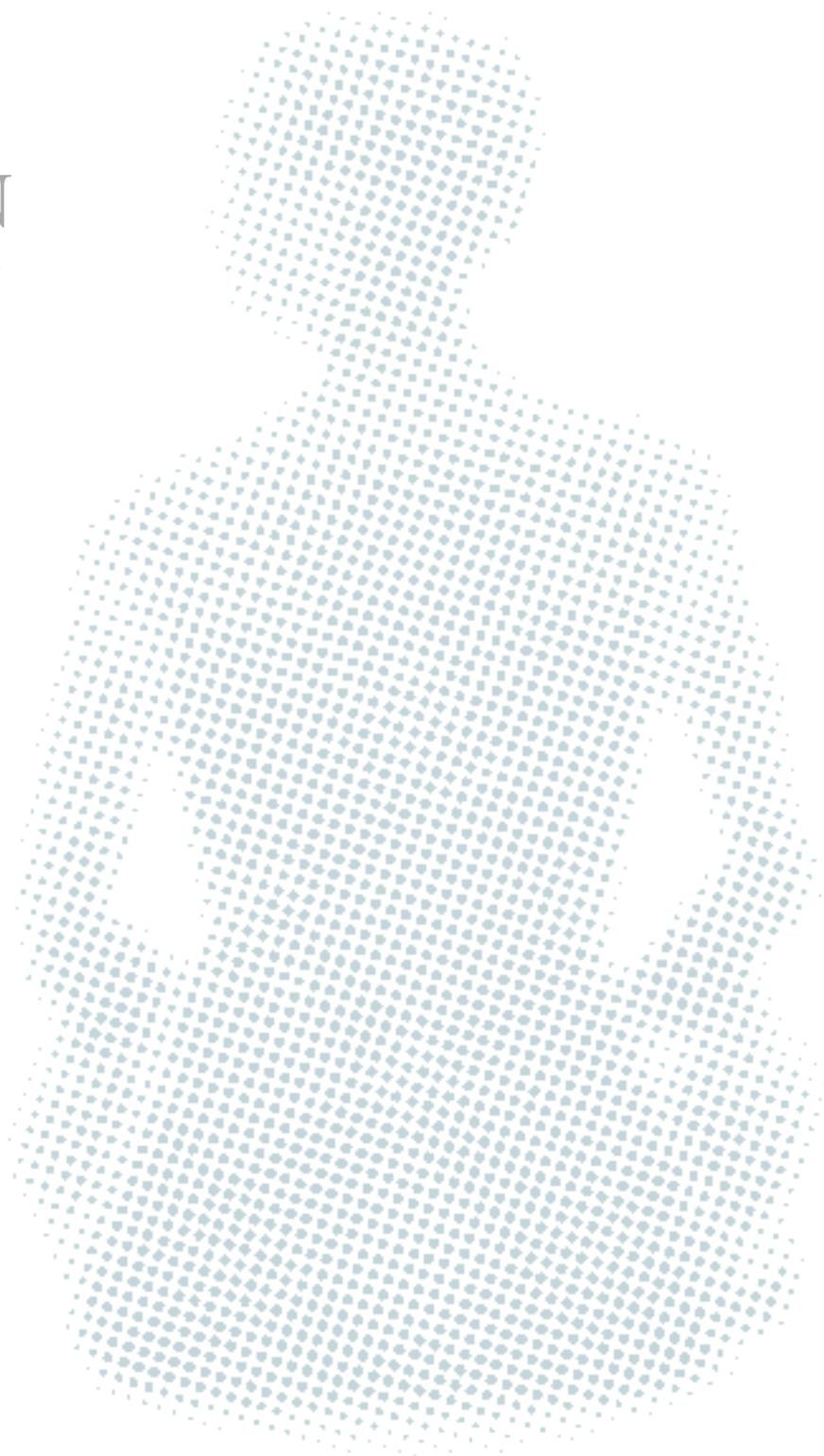


# Annual Report 2005

The Dublin Well Woman Centre

THE  
WELL  
WOMAN  
CENTRE



**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 (Thin Prep and TDL Express)
- ▶ Screening for Sexually-Transmitted Infections (Men's STI screening is also available)
- ▶ Chlamydia testing
- ▶ Cryotherapy

**COUNSELLING:**

- ▶ Non-directive pregnancy counselling, and post-termination counselling available in all centres
- ▶ General counselling available in all centres (including sexual abuse, depression, relationship and stress)
- ▶ Counselling in Pembroke Road to support women with Hepatitis C
- ▶ Teenage counselling available in the Coolock clinic
- ▶ In Pembroke Road Consultant Psychiatrist Dr Eimer Philbin Bowman deals with issues including phobias, panic attacks, depression, eating disorders, psycho-sexual problems and vaginismus. Joan McGowan is an experienced Relationship Counsellor, and works with single people, couples, married, living together or separated

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  
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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Lynne Tracey  
Chair, Well Woman Centres



## A Message from our Chairperson

Alfred North Whitehead once said: "The art of progress is to preserve order amid change and to preserve change amid order". During 2005, Well Woman has been focusing on preserving change amid order in preparation for a year of change in 2006.

