THE WELL WOMAN CENTRE

Annual Report 2012

Contents

Well Woman Medical and Counselling Services 2012

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 Liffey Street and Pembroke Road)
- 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

As the recession continues to bite deeper, the country's changed economic and business climate has continued to impact on Well Woman, as on many other organisations operating in the not-for-profit sector.

From 2010 on, we had set about making some difficult decisions to re-structure Well Woman in order to ensure financial stability. Initially, this was confined to rationalising clinic coverage, and a period of short-term working during 2011. However, it was necessary to further reduce our costs and, with the understanding and forbearance of Well Woman's staff, we started 2012 having initiated a pay reduction in the company.

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 2012 - following on from reductions year-on-year since 2008. While these reductions in our budget were not as large as in some other not-for-profit organisations, they pushed us to continue to 'keep our eye on the ball' where real women's healthcare issues are concerned.

Well Woman's advocacy role is crucial and we have long worked to progress women's equity in accessing healthcare. In 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 are also concerned that women should 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 and sexual health.

Elsewhere in this report, Well Woman's Medical Director details clinic trends from 2012 – it is disturbing to note that chlamydia prevalence rates have increased in younger women. Whereas it is not possible to attribute this increase solely to the absence of medical involvement in supplying Emergency Contraception, this is a contributory factor, and one on which we will press for action by policy-makers.

Our Chief Executive and Medical Director have started a dialogue with officials from the Department of Health to build a case for a nurse-supplied Emergency Contraception service. This would fit well with the stated intention of the Minister for Health to provide healthcare services at "the lowest level of complexity", and is something on which we believe the Department of Health should act.

Finally, 2012 will of course be remembered as the year in which abortion came back onto the agenda – for the most tragic of reasons. The news of Savita Halappanavar's death from severe septicaemia was a heart-breaking wake-up call for legislators and healthcare professionals alike. But it was more than that; it was something that resonated deeply with the public, who came out in numbers onto the streets in cities and towns across Ireland, calling for action to ensure that no other woman would die in agony whilst being denied timely medical intervention in an Irish hospital. For many people who had never before thought about abortion, Savita's death was their personal road to Damascus, and they were able to look at her tragedy in a way that went beyond the clichés of 'anti-choice' and 'pro-choice' and consider what it might have meant for them, had it been their daughter, sister or wife.

At time of writing, the Government's draft legislation on the 1992 X Case judgement is under scrutiny. What is of concern to us in Well Woman is that it fails to address the issue of serious foetal abnormality (incompatible with life). It also fails to address pregnancies resulting from rape, and it perpetuates a criminalisation of women which is deeply regressive.

On another note, Well Woman's partner relationship with the H.S.E. is a valuable facet of our work. We are proud to deliver GMS services in our Coolock clinic, along with crisis pregnancy services (in partnership with the H.S.E. Crisis Pregnancy Programme) and cervical screening services (in partnership with CervicalCheck) in all our locations.

In day-to-day service delivery, and in 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 gave to the organisation during 2012.

I am 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 2013

Chief Executive's Report

It is the image of her dancing in a multi-cultural festival in Galway, that stays with this writer. Medical misadventure, the legal verdict delivered by the coroner after the inquest into her death, cannot ever hope to convey the depth and dimension of sadness and shock felt by so many people when they first heard of the death in October 2012 of Savita Halappanavar.

That a young and otherwise vibrantly health young woman could die after being denied an emergency termination not only put her at the centre of Ireland's 'abortion wars', it made many people who have ignored such issues sit up and take note. She did not die for want of a termination in a third-world country, but in a western European country whose political leaders like to speak, on the world stage, of our modernity and our progressive values.

It was incomprehensible to many people that when Savita had asked for a termination knowing her pregnancy could not survive, she was denied this essential medical intervention because of the presence of a foetal heartbeat.

To anyone working in this area, the institutional cruelty inherent in cases like this is not a new phenomenon.

In Well Woman, we see women in crisis pregnancy counselling who have been told that they are carrying live foetuses with fatal abnormalities. Many of these women simply, and routinely, travel outside Ireland to terminate their pregnancy, rather than waiting for weeks to miscarry, at the same time as they are growing visibly more pregnant, and dealing with upbeat congratulations, and happy questions, about their new baby and their future plans.

