Statistics on Sexual and Reproductive Health Services

England: 2017/18

Published 27 September 2018
Key facts

Latest available year of data is 2017/18 unless stated.

Data is for Sexual and Reproductive Health (SRH) services only. Data from GP settings and pharmacies is not included (unless otherwise stated).

People attend SRH services for a variety of reasons, but the main focus of this report is contraception.

- **792,636** women used an SRH service for reasons of contraception. This has fallen for 3 consecutive years; a drop of 16% compared to 2014/15 (941,169).
- **41%** of women were using Long Acting Reversible Contraceptives. A proportion that has been steadily rising over the last ten years.
- **42%** of women were using oral contraceptives. The most common single type of main method in use.
- **32%** fall in emergency contraceptive items provided over last ten years. Also a 44% fall in those prescribed at other locations in the community3 (2007 to 2017).

---

1) Main method of contraception for women contacting SRH services for reasons of contraception. Information presented here is not necessarily representative of the uptake of contraception across the whole population – see page 12 for more information.
2) Includes implants, IU devices, IU systems and injectable contraceptives.
3) Excluding at SRH services.
National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value. All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is NHS Digital’s responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly.

National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.


This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.
Contents

Introduction  5
Part 1: Contacts with SRH services  6
Part 2: Methods of contraception  12
Part 3: Emergency contraception  17
Part 4: Sterilisations and vasectomies  22
Part 5: Prescriptions for contraceptives dispensed in the community  24
This publication primarily covers activity taking place at dedicated Sexual and Reproductive Health (SRH) services in England, as recorded in the Sexual and Reproductive Health Activity Dataset (SRHAD), a mandated collection for all providers of NHS SRH services.

SRH services include family planning services, community contraception clinics, integrated Genitourinary Medicine (GUM) and SRH services, and young people’s services e.g. Brook advisory centres. They provide a range of services including, but not exclusively, contraception provision and advice.

The primary focus of the SRHAD collection is contraception. Though a summary of other types of activity is collected, only contraception information is covered in detail, and this is reflected in the content of this report. Please note that SRHAD may not capture all non-contraception related activity taking place at SRH services.

**Important note:** This report does not represent all ways in which a person may access contraceptive services.

For example, it excludes services provided in hospital out-patient clinics and those provided by GPs as well as contraceptives purchased over the counter at a pharmacy or in other retail settings (unless otherwise stated).

Therefore changes over time may be due to changes in the way people access sexual and contraceptive services.

A limited amount of data is presented from other sources; Sterilisations and vasectomies in NHS hospitals (see part 4) and contraceptives dispensed in the community (see parts 3 and 5).

Full details of the data sources and other information can be found in the appendices, and data quality issues are covered in the Data Quality Statement.

---

1. A wider range of SRHAD data is published in the accompanying Excel spreadsheets and as a record level non-disclosive version of SRHAD.
2. A small amount of data from GPs may be included where SRH services sub-contract to GPs, or where SRH services undertake activity on GP premises.
This part provides a summary of activity recorded in the SRHAD collection. SRHAD may not capture all non-contraception related activity taking place at SRH services, and therefore it should not be considered a complete measure of overall activity at SRH services.

People may contact SRH services for a number of reasons, including but not exclusively:

- Provision of a main or supporting method of contraception, or contraception advice.
- Provision of emergency contraception.
- Removal of contraception devices.
- Sexual health advice and STI care.
- Pregnancy or abortion related issues.

For non-contraceptive activity taking place at SRH services, SRHAD only includes summary data. More detailed data on services relating to Genitourinary Medicine, is collated by Public Health England: https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables

A contact is defined as a contact with the service (including external contacts, i.e. where an individual patient receives care outside the clinic setting i.e. in his or her own home or other location). Non-face to face contacts were added to the scope in version 2 of SRHAD from 2015/16.

1. As recorded in the Sexual and Reproductive Health Activity Dataset (SRHAD).
Contacts with SRH services

Contacts over time

There were 1.79 million contacts with dedicated SRH services made by 1.14 million individuals. This represented a decrease of 5% on the number of contacts in 2016/17 (1.89 million), and 28% less than in 2007/08 (2.48 million).