At Well Woman we identified that 2005 should be a year of consolidation with a strong focus on building on our financial stability. This would assist in longer-term growth and investment in the facilities and services we can provide for current and future clients. Our clients are becoming more health aware and more conscious of positive health choices; we at Well Woman want to ensure that we can continue to provide the kinds of services they demand.

As part of this development process, during September 2005 the Board gave its backing to an ambitious proposal from the Executive: To create a flagship city-centre clinic in our Liffey Street location. Planning to make this a reality has been underway since September and, at time of writing, Well Woman is on countdown to closing the clinic in April 2006 for building work to begin.

Well Woman continues to be to the fore in providing best-in-market medical services and facilities to our clients. Our Sunday walk-in Emergency Contraception service in Liffey Street has proven the level of demand for out-of-hours service availability. The Men's STI Screening service available from Pembroke Road continues to attract consistent numbers and confirms that men are open to presenting for sexual health screening when it is offered discreetly and in a user-friendly manner.

The year 2005 also saw the conclusion of the HPV Prevalence Study, a joint research initiative between Well Woman and the Royal College of Surgeons in Ireland, in which we asked over 1,000 Well Woman patients to consent to have their cervical smear sample analysed for HPV. The resultant data will be available to us during the first half of 2006 and may greatly influence the advancement of cervical screening technology.

Well Woman's crisis pregnancy services continue to be fully funded by the Crisis Pregnancy Agency. In addition, the Health Service Executive funds us to provide women's health, family planning and counselling services to medical cardholders in north Dublin in our Coolock centre. Well Woman is grateful for their financial support, and proud to act in partnership with both of these bodies.

None of what we have achieved during 2005 would have been possible without the extraordinary contribution of Well Woman's Board of Directors. Board members have, as always, given generously of their time and expertise and continue to demonstrate an extraordinary commitment to the ethos of Well Woman. This commitment helps ensure the continuance of the core values on which the organisation will grow.

In January 2006, the Board appointed Mary Worrall as Deputy Chairperson. I would like to thank Mary for agreeing to take on this role, and I look forward to proposing her as Chairperson at the A.G.M. I know that Mary will bring an energy and dedication to the role which will ensure the continuing success of the organisation. She has my thanks and my full support.

Well Woman's success is built on a massive team effort, and I would like to extend a particular and personal thanks to our Chief Executive Alison Begas and our Medical Director Dr Shirley McQuade; their vision and commitment has been exemplary and has been very much appreciated by myself and all members of the board. To all of our doctors, nurses, counsellors and administration staff, many thanks. The organisation could not and would not be in the positive position in which it finds itself without their ongoing support.

« *Our clients are becoming more health aware and more conscious of positive health choices* »

I am proud to have had the opportunity to serve as Chairperson of one of Ireland's leading providers of women's health and family planning services. It has been exciting and rewarding for me to see an organisation trusted by women for nearly 30 years continue to set the contemporary agenda for women's health. Long may it continue.

As I mentioned earlier, facing into 2006 Well Woman is planning even more exciting changes and developments, and I wish the organisation, its new Chairperson, the Board, the management and staff, continued success in 2006 and beyond.

Lynne Tracey, Chairperson  
March 2006

# Chief Executive's REPORT

Looking back at 2005, it is clear that the second half of the year was dominated by the process of planning to create a flagship clinic at our city-centre Liffey Street location.

This has been a true test of the strength of Well Woman's management team; I am delighted to report that it also received unqualified support from the Board of Directors. At time of writing, closure of Liffey Street for building work to begin is imminent, and we look forward to welcoming clients back into what will be a vastly upgraded facility later in Spring 2006. However, many other developments took place during 2005.

We worked hard to ensure that our clients continued to find the organisation relevant to their needs. In 2004, we had introduced a number of new services, including a Sunday walk-in Emergency Contraception clinic. After a full year of this service, I can say that

the Sunday clinic has proved a huge success for Well Woman. However, it remains a source of concern that some of the women presenting on Sundays may have travelled long distances to avail of this service.

During 2005, Well Woman and other service providers collaborated with the Crisis Pregnancy Agency in drawing up a 'National Framework for Contraception Services'. This ambitious plan is currently under discussion between the Crisis Pregnancy Agency, the Department of Health and Children, and the Health Service Executive, and we look forward to seeing the Framework implemented. It should lead to improvements in service provision at local level, and Well Woman will support it in any way possible.

