THE WELL WOMAN CENTRE

Annual Report 2011

Contents

Well Woman Medical and Counselling Services 2011

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 (Pembroke Road)

Screening and Sexual Health Services:

- Cervical smear testing CervicalCheck (the National Cervical Screening Programme) and Biomnis
- Screening for Sexually-Transmitted Infections (Men's STI screening is available in Pembroke Road only)
- Chlamydia testing
- Cryotherapy
- HPV typing

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)

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.

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

A Message from our Chairwoman

2011 was a challenging year, and like many organisations operating in the not-for-profit sector, the work of the Dublin Well Woman Centre has been transformed by Ireland's challenging economic and business climate. The deteriorating economy set the tone for much of our work during 2011, and compelled the Board and senior management to take some difficult decisions to re-structure Well Woman in order to ensure financial stability.

Having already rationalised clinic coverage in our centres as far back as 2010, during 2011 we had to take further crucial steps to reduce our costs, which culminated in the unavoidable decision that staff pay needed to be reduced at year-end. The Board undertook a process of staff consultation and I wish to record my gratitude to Well Woman's staff for their understanding and forbearance as we worked through this difficult process, and for their support of what we had to do.

In addition, The Board's Finance Committee has made, and continues to make, a major contribution during difficult times and is much appreciated by the Chief Executive and myself for their support and guidance.

Against the backdrop of a dramatically worsening economy, our public funding streams were reduced in 2011 - following on from reductions already experienced year-on-year since 2008. As we absorbed the impact of these cuts to our budget, we realised the importance of 'keeping our eye on the ball' where real women's healthcare issues are concerned – the need to ensure our services remain accessible to women whose financial resources were under ever-greater pressure too, and we reduced the cost of some of our services.

Well Woman's advocacy role is crucial and we have long worked to progress women's equity in accessing healthcare. In the Spring of 2011 regulatory change enabled women to access Emergency Contraception over-the-counter through pharmacies, doing away with the need that they first see a doctor. From an equity perspective, it is clearly good that women are now able to get this very safe medication directly from their community pharmacy as it makes the medication more affordable - particularly for younger women.

However, from an advocacy perspective, as healthcare providers, we would also wish to see women continue to access Emergency Contraception in the context of a holistic sexual health consultation, which can only be given by a doctor or nurse with experience in family planning. In September, our Chief Executive and Medical Director met with officials from the Department of Health to put the case for a nurse-supplied Emergency Contraception service, and we hope that our advocacy efforts in this will bear fruit in 2012.

Also during 2011 the Law Reform Commission's report on the sensitive subject of minors and medical treatment was published. Well Woman's Chief Executive and Medical Director had met with the Commissioner and President to discuss our experience, and recommendations on how current treatment guidelines and legislation might be improved. We were concerned that not all of our recommendations were reflected in the finished report. Without legislation to protect medical practitioners, they will continue to operate in a grey area if and when they treat those aged under 16 years. We will continue to exert pressure in this area.

Finally, the year ended with a judgement by the European Court of Human Rights which put the spotlight back onto the unresolved issue of abortion legislation (in cases where the life or health of the pregnant woman is seriously threatened by continuing with her pregnancy). The Government has convened an Expert Group to make recommendations here, and they are due to report during 2012.

In Well Woman's crisis pregnancy counselling service, every single month we see women coming to us in circumstances where a much-wanted pregnancy has become a crisis, due to the diagnosis of a serious medical condition. We urge this Government to legislate for the 1992 X-Case judgement, and to define the circumstances in which safe and legal terminations may be provided to women in these harrowing circumstances.

On another note, Well Woman is proud of its partner relations with a number of statutory bodies; this is a valuable facet of our work and 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. We are also partners in service delivery to CervicalCheck, the national cervical screening 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.

Last, but not least, 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 2011. In particular I acknowledge my predecessor as Chairwoman, Mary Worrall, for her continued support and engagement.

I am really proud to be Chairwoman of the Well Woman Centre and part of the team 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.

Jan Richards
Chairwoman
May 2012

Chief Executive's Report

'When we are no longer able to change a situation, we are challenged to change ourselves', so wrote Austrian psychiatrist and Holocaust survivor Victor Frankl.