Sometimes it takes an outside element, a woman not born in Ireland who felt it was her right to request a termination, to hold up a mirror and show us all how unworkable our system is. Savita's husband Praveen Halappanavar has called for the law to change, and said that Savita may have been born to change the law here. It may be so.

At time of writing, the long-overdue legislation on the X Case is working its way through the Dail's Health Committee. Well Woman is on record as calling for this legislation, and we welcome the fact that the Government will act. However, a broader recognition of women's health is required in any legislation, as is a defined right for women dealing with a fatal foetal abnormality to termination.

From an organisational point of view, 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, is cause for celebration, and I am proud of how Well Woman has adapted to survive.

We began 2012 with all staff having taken a pay cut. 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.

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.

There was a certain sense of 'Land, Ho!' during 2012, as the Minister for Health convened a group of stakeholders, including the present writer, under the aegis of the Department of Health, to input into the development of just such a strategy.

The process is ongoing and, while it is unclear whether or not the strategy, when finalised, will be matched by any increase in funding, it is certainly good that we can anticipate having a road-map which defines standards in education and prevention, best practice testing in primary care and hospital-based clinics, laboratory testing and monitoring of outcomes.

From Well Woman's clinical experience over our thirty-five year existence, 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 services must be in place to meet these needs.

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, and to Well Woman's Board of Directors.

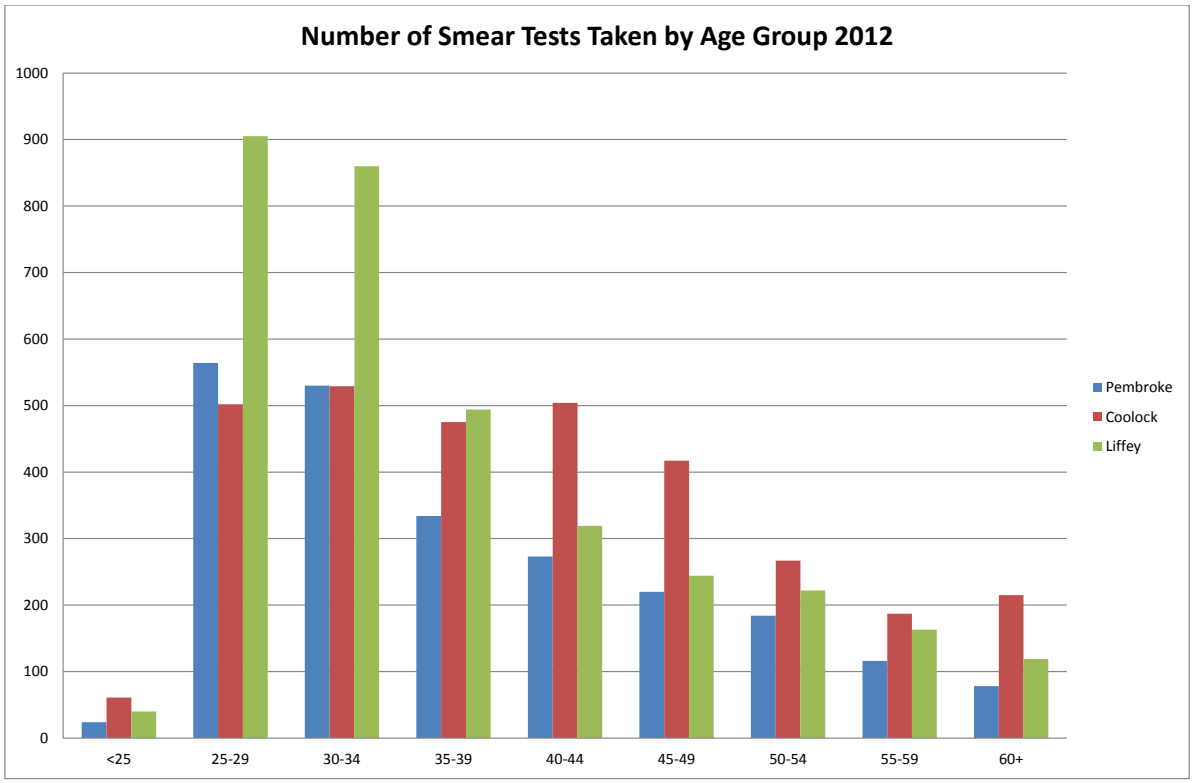
It is one thing to chair or serve on the Board of a not-for-profit organisation in a climate of prosperity and generous public funding, and quite another to give one's time in a recession. Jan and the Board gave me unqualified support and guidance during 2012, for which I am most grateful.