87% of individuals in 2017/18 were female.

Change in contacts by age group

Between 2016/17 and 2017/18, the number of contacts fell across all age groups.

The largest volume contribution to the overall fall was from 20-24 year olds, with 28,659 less contacts (-6%). The largest percentage fall across age groups was amongst under 16s, with 19% less contacts.

---

1. As recorded in SRHAD. SRHAD may not capture all non-contraception related activity.  
2. The number of providers submitting SRHAD data has changed over time. See section 2.2 of the Data Quality Statement at the link below for more details.  
3. Figures since 2015/16 have included non-face to face contacts (0.6% to 1.5% of total contacts). The time series excluding non-face to face contacts can be seen in table 1.  
4. For individuals, a person using the same service multiple times during the year will only be counted once.

For more information: Tables 1, 4 and 8, Statistics on Sexual and Reproductive Health Services, England, 2017/18
6% of females between the ages of 13 and 54 had at least one contact with an SRH service. For males in the same age group, 1% of the resident population had at least one contact.

The likelihood of a female contacting a service varies between ages.
Females aged 18 to 19 were most likely to use a service, with 17% having at least one contact, though this has fallen from 22% in 2013/14.
5% of females aged 15 and 1% of females aged 13 to 14 had at least one contact. These equate to 3% of females aged 13 to 15.

1. As recorded in SRHAD. SRHAD may not capture all non-contraception related activity.

For more information: Table 2, Statistics on Sexual and Reproductive Health Services, England, 2017/18
Likelihood of contact with an SRH service

Likelihood of contacts by females (aged 13 to 54), by Local Authority (LA)

The likelihood of a female making contact with an SRH service will be influenced by the availability of such services in their area of residence.

The proportion of the female resident population (aged 13 to 54) that used a service, was highest in Liverpool and St. Helens; both 17%. Sefton, Knowsley and Hackney also recorded rates of 15% or over.

Darlington, Barnsley, Wakefield and Cumbria recorded rates of less than 1%.

1. As recorded in SRHAD. SRHAD may not capture all non-contraception related activity.

For more information: Table 16, Statistics on Sexual and Reproductive Health Services, England, 2017/18
**Reason for contact with an SRH service**

**Reason for contact by females**

13% of contacts involved the provision of a new main method of contraception, 17% a change of main method and 47% the maintenance of an existing main method. This is a total of 77% of contacts where a main method was supplied or maintained.

8% involved pre contraception advice, and 6% emergency contraception.

70% involved one or more non-contraception services (whether with or without a contraception related service).

**Reason for contact by males**

24% of contacts involved the supply/maintenance of a main method, and 4% pre-contraception advice.

92% involved non-contraception services (whether with or without a contraception related service).

---

1. A single contact may involve more than one reason.  
2. See table 5 in the Excel data tables for a full breakdown of non-contraception related activities.  
3. Only one of these contraception related services can take place per contact.  
4. Contacts where one or more forms of emergency contraception were provided.  
5. Contacts involving one or more non-contraception related services.

**For more information:** Table 4, Statistics on Sexual and Reproductive Health Services, England, 2017/18
Females contacting SRH services for reasons of contraception

Females contacting SRH services for reasons of contraception, by year¹

During 2017/18, 792,636 women contacted SRH services on one or more occasions for reasons of contraception. This number had been rising up until 2014/15, despite an overall fall in contacts², but has since fallen for 3 consecutive years; a drop of 16% compared to 2014/15 (941,169).

1. Excluding where only pre-contraception advice was given, and for emergency contraception only.
2. See page 8.

For more information: Tables 6 and 7, Statistics on Sexual and Reproductive Health Services, England, 2017/18

Females contacting SRH services for reasons of contraception, by age¹

60% of females (472,950) were aged between 20 and 34.

2% (17,929) were aged under 16.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Thousands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 16</td>
<td>18</td>
</tr>
<tr>
<td>16-17</td>
<td>57</td>
</tr>
<tr>
<td>18-19</td>
<td>89</td>
</tr>
<tr>
<td>20-24</td>
<td>223</td>
</tr>
<tr>
<td>25-34</td>
<td>250</td>
</tr>
<tr>
<td>35-44</td>
<td>109</td>
</tr>
<tr>
<td>45 and over</td>
<td>46</td>
</tr>
</tbody>
</table>
Part 2: Methods of contraception

Analysis in this part relates to females only\(^1\). Almost all contraception provided to males by SRH services is the male condom (99 per cent), with spermicides and natural family planning representing the only other options available.