Our Men's Sexual Health Screening service has also demonstrated consistent levels of demand. Elsewhere in this report, the Medical Director provides an interpretation of some of the clinical data from our centres. Clearly Well Woman's sexual health services are an important element in dealing with what is a growing social problem in this country.

Throughout November and December 2005, and to coincide with the Christmas party season, Well Woman took the pro-active step of running a radio campaign promoting a safe sex message. Targeted at women in the 18 – 30 age group, this campaign

emphasised the need for protection against unplanned pregnancies and sexually-transmitted infections alike, and directed women to our website for further information. We believe it succeeded in raising awareness, and we will repeat the campaign this winter.

Well Woman has a remit to provide sexual health services and has demonstrated its expertise – a key challenge for us in moving the organisation forward is to look at how we might partner the health authorities to make sexual health screening more readily accessible.

As part of our commitment to staff training, a number of Well Woman clinicians, including the Medical Director, attended a two-week long STI course in Britain. We were fortunate to secure funding from the Health Service Executive to underwrite the costs associated with this training - it should be noted that there is no STI training available in Ireland for primary care doctors. Delivered by the British Association for Sexual Health and HIV (BASSH), this accredited training course has been hugely beneficial in ensuring Well Woman's clinical expertise remains at the cutting edge.

Throughout the year, Well Woman delivered a number of quality training events on the skills needed to work in an increasingly multi-cultural environment. This is training that Well Woman has developed for frontline staff in the organisations working within the Crisis Pregnancy Agency's 'Positive Options' banner. The response has been very positive, and in 2006 we will develop and deliver Phase II of our multi-cultural training programme, which includes designing training for crisis pregnancy counsellors on best practice in working with interpreters.

« *A key challenge for us in moving the organisation forward is to look at how we might partner the health authorities to make sexual health screening more readily accessible* »

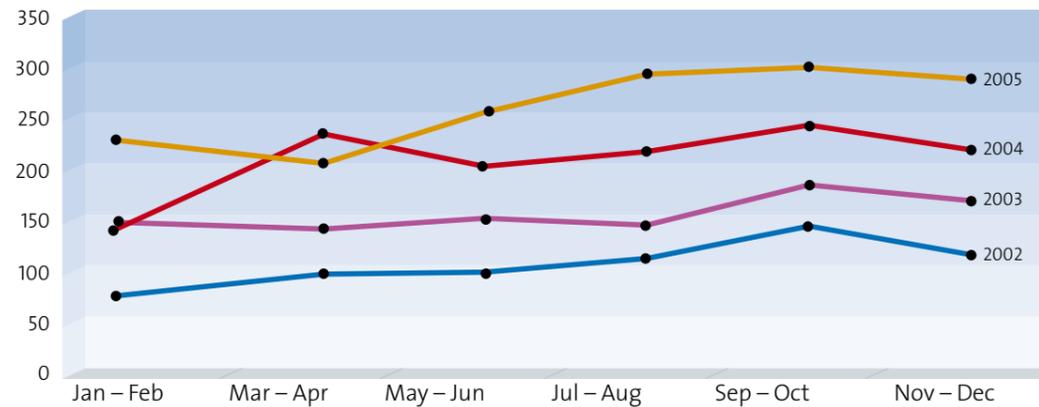
I would like to thank all of Well Woman's clinic staff for the energy and commitment so clearly evident in the quality of care provided to our clients during 2005. I also pay tribute to the breadth of work taken on and delivered by a very able management team, and would like to thank Shirley McQuade, Linda Wilson Long, Caroline Puyou, and our three Clinic Managers, Siobhan Caskie, Josephine Healion and Imelda Healy.

Finally, particular thanks must go to our Chairperson, Lynne Tracey, and Well Woman's Board of Directors. Lynne and the Board gave me unstinting support and sound guidance during 2005, and I look forward to working with them through 2006.