Alison Begas
Chief Executive
May 2013

Medical Director's Commentary and Report

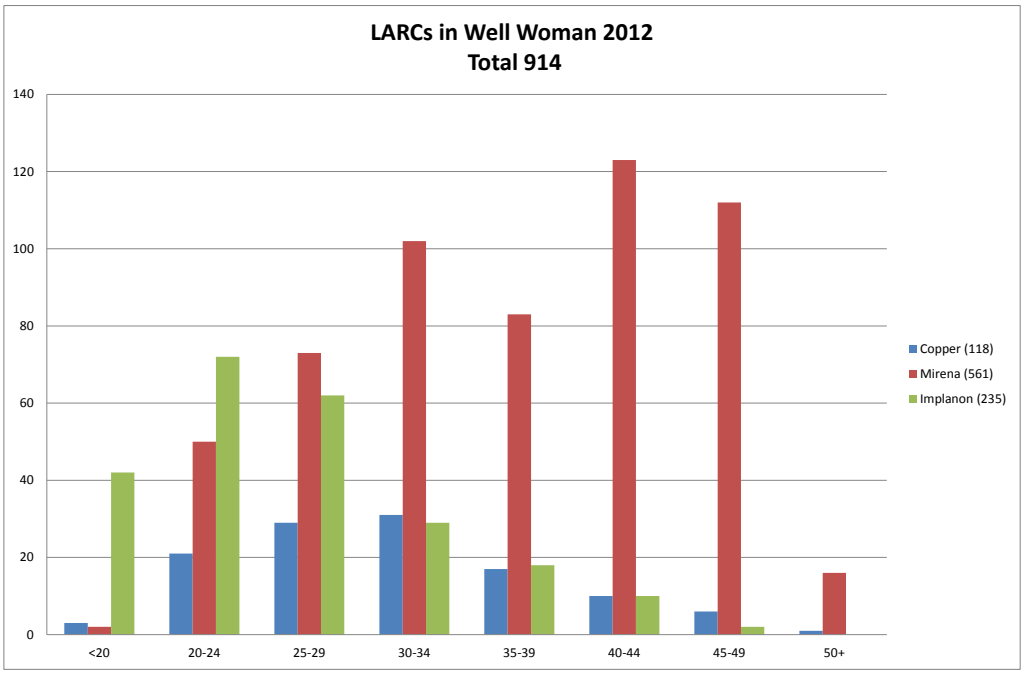
Cervical Smear Tests

The highest numbers of smear tests are taken in the 25 – 35 year age group. Numbers decline after this. There may be a number of reasons for this – the age profile of Well Woman's practice is that the majority of our patients are in that age group, older women are more likely to have their own GP and live in the suburbs rather than the city centre. However Cervical Check, the national cervical screening programme, has noted that women over 45 nationally are less likely to attend for cervical screening than their younger counterparts.