For all data on main method of contraception, a person contacting the same service multiple times during the year will only be counted once. From 2014/15, in cases where there are multiple contacts/methods for the same person, the methodology used to identify the main method was revised. As such, any data broken down by main method prior to 2014/15 is not directly comparable, though general trends over time are not affected. See appendix C for more details.

Analysis excludes females where no main method of contraception was recorded during the year. Information presented here is not necessarily representative of the uptake of contraception across the whole population. Contraceptives can be obtained from other sources such as GPs or direct from pharmacies, whilst non-prescription items like condoms can be obtained without a visit to a medical specialist. C-card schemes have also improved access to free condoms for young people through alternative channels\(^2\).

Contraceptive methods are classified as either User Dependent or Long Acting Reversible Contraceptives (LARCs)\(^3\). LARCs are not reliant on regular user adherence.

The NICE guidelines on LARCs for England and Wales published in October 2005 (and updated in 2014) suggested that increased uptake of long-acting methods would reduce unintended pregnancy and be most cost-effective for the NHS\(^4\).

---

1. A female and male attending together will be recorded as a female contact
3. See table 6 of the Excel data tables for inclusions in the User Dependent and LARC classifications.
4. https://www.nice.org.uk/guidance/cg30/chapter/1-Recommendations
Comparing uptake of user dependant / long acting reversible contraceptives

User dependent / LARC uptake by year

59% of females in contact with SRH services for reasons of contraception, had a user dependent main method, and 41% were using a LARC. Over the last ten years, LARC uptake has been increasing and uptake of user dependent methods has been decreasing\(^1\).

User dependent / LARC uptake by age

The proportion of females who choose LARCs as a main method of contraception generally increases with age, from just over 30% of those aged under 20, to 55% of those aged 35 and over.

---

1. In 2014/15 there was change to the methodology for identifying the main method of contraception. Although this means there is no directly comparable time series before 2014/15, the general trends over time are not affected. See appendix C for more details of the change in methodology. 

For more information: Tables 6 and 7, Statistics on Sexual and Reproductive Health Services, England, 2017/18
Oral contraceptives were the most common of any method (whether user dependant or LARC), being the main method in use for 42% of females. They were the most common method in all age groups, with the exception of those aged 45 and over, for whom IU systems were most common.

The male condom was the next most common user dependent option, with 14% choosing them as a main method\(^1\).

The proportion choosing male condoms as a main method has fallen since 2010/11, though this may reflect an increase in the number of people obtaining condoms by different means.

---

1. As the male condom is easily available direct from other sources such as retail outlets, and free via C-card schemes for persons under 25, the proportion of women using them as a main method across the full population is likely to be much higher.

2. In 2014/15 there was change to the methodology for identifying the main method of contraception. See appendix C for more details of the change in methodology.

For more information: Tables 6 and 7, Statistics on Sexual and Reproductive Health Services, England, 2017/18
Long acting reversible contraceptives

LARC uptake, by method and year

Implants are the most common type of LARC, being the main method of contraception for 16% of females, with younger age groups more likely to use them. An increase in overall LARC uptake over the last 10 years has been largely driven by a rise in the use of implants and IU systems. Injectable contraceptives are the only LARC method where uptake (9%) has not risen in recent years¹.

IU systems were being used by 9% of women, and IU devices, uptake of which also increased in 2017/18, were used by 7%.

Use of IU devices and systems increases with age, with 41% of those aged 45 and over using one or the other as their main method of contraception. This compares to less than 5% of females under 20.

1. Studies suggest that injectable contraceptives are less cost effective than other LARC methods, with a higher failure rate – see Appendix E for examples.

2. In 2014/15 there was change to the methodology for identifying the main method of contraception. See appendix C for more details of the change in methodology.