Alison Begas, Chief Executive  
March 2006

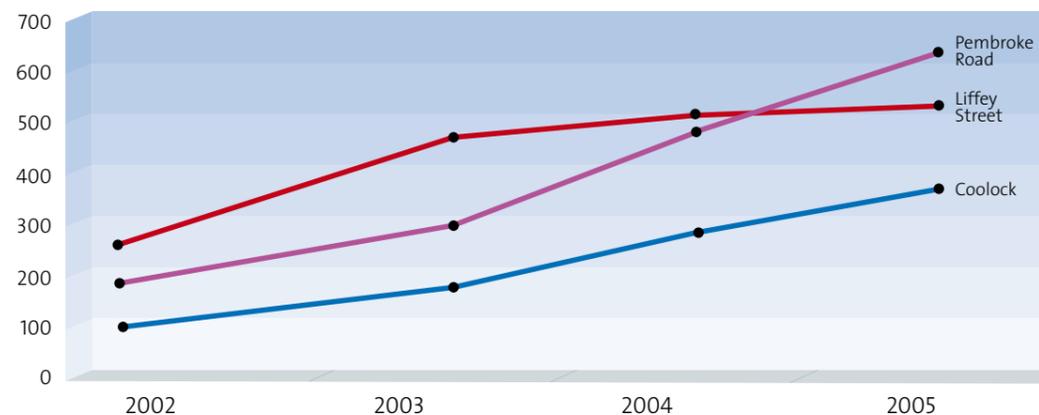
# MEDICAL DIRECTOR'S COMMENTARY AND REPORT

## Number of Full Screens



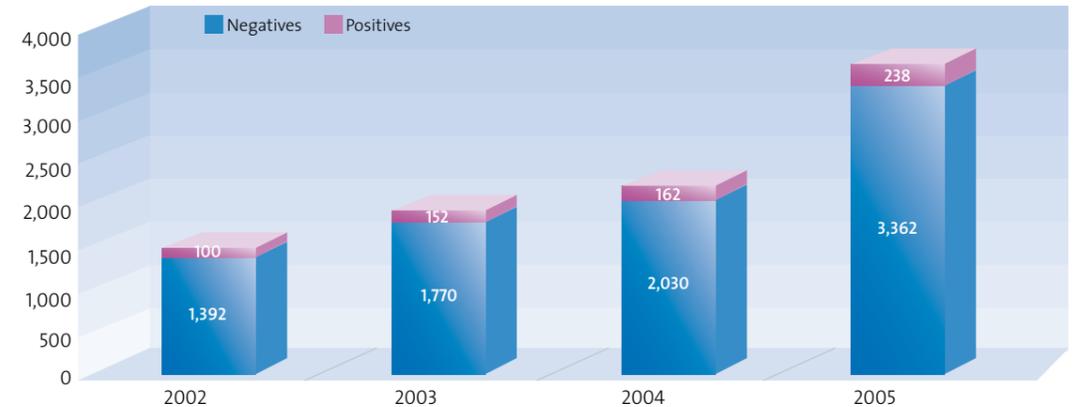
It is best practice to recommend to all patients diagnosed with a sexually-transmitted infection that they have a full screen for other sexually transmitted infections. A full screen involves being checked for a number of infections that may be sexually transmitted – chlamydia, trichomonas, gardnerella, gonorrhoea, hepatitis B and C, HIV and syphilis. There is also an increasing awareness that these infections exist and patients sometimes choose to have all tests done – even if they are not at increased risk.

## Full Screens in each Clinic



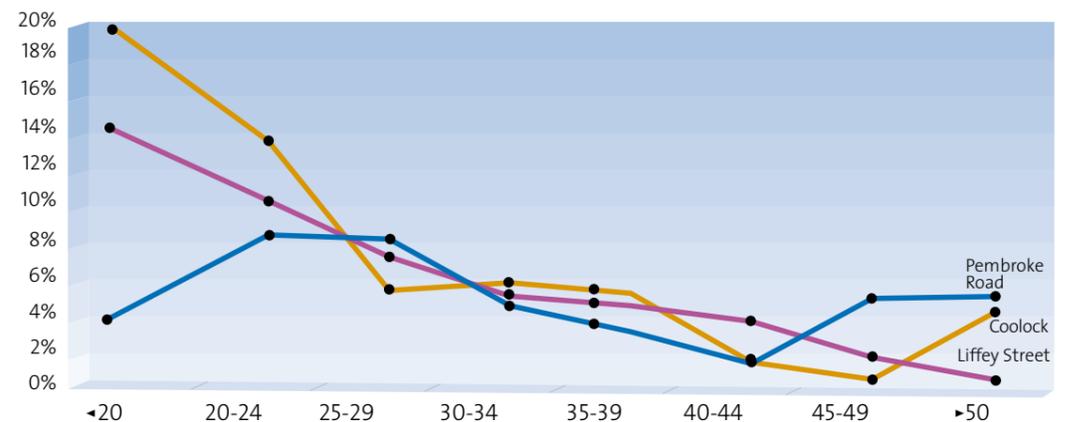
There has been a steady increase in numbers across all clinics but this is particularly noticeable in the Pembroke Road clinic. Some of the additional increase may be attributed to the number of men attending for this service. In 2005, the first full year of male screening, men account for approximately one quarter of the number.