Well Woman's focus during 2011 bore out this maxim, given the extent to which we adapted in a changing economy. What remained constant was the organisation's dedication to equity and accessibility in women's health services.

Was it a year of progress? In many ways, that a not-for-profit organisation that is relevant to women, and looks to constantly argue the case for women's health gain, can endure in the teeth of a deep recession, while facing reductions in public funding and in patient numbers due to emigration, is cause for celebration, and I am proud of how Well Woman has adapted to survive.

Our Chairwoman, Jan Richards, has acknowledged her gratitude to Well Woman's staff for giving consent to a necessary pay-cut, and I wish to endorse this. Naturally no-one wishes to accept a reduction in pay in these times, but it was essential to the organisation to ensure it remains able to provide cutting-edge health services to our patients, and employment to our exceptional staff.

In our clinical and counselling work, we continued to grapple with an evolving legislative and regulatory framework around minors and medical treatment. Younger women can face a number of challenges when they seek to access medical and / or contraceptive services. During 2010 Well Woman had met with the Law Reform Commission to discuss minors and medical treatment, and their report was published during 2011.

Achieving clarity for medical practitioners regarding minors and medical treatment remains highly sensitive, and is not without its complex legal and constitutional implications. At time of writing, the *Children First* Bill has been published; this too will have an impact on how healthcare practitioners interact with minors. We hope that impact will be positive, and that it will not serve to deter any minor from seeking medical services.

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.

That being said, the multi-disciplinary policy group convened by the Royal College of Physicians in Ireland – on which Well Woman was represented by the present writer – has now produced a report encompassing recommendations on all aspects of sexual health in Ireland, including education and prevention, best practice testing in primary care and in hospital-based laboratory services, and treatment outcomes.

From Well Woman's clinical experience over nearly thirty-five 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.

Sexual health has become so much a part of Well Woman's clinical and policy work, that we reduced the cost of STI Testing in our clinics in 2011, as we had noted that women were putting off attending for this important health test due to financial pressures. Elsewhere in this report Well Woman's Medical Director details the outcome of this move.

It seems hard to believe that it is now twenty years since the European Court of Human Rights found in favour of Well Woman in a landmark ruling on information; in 1992 they supported the right of Irish women faced with crisis pregnancy to receive information on abortion services legally available in another country.

That same year, the Supreme Court ruled that X, a 14-year old girl pregnant as a result of rape, faced a real and substantial risk to her life due to the threat of suicide and was entitled to an abortion in Ireland under Article 40.3.3 of the Constitution.

Late in 2011, a judgement by the European Court of Human Rights found against the Irish State for failing to make available termination services in Ireland to a woman suffering from cancer. In the midst of many changes, Well Woman's pro-choice stance has not altered or diluted, and we will continue to advocate for long-overdue legislation in this sensitive area.

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

It is one thing to chair or serve on the Board of a not-for-profit organisation in a climate of prosperity and generous public funding, and quite another to give one's time in a recession. Jan, Mary and the Board gave me unqualified support and guidance during 2011, for which I am most grateful.