For more information: Tables 6 and 7, Statistics on Sexual and Reproductive Health Services, England, 2017/18
Long acting reversible contraceptives

LARC uptake$^{1,2}$ by Local Authority (LA)

19 LAs recorded a LARC uptake level of 50% or more. The highest proportions were in Lincolnshire (60%), Isle of Wight (58%), Wolverhampton, Sunderland, and Southampton (all 57%).

4 LAs had a LARC uptake level below 30%; Kingston upon Thames (24%), Hounslow (25%), Southend-on-Sea (26%), and Bath & North East Somerset (29%).

---

1. Based on percentage data that has been rounded to the nearest whole number.
2. For women contacting SRH services for reasons of contraception.

For more information: Table 17, Statistics on Sexual and Reproductive Health Services, England, 2017/18
These figures do not represent the full volume of emergency contraceptives provided in England.

Most of the analysis in this part relates to emergency contraception provided at SRH services only. Page 18 additionally shows emergency contraceptive prescriptions dispensed in the community.

Since 2001, the reclassification of emergency hormonal contraception (EHC) meant that it could also be purchased over the counter at a pharmacy without a prescription (by females aged 16 and over). In addition, nurses and pharmacists can supply EHC to females of all ages under a Patient Group Direction (PGD)\(^1\).

---

1. PGDs are documents which make it legal for medicines to be provided to groups of patients without individual prescriptions having to be written for each patient. Data on supply by PGD are not collected centrally.
Emergency contraception provision

Emergency contraception provided by SRH services, or dispensed in the community\(^1\), by year\(^2\)

Over the last ten years, there has been a fall in the number of emergency contraception items provided by both SRH services and at other locations in the community\(^1\).

At SRH services, the number of emergency contraception items provided was 93 thousand in 2017/18, a fall of 3\% on 2016/17. Over the last ten years this has fallen 32\%, from 136 thousand in 2007/08.

The number of emergency contraception prescriptions dispensed in the community was 154 thousand in 2017, a fall of 8\% on 2016. In the last ten years this has fallen by 44\%, from 277 thousand in 2007.

---

1. See page 24 for inclusions in community prescribing data.
2. Community prescribing data is reported by calendar year, so has not been combined with data from SRH services.

*For more information: Tables 1, 9a and 13, Statistics on Sexual and Reproductive Health Services, England, 2017/18.*
Emergency contraception provision (by SRH services only)

5 per 1,000 of the female population were provided emergency contraception by an SRH service in 2017/18.

The likelihood of a female using an SRH service to obtain emergency contraception varies with age. Those aged 18 to 19 were the most likely, with 22 per 1,000 population having done so at least once during the year.

There were 4,274 females aged 13 to 15 provided with emergency contraception by an SRH service at least once during the year, representing 5 per 1,000 population.

For more information: Table 9c, Statistics on Sexual and Reproductive Health Services, England, 2017/18
Emergency contraception provided to under 16’s (by SRH services only)

The number of emergency contraception items provided to under 16s by SRH services over the last ten years, has fallen both in real terms and as a percentage of those provided to females of all ages.

4,935 items were provided to under 16s by SRH services in 2017/18, representing 5% of total emergency contraception. This compares to 18,361 items in 2007/08 (a decrease of 73%), which represented 14% of the total.

For more information: Tables 9a and 9b, Statistics on Sexual and Reproductive Health Services, England, 2017/18
Emergency contraception provided to under 16’s (by SRH services only)

Likelihood by deprivation level

The likelihood of females aged 13 to 15 using SRH services for emergency contraception increases with the deprivation level in their area of residence. This varied from 2 per 1,000 population in the least deprived areas, to 8 per 1,000 population in the most deprived areas.

Likelihood by Local Authority

The likelihood of females aged 13 to 15 using SRH services for emergency contraception, was highest in Blackpool (41 per 1,000 population) and St. Helens (37).

12 LAs recorded a rate of less than 1 per 1,000 population.

---

1. Data is based on the Lower Super Output Area of residence mapped to Index of Multiple Deprivation scores. For more information see Appendix B.
2. The likelihood of a person using SRH services for emergency contraception will be influenced by the availability of such services in their area of residence.
3. Based on percentage data that has been rounded to the nearest whole number.