## Total Chlamydia Tests Done



Over the years we have done a considerable amount of chlamydia testing. Chlamydia is a sexually transmitted infection that often causes little or no obvious symptoms. However if it goes undetected and untreated it can cause pelvic pain, and damage to the fallopian tubes, increasing the risk of ectopic pregnancies and infertility. We changed our policy at the beginning of 2005 and now offer chlamydia testing with all first smear tests, and also offer testing to those who have changed partners recently. This has caused a leap from 2192 tests in 2004 to 3600 tests for 2005 – an increase of over 60%. The latest figures available nationally showed that 2258 people throughout Ireland were diagnosed with the infection (*Health Protection Surveillance Centre Annual Report 2004*). Last year in Well Woman clinics we diagnosed 238 people – over 10% of the most recent national total.

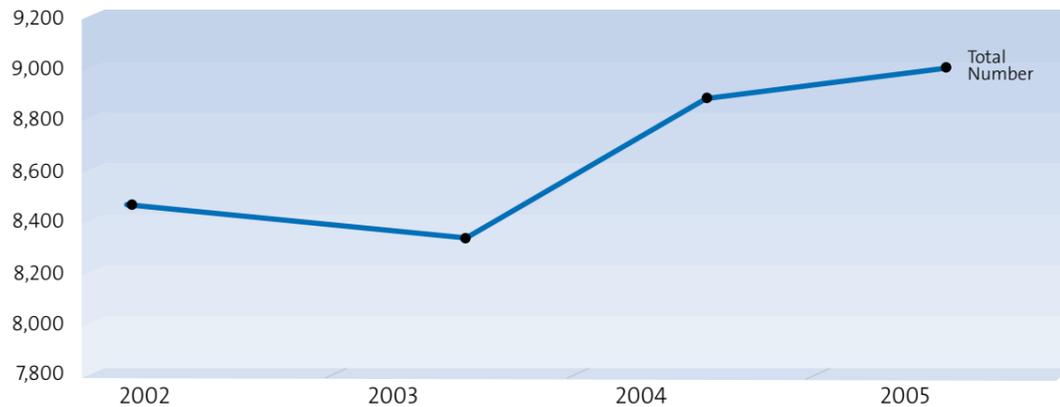
## Chlamydia Positive by Age



There is no doubt that this is a young person's problem. In Coolock, a woman under age twenty has almost a 20% chance of having a positive test for chlamydia. Unfortunately this is a difficult age group to reach. Cervical smear testing is not routinely done until women are in their mid 20s. The chlamydia test can be done on urine samples so we try to offer the test to as many in this age group as possible – no matter what the reason for attendance.

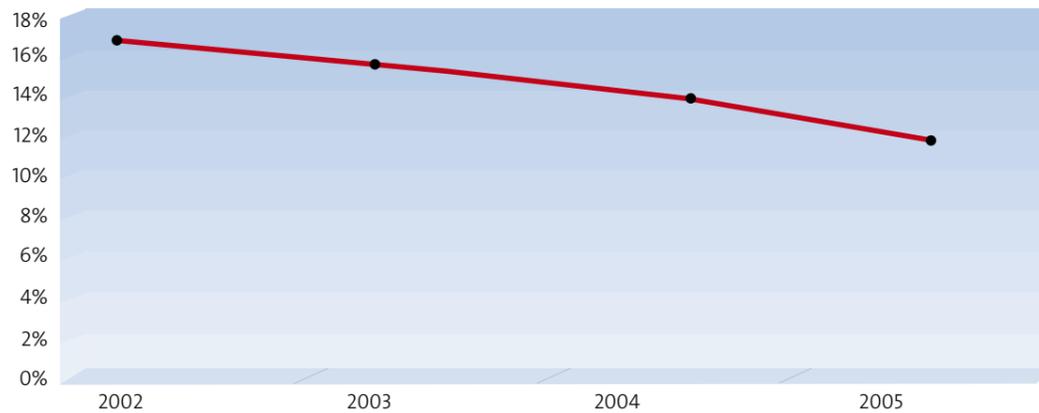
**This graph is based on 9,206 Chlamydia tests carried out by Well Woman between 2002 and 2005.**

### Total Cervical Smear Tests across all Centres 2002 –2005



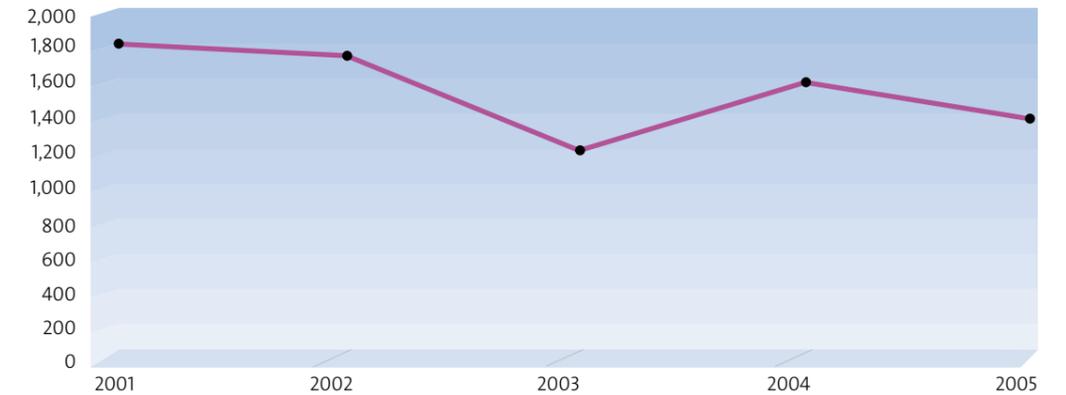
There has been an increase in the number of cervical smear tests taken in the last two years. Women are more aware of the need to have the test done. The huge hike in number between 2003 and 2004 may have been due to a storyline in one of the television soaps in which a character died from cervical cancer. The role of the media in raising awareness of health issues cannot be underestimated.

