## Profit and Loss Account

For the year ended 31 December 2010

	2010 €	2009 €
INCOME	<u>2,678,453</u>	<u>2,960,793</u>
GROSS PROFIT	2,451,613	2,671,871
EXPENSES		
Staff costs	(1,958,863)	(2,020,611)
General overheads	(393,306)	(483,168)
Depreciation	<u>(43,263)</u>	<u>(73,503)</u>
OPERATING PROFIT FROM CONTINUING ACTIVITIES	56,181	94,589
Interest payable and similar charges	<u>(15,045)</u>	<u>(14,412)</u>
PROFIT ON ORDINARY ACTIVITIES BEFORE TAX	41,136	80,177
TAX ON PROFIT ON ORDINARY ACTIVITIES	<u>-</u>	<u>-</u>
PROFIT ON ORDINARY ACTIVITIES AFTER TAX	41,136	80,177
RETAINED PROFIT BROUGHT FORWARD	<u>309,966</u>	<u>229,789</u>
RETAINED PROFIT CARRIED FORWARD	<u><u>351,102</u></u>	<u><u>309,966</u></u>

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 2010

	2010 €	2009 €
FIXED ASSETS		
Tangible assets	376,547	417,451
CURRENT ASSETS		
Stocks	20,967	29,357
Debtors	52,666	60,017
Cash at bank and in hand	161,947	126,349
	<u>235,580</u>	<u>216,349</u>
CREDITORS (amounts falling due within one year)	(110,993)	(157,295)
NET CURRENT ASSETS	<u>59,054</u>	<u>124,587</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>476,505</u>	<u>501,134</u>
Financed by:		
CREDITORS (amounts falling due after more than one year)	75,388	85,973
DEFERRED GRANTS	6,078	12,000
	<u>81,466</u>	<u>97,973</u>
RESERVES		
Special reserves fund	68,566	68,566
Profit and loss account	351,102	309,966
	<u>419,668</u>	<u>378,532</u>
	<u>501,134</u>	<u>476,505</u>

On behalf of the Board

Mary Worrall, Director

Grainne Mullan, Director

# The Well Woman Team (at 31 December 2010)

## **Chief Executive:**

Alison Begas

## **Medical Director:**

Dr. Shirley McQuade

## **Administrator:**

Maire Gough

## **Accounts Manager:**

Siobhan Wright

## **Bookkeeper:**

Rachel Carey

## **Clinic Managers:**

Siobhan Caskie  
Josephine Healion  
Imelda Healy

## **Head of Counselling Services:**

Linda Wilson Long

## **Counsellors:**

Anne Feeney  
Patricia Moran  
Michele Pippet

## **Doctors:**

Dr. Fadzilah Ab Aziz  
Dr. Ornaith Cafferty  
Dr. Gillian Darling  
Dr. Lawahd Hassan  
Dr. Sandra Hubert  
Dr. Tom Kelly  
Dr. Vina Kessopersadh  
Dr. Deirdre O'Connor  
Dr. Mary McAndrew  
Dr. Madeline Stringer  
Dr. Sujatha Sundaralingam

## **Nurses:**

Bernice Breslin  
Betty Coggins  
Maureen Cosgrave  
Anne Crawford  
Karen Crean  
Deirdre Farrell  
Kirsten Feehan  
Gay Greene  
Geraldine Little  
Sinead McDonald  
Norah McPeake  
Shirley O'Malley  
Jennifer O'Neill  
Simeon Orr  
Pat Rees

## **Receptionists:**

Mary Butler  
Pauline Clerkin  
Yvonne Dowling  
Olive Fanning  
Wendi Fowler  
Tara Galvin  
Patricia Keogh  
Siobhan Laherty  
Sandra Lyons  
Miriam McCann  
Doretta McNally  
Elaine Murphy  
Fionnuala O'Flaherty  
Andrea O'Neill  
Linda Scanlan

## The Dublin Well Woman Centre

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Dublin 1

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