For more information: Tables 11 and 18, Statistics on Sexual and Reproductive Health Services, England, 2017/18
Part 4: Sterilisations and vasectomies

This part includes data on sterilisations and vasectomies taking place at SRH services and in NHS hospitals. NHS hospitals data is extracted from NHS Digital’s Hospital Episode Statistics (HES)\(^1\).

A female sterilisation is an operation which necessitates a stay in hospital, and so all data relates to NHS hospitals.

Vasectomies may be performed as operations requiring a hospital stay, or as procedures in outpatient departments and SRH services clinics. Most are performed as day cases in hospital outpatient departments.

The latest year of HES data shown (2017/18) is provisional. Finalised data is not available until after this report has been published, but will be included in the following years report. The difference is expected to be small.

---

1. See Appendix C for a full list of sterilisation and vasectomy HES procedure codes.
Sterilisation and vasectomy procedures recorded at SRH services or in NHS hospitals

Sterilisation procedures\(^1\) by year\(^2\)

The number of sterilisations performed in NHS hospitals has fallen from 19,865 in 2007/08 to 13,723 in 2017/18, a decrease of 31%. The figure in 2017/18 was 5% lower than in 2016/17 (14,475).

Vasectomy procedures\(^1\) by year\(^2\)

In 2016/17 the number of vasectomies rose 10% to 12,009, the first increase in over ten years (from 10,880 in 2015/16). A similar volume was then recorded in 2017/18 (12,007)\(^2\). However, this is still only half the number recorded in 2007/08 (24,213).

Most of the overall increase seen in 2016/17 was driven by a rise in those performed as hospital day cases across a handful of providers.

1. Either as a primary or secondary procedure.  
2. Latest year of HES data (2017/18) is provisional. Finalised data is not available until after this report has been published, but will be included in the following years report. The difference is expected to be small.  
For more information: Table 1, Statistics on Sexual and Reproductive Health Services, England, 2017/18
Part 5: Prescriptions for contraceptives dispensed in the community

Data for items dispensed in the community are sourced from the prescribing team at NHS Digital. The system used is the Prescription Cost Analysis (PCA) system, supplied by the Prescription Services Division of the NHS Business Services Authority (NHS BSA) and is based on the full analysis of all prescriptions dispensed in the community.

Prescriptions written by GPs and non-medical prescribers (nurses, pharmacists etc.) in England represent the vast majority of prescriptions included. Prescriptions written by dentists and hospital doctors are also included provided they were dispensed in the community. Also included are prescriptions written in Wales, Scotland, Northern Ireland and the Isle of Man but dispensed in England. The data do not cover items dispensed in hospital or on private prescriptions.

The majority of items provided by SRH services would not be captured in the prescribing data, though there is likely to be a small amount of overlap where the prescription item is unavailable directly from the service.

Prescribing data is collected on a different basis to SRHAD and so the datasets cannot generally be combined. It represents a count of items prescribed, unlike the activity based nature of SRHAD.
Prescriptions for contraceptives dispensed at other locations in the community\textsuperscript{1,2}

**Long Acting Reversible Contraceptives (LARCs) by year**

There were 1.24 million prescriptions for LARCs in 2017. This is similar to 2016, but 9% higher than in 2007 (1.14 million).

**User dependant contraceptives by year**

In 2017, there were 7.05 million prescriptions dispensed in the community for user dependant contraceptives, a fall of 2% on 2016 (7.21 million). This continues a decline in the number since 2008 when there were 7.45 million prescriptions provided (a fall of 5%).

---

1. Excludes data from SRH services. See page 24 for details of overall inclusions.
2. Excluding emergency contraception.

*For more information: Table 13, Statistics on Sexual and Reproductive Health Services, England, 2017/18*
This publication may be requested in large print or other formats.

Published by NHS Digital, part of the Government Statistical Service

Copyright © 2018 Health and Social Care Information Centre.
The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital.

You may re-use this document/publication (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0.

To view this licence visit
www.nationalarchives.gov.uk/doc/open-government-licence
or write to the Information Policy Team, The National Archives, Kew, Richmond, Surrey, TW9 4DU;
or email: psi@nationalarchives.gsi.gov.uk