Key findings

During 2016/17:

- There were 1.89 million contacts with dedicated SRH services made by 1.19 million individuals. This represented a decrease of 7% on the number of contacts in 2015/16 (2.03 million), and 24% less than in 2006/07 (2.48 million).
- 7% of the resident female population 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.
- Females aged 18 to 19 were most likely to use an SRH service, with 18% having at least one contact.
- 44% of women contacting SRH services for reasons of contraception had a main method of oral contraceptives in use, the most common method recorded. However the proportion using long acting reversible contraceptives has been increasing over the last ten years, and is now at 39%.
- The number of emergency contraception items provided to females by both SRH services and at other locations in the community has fallen by 42% over the last ten years, from 457 thousand in 2006/07 to 264 thousand in 2016/17.
This is a National Statistics publication

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Part 1: Contacts with SRH services</td>
<td>6</td>
</tr>
<tr>
<td>Part 2: Contacts with SRH services for reasons of contraception</td>
<td>11</td>
</tr>
<tr>
<td>Part 3: Emergency contraception</td>
<td>17</td>
</tr>
<tr>
<td>Part 4: Sterilisations and vasectomies</td>
<td>22</td>
</tr>
<tr>
<td>Part 5: Prescriptions for contraceptives dispensed in the community</td>
<td>24</td>
</tr>
</tbody>
</table>
This publication primarily covers activity taking place at dedicated Sexual and Reproductive Health (SRH) services, including from non NHS service providers where available. This data is sourced from 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 data includes non-English residents using services based in England.

**Important note:** This does not represent all ways in which a person may access sexual and contraceptive health 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.
Part 1: Contacts with 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.
• Provision of emergency contraception.
• Contraception related advice.
• Removal of contraception devices.
• Sexual health advice.
• Pregnancy or abortion related issues.

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.
Overall contacts with SRH services

Overall contacts over time
There were 1.89 million contacts with dedicated SRH services made by 1.19 million individuals. This represented a decrease of 7% on the number of contacts in 2015/16 (2.03 million), and 24% less than in 2006/07 (2.48 million).

89% of individuals in 2016/17 were female.

Change in overall contacts by age group
Between 2015/16 and 2016/17, the number of contacts fell across all age groups.

The largest volume contribution to the overall fall was from 20-24 year olds, with 32,608 less contacts (-6%).

The largest percentage fall across age groups was amongst under 16s, with 22% less contacts.

For more information: Tables 1, 4 and 8, Statistics on Sexual and Reproductive Health Services, England, 2016/17
Likelihood of contact with an SRH service

Likelihood of contact by age and gender

7% 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 18% having at least one contact, though this has fallen from 19% in 2015/16.

6% of females aged 15 and 2% of females aged 13 to 14 had at least one contact. This equates to 3% of females aged 13 to 15.

For more information: Table 2, Statistics on Sexual and Reproductive Health Services, England, 2016/17
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 below 4% in 18 LAs. Darlington, Luton and Telford and Wrekin had rates of 0%.

The highest rates were in St. Helens, and Hackney; both 17%. South Tyneside, Knowsley and Manchester also recorded rates of 15% or over.

1) Aged 13 to 54  2) Based on percentage data that has been rounded to the nearest whole number.

For more information: Table 16, Statistics on Sexual and Reproductive Health Services, England, 2016/17
Reason for contact with an SRH service

Reason for contact by women

13% of contacts involved the provision of a new main method of contraception, 16% a change of main method and 50% the maintenance of an existing main method. This is a total of 79% of contacts where a main method was supplied or maintained.

9% involved pre contraception advice, and 6% emergency contraception.

68% involved one or more non-contraception services (whether with or without a contraception related service).

Reason for contact by men

39% of contacts involved the supply/maintenance of a main method, and 7% pre-contraception advice.

86% 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 contraception related service 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, 2016/17
Part 2: Contacts with SRH services for reasons 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 the methodology used to determine the choice of contact 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 i.e. where only advice was given.

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 widened 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](https://www.nice.org.uk/guidance/cg30/chapter/1-Recommendations)
Contacts with SRH services for reasons of contraception

Females contacting SRH services for reasons of contraception, by year\(^1\)
During 2016/17, 871 thousand females 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 contacts (see page 8), but has since fallen for 2 consecutive years.

Females contacting SRH services for reasons of contraception, by age\(^1\)
59% of females (515,812) were aged between 20 and 34.
2% (20,144) were aged under 16.

---

\(^1\) Excluding where only advice was given.

For more information: Tables 6 and 7, Statistics on Sexual and Reproductive Health Services, England, 2016/17
Main method of contraception for females in contact with SRH services

User dependent / LARC uptake by year

61% of females in contact with SRH services for reasons of contraception, had a user dependent main method, and 39% 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 around 30% of those aged under 20, to over half of those aged 35 and over.