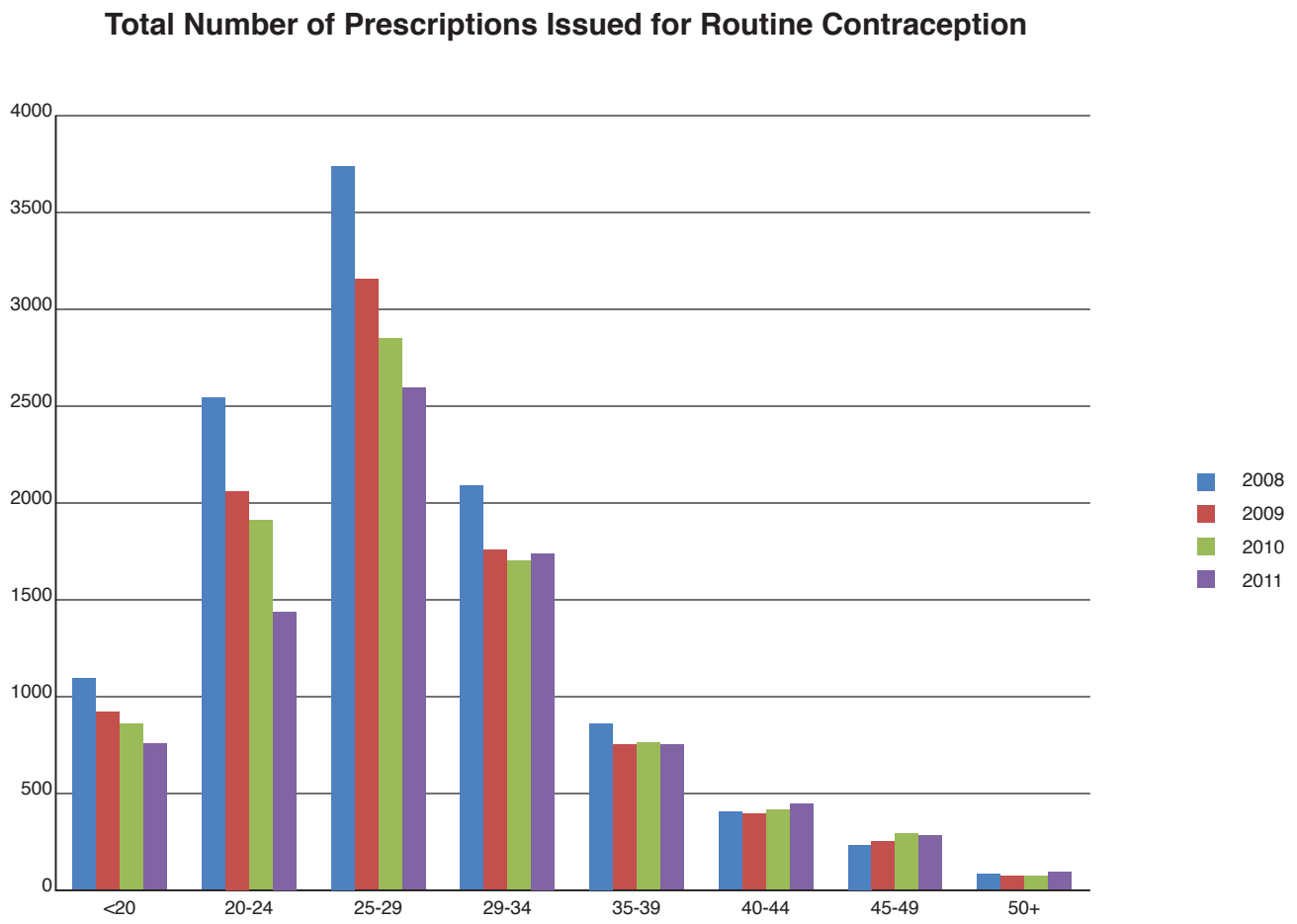
Alison Begas
Chief Executive
May 2012

Medical Director's Commentary and Report

Contraception prescriptions

The number of patients attending the clinics for routine contraception has decreased markedly since 2008. The decline is most dramatic in the under 30 age group where there was a 35% reduction in prescriptions issued, while numbers in the over forty age group remained stable.

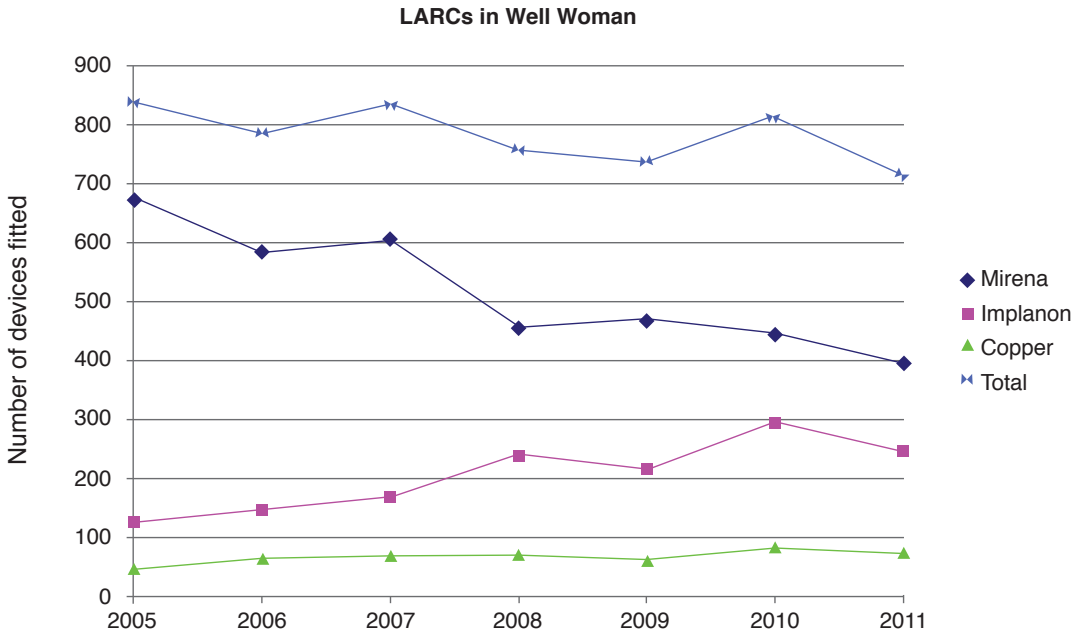
This fits with Central Statistics Office figures showing an increase in the number of young women leaving the country. Routine contraception includes combined oral contraceptive pill, progesterone – only pills, contraceptive patches and rings and the depo progesterone injection.