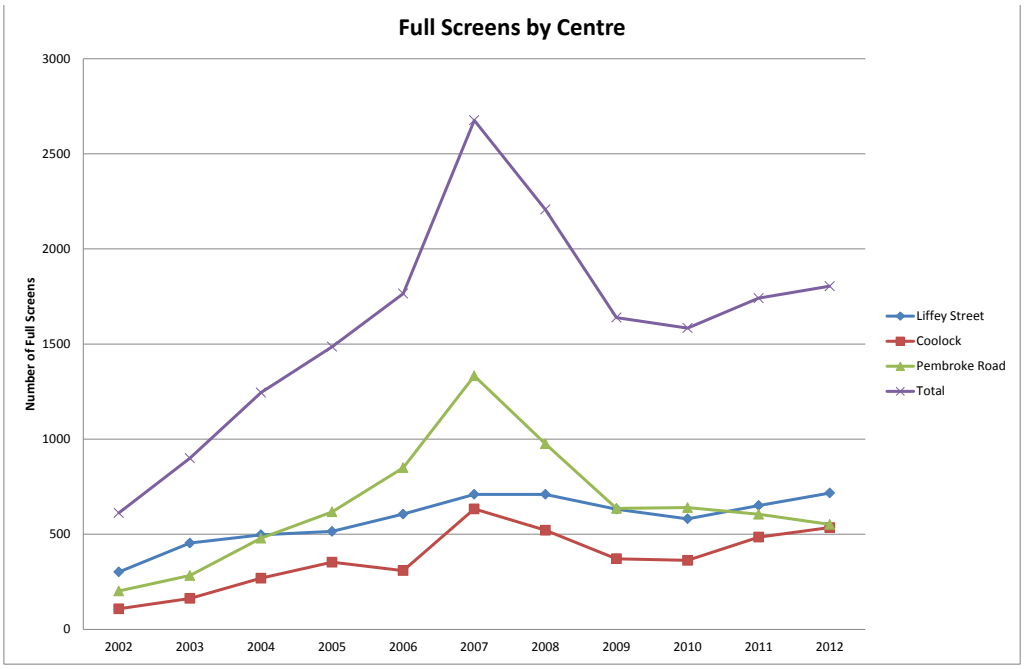
Long Acting Reversible Contraception

Although all three long acting reversible forms of contraception (LARCs) are options for the vast majority of women of reproductive age, younger women favour the implant whilst older women tend to choose an intrauterine system. Copper coils are used by women who wish to avoid using any form of hormonal contraception and therefore tend to be used by women of all ages.



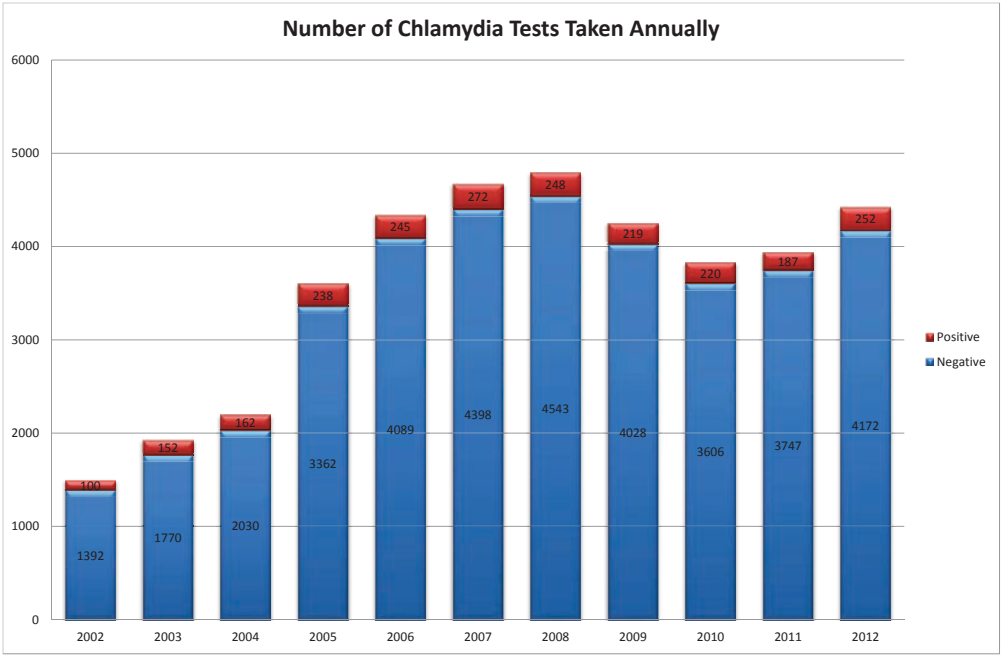
Full Screens

A "Full Screen" involves testing for trichomonas, gardnerella, gonorrhoea and chlamydia on swab and urine tests, and hepatitis B, hepatitis C, HIV and syphilis on a blood test. People who request this panel of tests tend to fall in to one of two groups – either they are concerned about an incident / partner from the past, or they are starting a new relationship and want to confirm that all is well. A number of couples also attend Well Woman together for screening, and this is to be welcomed.