1\(^\text{st}\) 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, 2016/17
Long Acting Reversible Contraceptives (LARC)

**LARC uptake, by method and year**

Implants are the most common type of LARC, and the increase in overall LARC uptake over the last 10 years has been largely driven by a rise in implant use.

The use of IU systems has seen a more moderate rise, whilst the proportions represented by IU devices and injectable contraceptives\(^1\) have been fairly consistent in recent years.

Implants were the main method of contraception for 15% of females, with younger age groups more likely to use them. The use of IU devices and IU systems increases with age, with 39% of those aged 45 and over using one or the other as their main method of contraception. This compares to 3% of females under 20.

1) Studies suggest that injectable contraceptives are less cost effective than other LARC methods, with a higher failure rate.  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, 2016/17
Long Acting Reversible Contraceptives (LARCs)

**LARC uptake** by Local Authority (LA)

The LAs with the lowest proportions of women with a main contraception method of LARC in use were Solihull (24%) and Birmingham (25%). 38 LAs had a LARC uptake rate of below 35%, 8 of which had a rate below 30%.

16 LAs recorded LARC uptake rates of 50% and over. The highest rates were in Sunderland (56%), Southampton, Isle of Wight, Coventry, Lincolnshire, and Bolton (all 55%).

---

1) Based on percentage data that has been rounded to the nearest whole number. 2) Of women contacting SRH services for reasons of contraception. **For more information:** Table 17, Statistics on Sexual and Reproductive Health Services, England, 2016/17
User dependant contraceptives

User dependent methods include oral contraceptives, which were the main method for 44% 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\(^2\), 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, 2016/17
Part 3: Emergency contraception

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) 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 provided by SRH services or dispensed in the community

Emergency contraception items provided by year

The number of emergency contraception items provided by both SRH services and at other locations in the community was 264 thousand in 2016/17. This has fallen steadily over the last ten years, from 457 thousand in 2006/07, a decrease of 42%.

At SRH services, the number of items provided was 96 thousand in 2016/17, a fall of 8% from last year. In the last ten years this has fallen by 39%, from 158 thousand in 2006/07.

93% of emergency contraception issued by SRH services was for the hormonal pill (oral) method.

1) See page 24 for inclusions in community prescribing data.

For more information: Tables 1 and 9a, Statistics on Sexual and Reproductive Health Services, England, 2016/17
Emergency contraception provided to under 16s by SRH services

Emergency contraception items provided to under 16s by year

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.

5,705 items were provided to under 16s by SRH services in 2016/17, representing 6% of total emergency contraception. This compares to 21,363 items in 2006/07 (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, 2016/17
Likelihood of being provided emergency contraception by SRH services

Likelihood by age

6 per 1,000 of the female population were provided emergency contraception by an SRH service in 2016/17.

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 4,881 females aged 13 to 15 provided with emergency contraception by an SRH service at least once during the year, representing 6 per 1,000 population.

For more information: Table 9c, Statistics on Sexual and Reproductive Health Services, England, 2016/17
Likelihood of females aged 13 to 15 being provided emergency contraception by SRH services

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 3 per 1000 population in the least deprived areas, to 8 per 1000 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 St. Helens (53 per 1,000 population) and Blackpool (50). No other LAs had rates above 30. Over half of LAs recorded a rate of less than 5 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, 2016/17
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.

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 23,685 in 2005/06 to 14,039 in 2015/16, a decrease of 41%.

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

The number of vasectomies performed at SRH services or NHS hospitals has fallen from 29,344 in 2005/06, to 10,880 in 2015/16, a decrease of 63%. However, the rate of reduction has slowed with only a 2% drop compared to 2014/15.

1,548 were reported as occurring at SRH services in 2015/16. Finalised data on vasectomies performed in hospitals is not yet available for 2016/17, but the number performed by SRH services has risen to 1,763.

---

1) Either as a primary or secondary procedure.  2) 2015/16 is the latest year that finalised hospitals data is available at the time of publication.

For more information: Table 1, Statistics on Sexual and Reproductive Health Services, England, 2017
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 can’t generally be combined. It represents a count of items prescribed, unlike the activity based nature of SRHAD.

Emergency contraception is an exception, as in that case a count of items is possible from SRHAD (see page 18).
Prescriptions for contraceptives dispensed in the community

Long Acting Reversible Contraceptives (LARCs) by year

Prescriptions for LARCs have fallen over the last 3 years, from 1.32 million in 2013/14, to 1.24 million in 2016/17, a decrease of 6%. This follows a period of annual increases from 1.14 million in 2007/08.

User dependant contraceptives by year

There has been a gradual fall in prescriptions for user dependent methods since 2008/09, from 7.72 million to 7.38 million in 2016/17, a decrease of 4%.

---

1) Either as a primary or secondary procedure.  
2) 2014/15 is the latest year that finalised hospitals data is available at the time of publication.  
For more information: Table 13, Statistics on Sexual and Reproductive Health Services, England, 2017