LARCS 2005 – 2008

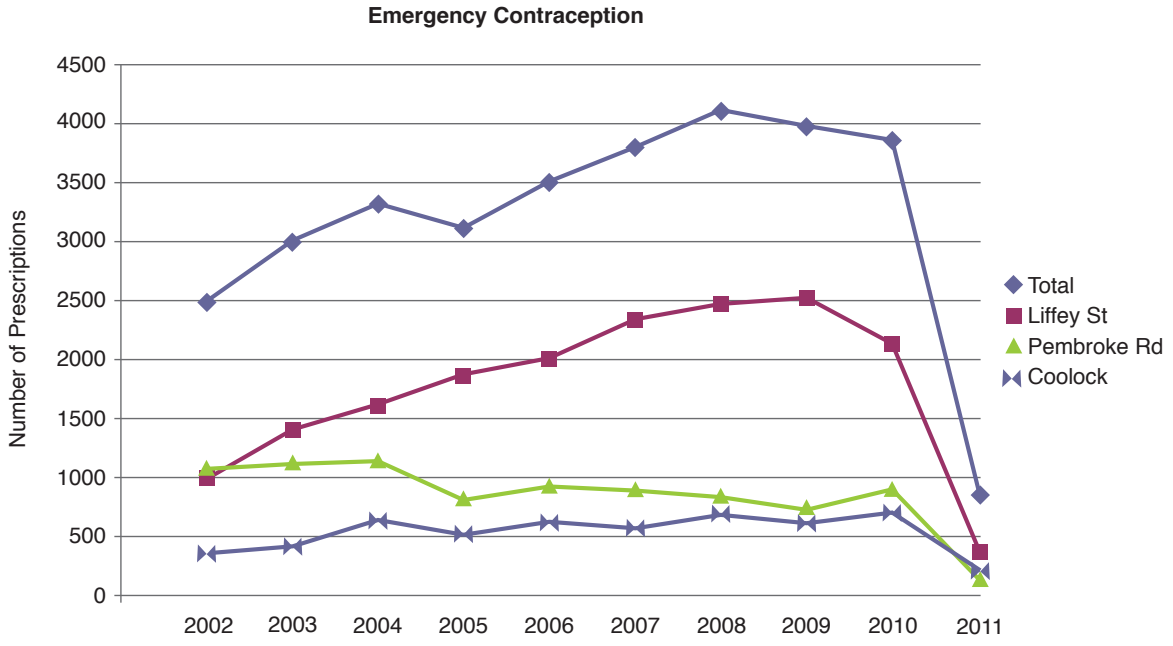
A small part of the reduction in regular contraception prescriptions can be attributed to an increase in the use of Implanon – a long acting contraceptive device (LARC) that is inserted under the skin in the arm. It provides highly effective contraception for 3 years. The implant is particularly popular in the under 30s.

Mirena intrauterine systems and copper intrauterine devices are also highly effective and can be used for between 3 and 10 years depending on which device is fitted. They tend to be the method of choice for women who have had children, although they can also be used by women who have not had children.