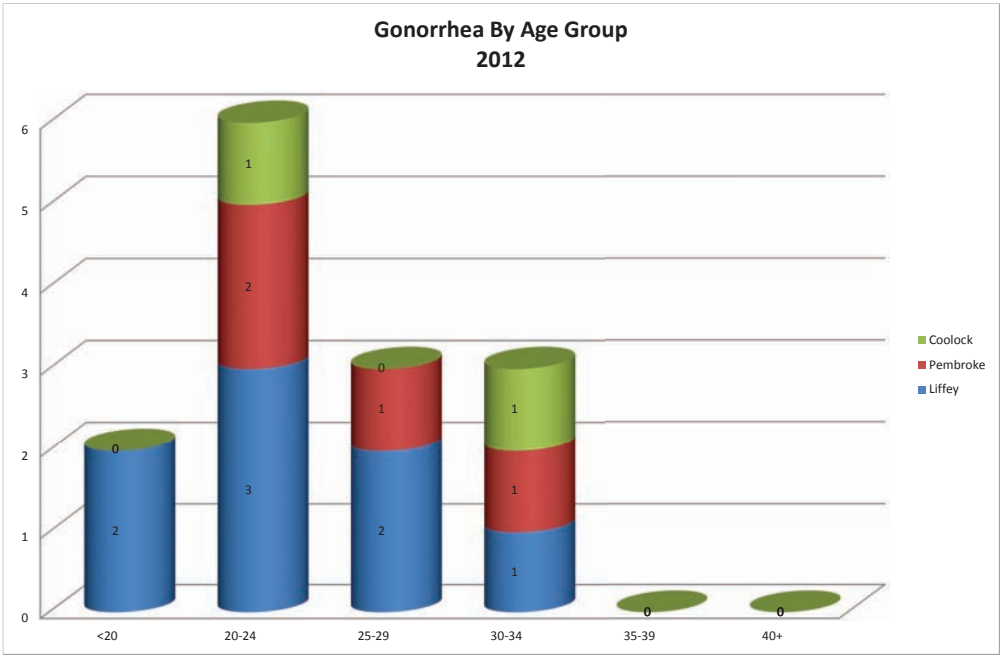
Chlamydia Tests

Overall the number of patients attending the clinic has fallen, particularly in the 20 – 25 year age group, yet the number being tested for chlamydia has increased by 12.5%. The number of patients diagnosed with an infection is the second highest in the last 10 years.



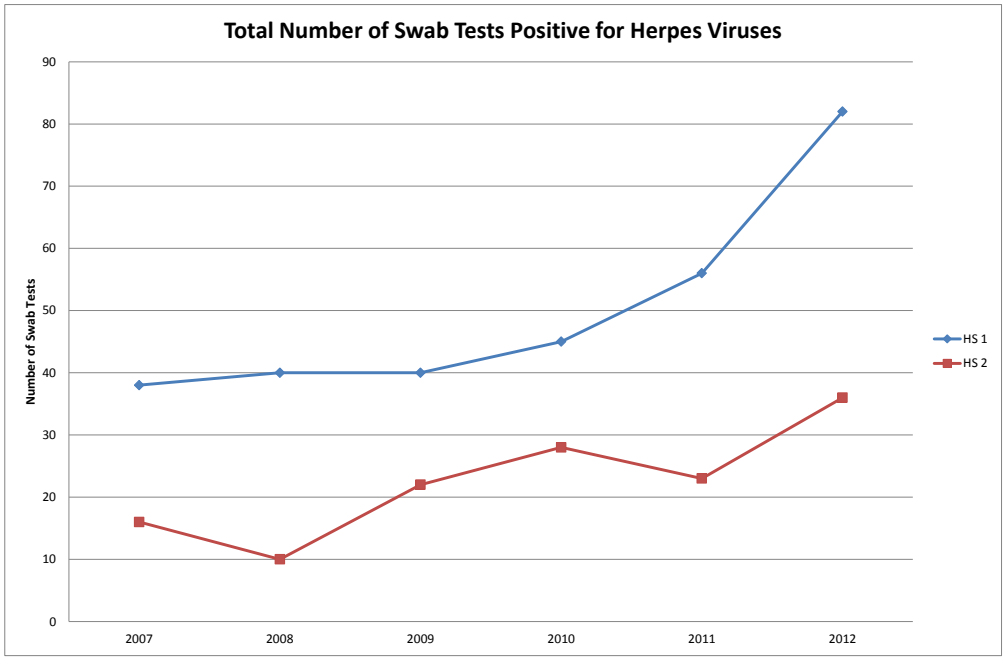
Gonorrhea Positive Tests by Centre

The National Virus Reference Laboratory (NVRL) introduced gonorrhoea testing on all routine screening of chlamydia test samples recently. This new test detects gonorrhoea RNA so it is much more sensitive than the standard culture test. However the number of infections detected is still far lower than rates of chlamydia infection.