### Cervical Smear Tests in the under 25s as a percentage of total Smear Tests taken



Many young women will have minor transient cell changes on their cervix. These are not clinically important because they resolve spontaneously so no treatment is needed. We start taking smear tests when women are 23 or 24. Younger women who request routine screening smear tests are actively discouraged from having the test done. However, if someone is having irregular bleeding, then a diagnostic smear test must be done.

### Depoprovera injections given in the clinic



Depoprovera is a contraceptive injection that was developed in the 1960s and has been available in Ireland since the mid 1970s. One of the possible side effects of this contraceptive is that it may reduce bone density in some women. However, for the vast majority of women this is a temporary phenomenon and bone density recovers when the injections are discontinued. Reports of this problem have only come to light in recent years and there has been a reduction in the number of women using this form of contraception. The dramatic drop in 2003 is partly due to this but also to a brief period when the injection was in short supply.

### Summary

Overall the number of tests being done has increased with the patient initiating most of the requests. However, the change in policy in relation to chlamydia screening shows that patients are willing to take advice. It is a tribute to the dedication and communication skills of Well Woman staff that so many more women were offered and accepted screening for this sexually transmitted infection. The trend towards providing infection screening in primary care, rather than in hospital, is set to continue. In Well Woman, all tests are followed up with a letter to the patient explaining the results. This is time consuming but is a very essential element in providing a high quality service.

Cervical screening is a service that patients are aware of and access from Well Woman in increasing numbers. We operate a smear recall system to remind patients when their next smear test is due. This encourages women to attend at regular intervals-a very important aspect of cervical screening.

Well Woman doctors and nurses keep up to date with current issues in women's health as was reflected in the hormone replacement therapy figures from the 2004 Annual Report and this report describing the change in prescribing habits with depoprovera.

**Dr Shirley McQuade**  
**Medical Director**  
**April 2006**

# COUNSELLING SERVICES: An Overview

Well Woman's counsellors continued to provide professional and ethical services to clients in our three centres throughout 2005. All our counsellors are highly trained and have many years experience within the therapeutic world.

## Crisis Pregnancy Counselling

Our crisis pregnancy service is offered in our three centres, over six days each week, and due to extra demand we increased availability in our Coolock centre by an extra day per week during 2005. We provide counselling and information on the three options available to clients – parenting, adoption and abortion – in accordance with the 1995 Information Act. Our service is client led and non-directive and facilitates the client, or couple, or family, to determine the best choice for them within their crisis.

Within our crisis pregnancy service we meet many clients from diverse cultural backgrounds, and Well Woman is committed to maintaining high standards within this service. All our counsellors have completed multi-cultural training to enable good practice for our ever expanding customer base; this training gives counsellors greater knowledge in working with the complex social, ethnic and religious issues that accompany these clients.

We have also contributed to the Treoir publication on information for migrant women around sexual health and crisis pregnancy, which has been published in six languages.

Just as the ethnic diversity of our client base continues to grow, Well Woman also continues to see a consistent pattern of women presenting to us for crisis pregnancy counselling after having previously attended a 'rogue' counselling agency. These are agencies operating under the guise of being non-directive, and claiming to offer information on all options, but who have in reality a very defined purpose, and who employ manipulative and bullying counselling techniques that are definitely not within any definition of best practice.

That such agencies continue to operate with impunity, doing immense damage to women in a crisis situation, underlines to Well Woman the need for an appropriate regulatory framework for counselling services in Ireland. We welcome the recent signals from Government that it is planning to create a statutory registration body, to ensure that therapists are properly trained and qualified.

In the more immediate term, we welcome the Crisis Pregnancy Agency's plans to introduce training standards for crisis pregnancy counsellors, and look forward to working with them in this regard.

## Post Termination Counselling

Post termination counselling is available to any client who has experienced termination, whether recently or in the past. All clients accessing our crisis pregnancy service are given, within our information pack, a Well Woman leaflet naming the services available to them both for therapeutic support and for medical check-ups with our doctors.