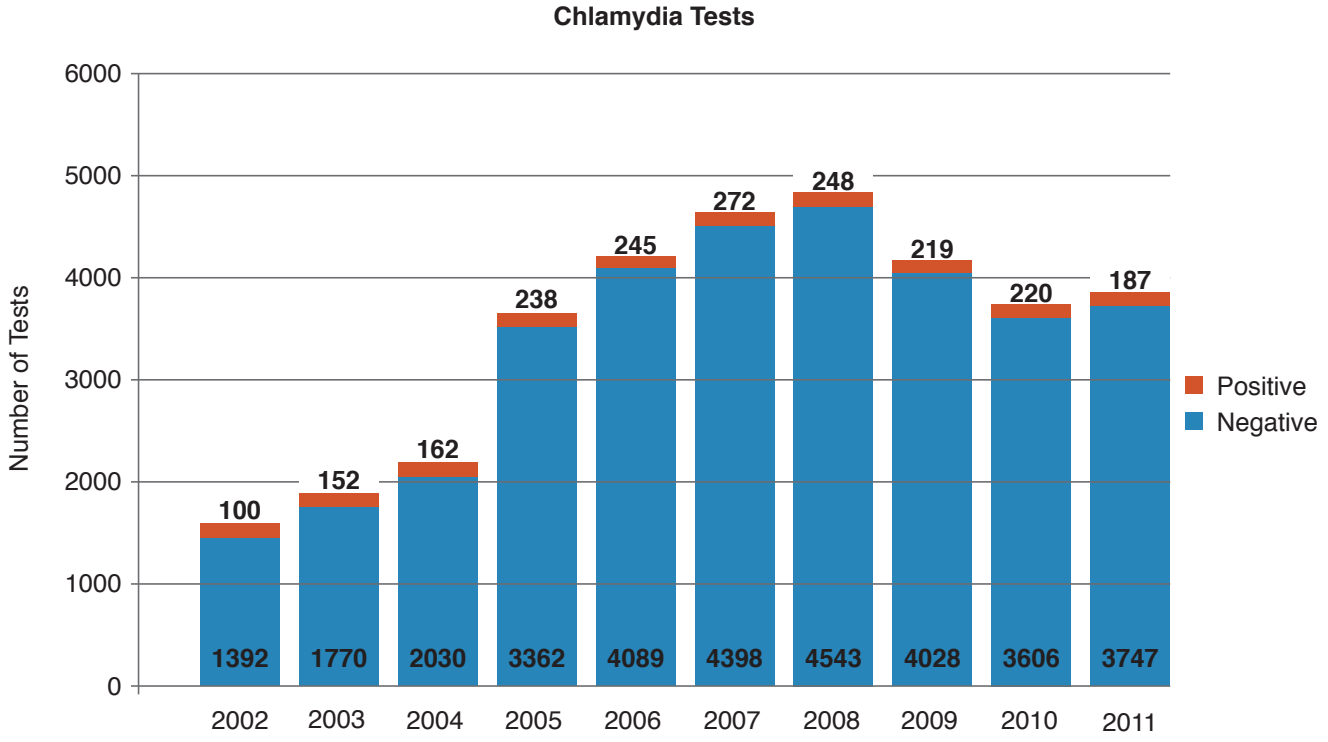
Emergency Contraception 2011

The number of emergency contraception prescriptions has been in decline since 2008 but a change in the licence for emergency contraception pills in February 2011 to allow pharmacists to dispense E.C. pills without the need for a doctor's prescription had a dramatic and immediate effect on patient attendance for E.C. The drop was just under 80% from the 2010 figure.