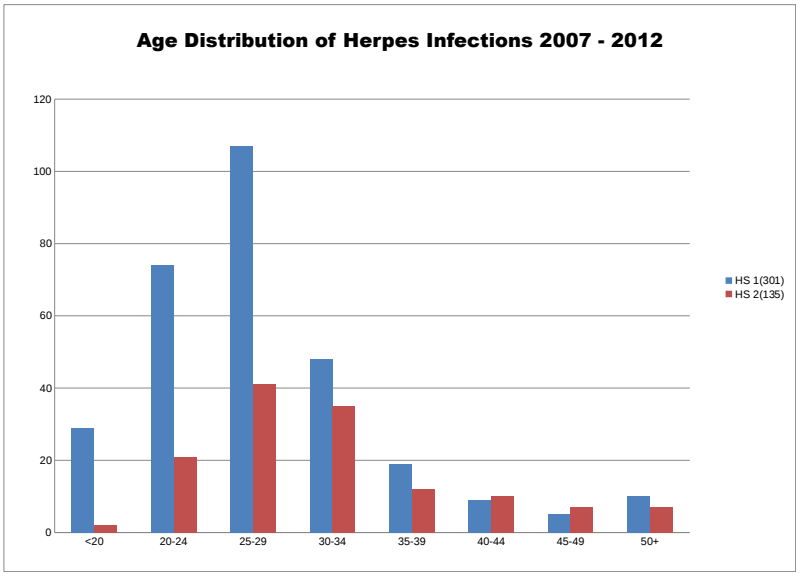
Genital Herpes Simplex Infection

Infection with Herpes simplex (HS) viruses type 1 and type 2 is common in the general population. It is estimated that about 80% of the population have contracted HS 1 at some point. This is the virus that causes "cold sores" but if it is transmitted to the genital area it can also cause genital ulceration. The estimate is that 20% of the population have been in contact with the HS 2 virus. This causes genital ulceration only. Most people who have contracted these viruses never have any symptoms. An episode of genital herpes can be very painful. Patients who present with symptoms suggestive of genital herpes have a viral swab taken and are commenced on antiviral medication immediately.



Herpes Simplex Infection by Age and Type

Herpes simplex type 1 infection is more common than the type 2 infection. There is also a difference in age distribution. Herpes infections in younger people are more likely to be of the HS 1 type whereas HS 2 infections are more common in a slightly older age group.



Dr Shirley McQuade
Medical Director
May 2013

Counselling Services: An Overview

Austerity measures continued to impact on clients in 2012, raising concern that the reduced numbers of clients attending our general counselling service, despite the possible need for such support in these difficult times, indicates 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 regarding her pregnancy around the options of parenting, adoption and abortion. Crisis pregnancy can result from failed contraception, relationship break–ups, rape or incest, 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, and counselling is client-led, non-directive and legally compliant.

As in previous years, a presenting element in a counselling session can revolve around financial concerns for clients. 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.A crisis pregnancy for a client who is financially challenged can be a time of great distress.

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 aspects of crisis pregnancy, and reflect the wider cultural and religious realities of modern Ireland.

Media coverage in the final months of 2012 regarding the untimely death of Savita Halappanavar, the Government's intention to introduce legislation for the X Case, and an article which called into question the legality of provision of crisis pregnancy service with certain providers, combined to create unrest and unease with clients presenting with crisis pregnancy.

Once again clients cited concerns about confidentiality, and spoke of the painful distress caused to them by the strongly worded arguments taking place countrywide. Such unease can lead clients to avail of inappropriate medication via the internet or perhaps make a decision to travel for termination without any support from services in Ireland.

The coverage also impacted on clients who had experienced termination, bringing them back to therapeutic support to re visit their experiences and work through the emotions invoked by the sentiments expressed on an almost daily basis.