Research in Europe, the UK and Ireland has indicated that many clients do not attend for either counselling sessions or a medical check up, and work has begun to highlight the availability of these services and the positive benefit to the client who avails of them.

## General Counselling

One to one counselling is also available in all our centres. This service offers ongoing support, within a therapeutic framework, to clients wishing to explore emotional, behavioural or cognitive issues.

To further enhance the above services Michele Pippet and I attended an extensive training workshop on Working with Adolescents in 2005. Patricia Moran, who has many years experience in this work, offers counselling for teenagers in our Coolock centre. Along with pregnancy and post termination counselling, Bonnie Maher works with clients through issues of vaginismus and Hepatitis C in our Pembroke Road centre.

We also have access to two highly qualified consultants in our Pembroke Road centre. Dr Eimer Philbin Bowman deals with issues including eating disorders, panic attacks and phobias. Joan McGowan is an experienced Relate counsellor and works with individuals, couples and psycho-sexual issues.

During 2005 the counselling service has increased availability, participated in Treoir research, and participated in work and development with the Crisis Pregnancy Agency, who fund our crisis pregnancy and post termination counselling and medical services.

Regular meetings take place between Well Woman and other service providers to facilitate information flow, as well as enabling support and good practice to continue to develop within the counselling service. The profile of Well Woman's counselling service is well recognised in the therapeutic world; continued training, integration and participation has allowed this service to further grow and develop during 2005.

**Linda Wilson Long**  
**Head of Counselling Services**  
March 2006

## WELL WOMAN Research 2004-2006

HPV (Human Papilloma Virus) Prevalence Study

### WHAT IS HPV?

On average, 80 Irish women die each year from cervical cancer. This is almost entirely a treatable condition, if it is picked up in the pre-malignant, pre-cancerous stage. The vast majority (99%+) of cervical cancer is caused by HPV. Research in other countries has identified the types of HPV that can cause cervical cancer, and testing for HPV has been shown to be an accurate indicator of whether or not a woman is at high risk of developing cervical cancer.

More than 100 types of HPV have been identified, with types 6 and 11 making up about 85% of cases in the UK. Both of these types are benign with a low risk of causing cervical cancer. High risk HPVs such as types 16 and 18 are more likely to cause cervical cell changes but even then, in the majority of cases, the virus clears spontaneously.

There are no Irish figures for HPV prevalence; at present we simply do not know if Irish figures are similar to the UK.

### BENEFITS OF HPV TESTING:

HPV testing is currently unavailable in Ireland, yet this could be easily done, as the test is performed on the cervical smear sample, and would therefore cause no extra discomfort or inconvenience to a woman.

In the future HPV testing could be added to routine analysis of smear tests to identify women most at risk. Women with minor cell changes on their smear but who were negative for the high-risk HPV types would not require the same level of follow-up. This would reduce the number of women requiring repeat smear tests and colposcopy referrals, and ultimately take pressure off the hospitals.

### HOW IS THE RESEARCH BEING DONE?

Starting in October 2004, nearly twelve hundred Well Woman patients across our three centres who presented for a cervical smear were asked to give their consent to also have their smear sample analysed for HPV.

The Royal College of Surgeons in Ireland (R.C.S.I.) analysed the smears in the usual way, and Well Woman received the usual smear report, which was then sent to the patient. During 2005, the R.C.S.I. began the complex process of typing the smear samples for HPV. Results are also being cross-tabulated with demographic information, including age, smoking habit and number of sexual partners.

Well Woman is grateful to all our patients who consented to take part in the HPV Prevalence Study. In doing this, they are helping us begin gathering important information that may:

- ▶ Lead to improvements in the delivery of cervical screening to women in Ireland and reduce the pressure on hospital-based gynaecology clinics.
- ▶ Help us identify those women most at risk of going on to develop cervical cancer – with a view to earlier intervention and treatment

Well Woman expects preliminary results in Summer 2006, and we will post a summary on our website, [www.wellwomancentre.ie](http://www.wellwomancentre.ie)

## BOARD of directors

### Ms Lynne Tracey (Chairperson)

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

She chairs the Board of Governors of St Catherine's College, Sion Hill. Formerly a teacher and Guidance Counsellor, Helen also worked in the business field as executive and non executive director of a number of companies. In December 2003 Helen was appointed Executive Director of World Vision Ireland, a NGO working for sustainable development and the relief of poverty in the Third World – mainly Africa.

### Ms Mary Worrall (Deputy 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.

### 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.

### Ms Blanaid Clarke (joined Board 2005)

Dr Blanaid Clarke is a senior lecturer in Law in the Law Faculty, University College, Dublin where she teaches at both undergraduate and postgraduate levels in Corporate Governance, Corporate Finance Law, Contract Law and Financial Services Law. She is a founding member of the Institute of Directors' Centre for Corporate Governance at University College Dublin.