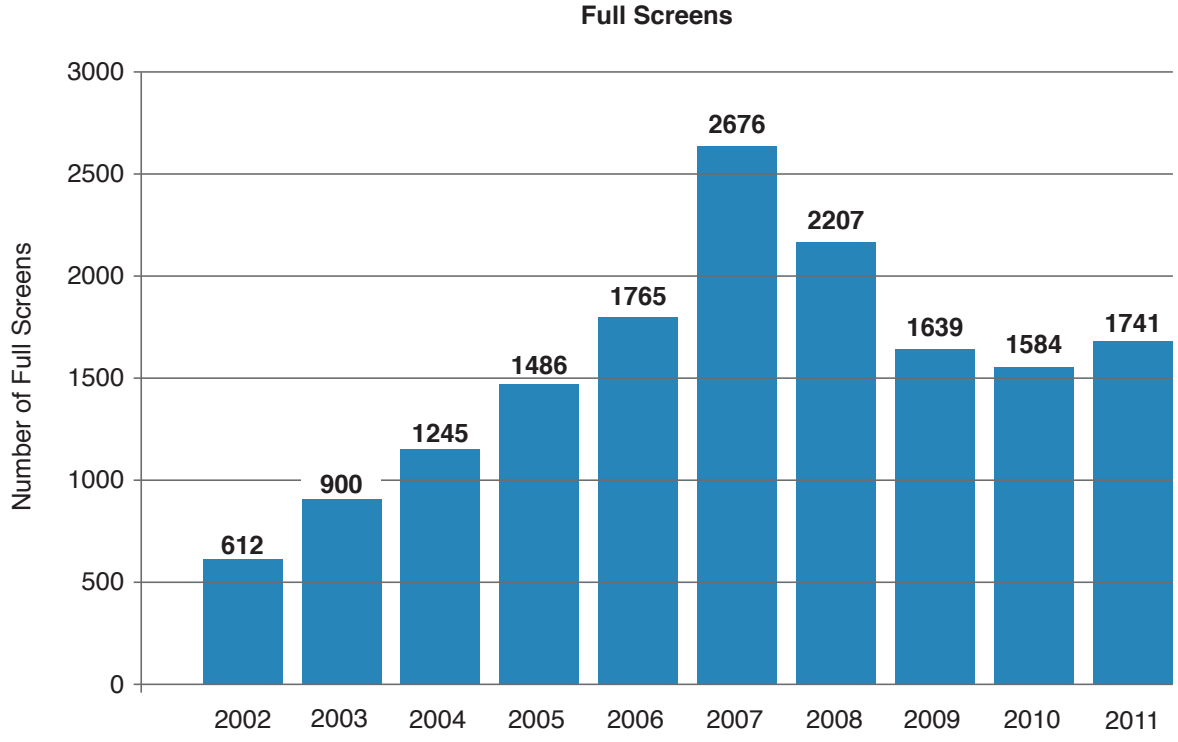
Chlamydia Tests

The number of chlamydia tests taken was broadly similar to 2010, however less tests were positive for infection. The overall positive rate was 5.75% in 2010 and 4.75% in 2011. Since the highest rates of chlamydia infection are in the under 25s, the fact that we are seeing less in that age group is a more likely explanation than that the infection rate for individuals in the population is dropping.



Full Screens

The number of Full Screens peaked in 2007 and showed a decrease over the following three years but then recovered somewhat last year to a level similar to 2006. Most full screens are initiated by request from the patient. A full screen involves taking tests to check for sexually transmitted infections. The screen tests for chlamydia, gonorrhoea, trichomonas, hepatitis B, hepatitis C, HIV and syphilis. Very low levels of blood borne infection are detected in the Well Woman patient population.



Dr Shirley McQuade
Medical Director
May 2012

Counselling Services: An Overview

Well Woman's counselling services continued to be provided by highly trained, professional counsellors in 2011. The recession is still impacting on our client base with – possibly - emigration influencing the age profile of clients attending for pregnancy and post-termination counselling. The recession has also lead 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. We offer a sliding scale for our general counselling to assist clients to avail of this support.

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 or foetal abnormality.

A planned, wanted pregnancy can also become a crisis through change of circumstances in the client's life, a job loss or financial instability, or the diagnosis of a serious foetal abnormality. Our counsellors offer clients the necessary support and information to enable them to reach informed choices around possible outcomes of parenting, adoption and abortion. Counselling is client led, non directive and legally compliant.

As in previous years, within the crisis of an unplanned pregnancy, the presenting element in a counselling session can revolve around financial concerns for clients who may be without employment, or working on reduced hours etc. Many express concern that they are financially unable to continue with a pregnancy due to the insecurity of future employment, further salary cuts, or evolving mortgage-related issues. The distress caused by a crisis pregnancy on a client wishing to provide sufficiently for her present family can be great.

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 providing crisis pregnancy counselling. This training has been further extended by the introduction of 'Master Classes 'which bring deeper learning to specific issues within pregnancy and parenting.

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 one of many 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 counselling support.