Post-Termination Counselling:

Clients who travel for termination avail of the services in the UK primarily but statistics show that clients have also travelled 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 abortion aftercare 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 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. 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 counselling services without appropriately trained therapists, which leaves clients open to potentially serious harm caused by the lack of professional and ethical 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 offers services which deal with panic attacks, eating disorders and phobias in our Pembroke Road clinic.

Well Woman liaises with other service providers, facilitating information and knowledge flow to maintain best practice. Similarly, continued engagement with our funders, the HSE Crisis Pregnancy Programme, ensures ongoing development for our service, and professional and ethical therapeutic intervention for our clients.

Linda Wilson Long
Head of Counselling Services
May 2013

Board of Directors 2012

Ms Jan Richards

Jan is currently the Senior Planner with MCCP Planning and Insights, where she works with client companies in brand development and positioning, qualitative research and insight generation. Before this, 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 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 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 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 (resigned from the Board, October 2012)

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 2012

	Notes	2012 €	2011 €
INCOME		**2,255,842**	**2,363,497**
GROSS PROFIT		2,063,109	2,166,181
EXPENSES			
Staff costs	2	(1,639,708)	(1,816,620)
General overheads		(368,456)	(367,072)
Depreciation		(47,824)	(50,772)
OPERATING PROFIT/(LOSS) FROM CONTINUING ACTIVITIES		**7,121**	**(68,283)**
Interest payable and similar charges	3	(14,949)	(14,490)
LOSS ON ORDINARY ACTIVITIES BEFORE TAX	4	(7,828)	(82,773)
TAX ON LOSS ON ORDINARY ACTIVITIES	5	-	-
LOSS ON ORDINARY ACTIVITIES AFTER TAX		(7,828)	(82,773)
RETAINED PROFIT BROUGHT FORWARD		268,329	351,102
RETAINED PROFIT CARRIED FORWARD		**260,501**	**268,329**

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

On behalf of the Board

MS JAN RICHARDS
Director

MS BREEDA CUNNINGHAM
Director

Balance Sheet

For the year ended 31 December 2012

	Notes	2011 €	2010 €
FIXED ASSETS			
Tangible assets	6	**323,858**	**369,175**
CURRENT ASSETS			
Stocks	7	20,059	21,000
Debtors	8	79,238	52,174
Cash at bank and in hand		93,022	62,13
		192,319	**135,305**
CREDITORS (amounts falling due within one year)	9	(183,329)	(132,843)
NET CURRENT ASSETS		8,990	2,462
TOTAL ASSETS LESS CURRENT LIABILITIES		**332,848**	**371,637**
Financed by:			
CREDITORS (amounts falling due after more than one year)	12	61,297	79,578
		61,297	**79,578**
RESERVES			
Special reserves fund	17	11,050	23,730
Profit and loss account		260,501	268,329
		271,551	292,059
		332,848	**371,637**

On behalf of the Board

MS JAN RICHARDS
Director

MS BREEDA CUNNINGHAM
Director

The Well Woman Team

(at December 31st, 2012)

Chief Executive:
Alison Begas

Medical Director:
Dr Shirley McQuade

Administrator:
Maire Gough

Accounts Manager:
Robert Pickett

Bookkeeper:
Rachel Carey

Clinic Managers:
Siobhan Caskie
Josephine Healion
Imelda Healy

Doctors:
Dr Fadzilah Ab Aziz
Dr Ornaith Cafferty
Dr Gillian Darling
Dr Karen Given
Dr Lawahd Hassan
Dr Sandra Hubert
Dr Vina Kessopersadh
Dr Lisa O'Neill

Head of Counselling Services:
Linda Wilson Long

Counsellors:
Anne Feeney
Michele Pippet
Paula Tierney

Nurses:
Bernice Breslin
Betty Coggins
Anne Crawford
Karen Crean
Deirdre Farrell
Kirsten Feehan
Gay Greene
Geraldine Little
Sinead McDonald
Norah McPeake
Shirley O'Malley
Simeon Orr
Pat Rees
Laura Sheehan

Receptionists:
Yvonne Dowling
Olive Fanning
Patricia Keogh
Siobhan Laherty
Sandra Lyons
Miriam McCann
Doretta McNally
Angela McNally
Victoria McRann
Fionnuala O'Flaherty
Andrea O'Neill
Linda Scanlan

The Dublin Well Woman Centre

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