### Ms Helen Keogh (past Chairperson)

Between 1989 and 2002, Helen served as a member of the Oireachtas as both Senator and T.D. respectively. During that period she was appointed to Front Bench positions on Education, Environment, and Equality and Law Reform. She served as a member of the Joint Committee on European Affairs; the Justice, Equality, Law Reform and Women's Rights Joint Committee; the Select Committee on Social Affairs, and the British Irish Inter-Parliamentary Body. She was an elected member of Dun Laoghaire Rathdown Co. Council from 1991 to 2004.

# Financial Accounts

## Ms Nerea Lerchundi (joined Board 2005)

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 Yvonne O'Neill (joined Board 2005)

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. She is currently Executive Manager of the Strategic Planning and Reform Implementation (SPRI) Unit, a dedicated unit within the new Health Services Executive (HSE) designed to support the organisation in advancing the health reform programme.

## Ms Del Ryan

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

## Ms Helen Twomey

Helen 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.

## PROFIT AND LOSS ACCOUNT For the year ended 31 December 2005

	2005 €	2004 €
<b>INCOME</b>	<u>2,479,219</u>	<u>2,292,412</u>
<b>GROSS PROFIT</b>	2,251,142	2,063,205
<b>EXPENSES</b>		
Staff costs	(1,624,403)	(1,500,275)
General overheads	(503,909)	(462,605)
Depreciation	<u>(32,161)</u>	<u>(62,430)</u>
<b>OPERATING PROFIT : CONTINUING ACTIVITIES</b>	90,669	37,895
Interest payable and similar charges	<u>(17,630)</u>	<u>(21,611)</u>
<b>PROFIT ON ORDINARY ACTIVITIES BEFORE TAXATION</b>	73,039	16,284
<b>TAXATION ON PROFIT ON ORDINARY ACTIVITIES</b>	-	-
<b>PROFIT ON ORDINARY ACTIVITIES AFTER TAXATION</b>	<u>73,039</u>	<u>16,284</u>
<b>RETAINED LOSS BROUGHT FORWARD</b>	<u>(40,938)</u>	<u>(57,222)</u>
<b>RETAINED PROFIT/(LOSS) CARRIED FORWARD</b>	<u><u>32,101</u></u>	<u><u>(40,938)</u></u>

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

On behalf of the Board

**LYNNE TRACEY**  
DIRECTOR

**HELEN KEOGH**  
DIRECTOR

THE WELL WOMAN TEAM  
(at December 31st, 2005)

**BALANCE SHEET**  
**As at 31 December 2005**

	2005 €	2004 €
<b>FIXED ASSETS</b>		
Tangible assets	<u>119,299</u>	<u>140,418</u>
<b>CURRENT ASSETS</b>		
Stocks	23,652	24,703
Debtors	34,620	59,980
Cash at bank and in hand	<u>139,988</u>	<u>56,719</u>
	198,260	141,402
<b>CREDITORS</b> (amounts falling due within one year)	<u>(216,892)</u>	<u>(220,046)</u>
<b>NET CURRENT LIABILITIES</b>	<u>(18,632)</u>	<u>(78,644)</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<u><u>100,667</u></u>	<u><u>61,774</u></u>
Financed by:		
<b>CREDITORS</b> (amounts falling due after more than one year)	<u>-</u>	<u>34,146</u>
<b>RESERVES</b>		
Special reserves fund	68,566	68,566
Profit and loss account	<u>32,101</u>	<u>(40,938)</u>
	<u>100,667</u>	<u>27,628</u>
	<u><u>100,667</u></u>	<u><u>61,774</u></u>

On behalf of the Board

**LYNNE TRACEY**  
**DIRECTOR**

**HELEN KEOGH**  
**DIRECTOR**

**CHIEF EXECUTIVE:**  
Alison Begas

**MEDICAL DIRECTOR:**  
Dr Shirley McQuade

**ADMINISTRATOR:**  
Maire Gough

**ACCOUNTS MANAGER:**  
Caroline Puyou

**BOOKKEEPER:**  
Carole Kellegher

**CLINIC MANAGERS:**  
Siobhan Caskie  
Josephine Healion  
Imelda Healy

**DOCTORS:**  
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 Aliya Rahim  
Dr Nora Sheehy Skeffington  
Dr Madeline Stringer

**NURSES:**  
Anne Crawford  
Karen Crean  
Lorraine Doyle  
Carol Falvey  
Kirsten Feehan  
Imelda Feeney  
Gay Greene  
Caroline King  
Geraldine Little  
Norah McPeake  
Erica Mullins  
Shirley O'Malley  
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