Whilst women do not avail of these services in the numbers we would hope to see, we note from our statistics an 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 maintained its advertising commitment to ensure wide media awareness for women of the availability of support services when they return to Ireland. This coverage also encourages the removal of the silence of termination for women. Termination remains a very emotive issue however, and it is of utmost importance that a client can attend any Well Woman clinic and be assured of confidential and professional counselling services. It 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, female, male or couples who have familiarity with the experience of abortion and look 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 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 maintain best 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 2012

Joan MacGowan – An Appreciation

It is with great sadness that we acknowledge the death of our esteemed colleague and supervisor, Joan, in February 2012.

Joan worked as a consultant therapist in Well Woman's Pembroke Road clinic for over twenty years, offering one-to-one counselling and couple counselling services. She also oversaw the professional and ethical supervision of all our counselling team, offering support, encouragement, and ongoing learning.

She was a founding member of the Irish Association for Counselling and Psychotherapy in the early 1980s, helping to bring to Ireland a professional body for training and regulation of the work of counsellors and therapists.

She was a woman of deep integrity, honesty, professionalism and humour and she remains sadly missed by all who knew her.

Board of Directors 2011

Ms Jan Richards (took over as Chairwoman September 2011)

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 Mary Worrall (stepped down as Chairwoman September 2011)

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

Breeda is a Chartered Accountant, who trained with Price-waterhouseCoopers. 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

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

Grace O'Malley

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.

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.

Profit And Loss Account

For the year ended 31 December 2011

	2011	2010
	€	€
INCOME	**2,363,497**	**2,678,453**
GROSS PROFIT	2,166,181	2,451,613
EXPENSES		
Staff costs	(1,816,620)	(1,958,863)
General overheads	(367,072)	(393,306)
Depreciation	(50,772)	(43,263
OPERATING (LOSS)/PROFIT FROM CONTINUING ACTIVITIES	**(68,283)**	**56,181**
Interest payable and similar charges	(14,490)	(15,045)
(LOSS)/PROFIT ON ORDINARY ACTIVITIES BEFORE TAX	(82,773)	41,136
TAX ON PROFIT ON ORDINARY ACTIVITIES	-	-
(LOSS)/PROFIT ON ORDINARY ACTIVITIES AFTER TAX	(82,773)	41,136
RETAINED PROFIT BROUGHT FORWARD	351,102	309,966
RETAINED PROFIT CARRIED FORWARD	**268,329**	**351,102**

Balance Sheet

For the year ended 31 December 2011

	2011	2010
	€	€
FIXED ASSETS		
Tangible assets	**369,175**	**376,547**
CURRENT ASSETS		
Stocks	21,000	20,967
Debtors	52,174	52,666
Cash at bank and in hand	62,131	161,947
	135,305	**235,580**
CREDITORS (amounts falling due within one year)	(132,843)	(110,993)
NET CURRENT ASSETS	2,462	124,587
TOTAL ASSETS LESS CURRENT LIABILITIES	**371,637**	**501,134**
Financed by:		
CREDITORS (amounts falling due after more than one year)	79,578	75,388
DEFERRED GRANTS	-	6,078
	79,578	**81,466**
RESERVES		
Special reserves fund	23,730	68,566
Profit and loss account	268,329	351,102
	292,059	419,668
	371,637	**501,134**

The Well Woman Team

(at December 31st, 2011)

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

Doctors:
Dr Fadzilah Ab Aziz
Dr Ornaith Cafferty
Dr Gillian Darling
Dr Lawahd Hassan
Dr Sandra Hubert
Dr Vina Kessopersadh
Dr Deirdre O'Connor
Dr Sujatha Sundaralingam

Head of Counselling Services:
Linda Wilson Long

Counsellors:
Anne Feeney
Patricia Moran
Michele Pippet

Nurses:
Bernice Breslin
Betty Coggins
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
Patricia Keogh
Siobhan Laherty
Sandra Lyons
Miriam McCann
Doretta McNally
Angela McNally
Fionnuala O'Flaherty
Andrea O'Neill
Linda Scanlan

The Dublin Well Woman Centre

Head Office: 25, Capel Street, Dublin 1

Tel: (01) 874 9243 | Email: info@wellwomancentre.ie | Web: www.wellwomancentre.ie