



Statistics on Sexual and Reproductive Health Services

England 2015/16

Published 19 October 2016

This publication covers activity taking place in the community at dedicated Sexual and Reproductive Health (SRH) services, including from non NHS service providers where available. 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.

Important note: This report does not represent all ways in which a person may access sexual and contraceptive health services. For example, it excludes services provided in out-patient clinics and those provided by General Practitioners as well as contraceptives purchased over the counter at a pharmacy or in other retail settings (unless otherwise stated). Therefore changes over time presented in this report may be due to changes in the way people access sexual and contraceptive health services.

Key findings

- There were 2.03 million contacts with dedicated SRH services made by 1.26 million individuals. This represented a decrease of 4 per cent on the number of contacts in 2014/15 (2.13 million). It also represented a decrease of 4 per cent in the number of individuals attending SRH services.
- 7 per cent of the resident population of women between the ages of 13 and 54 had at least one contact with an SRH service. For men in the same age group, 1 per cent of the resident population had at least one contact.
- Women aged 18 to 19 were most likely to use an SRH service, with 19 per cent having at least one contact.
- 38 per cent of women contacting SRH services for reasons of contraception were using long acting reversible contraceptives. Over the last ten years, this proportion has been increasing and the proportion using user dependent methods has been decreasing. However, oral contraceptives (a user dependent method) were still the most common form of contraception item in use, being the main method for 45 per cent of women contacting SRH services for contraception.
- The number of emergency contraception items provided to women by both SRH services and at other locations in the community was approximately 291 thousand in 2015/16. This has fallen steadily over the last ten years, from approximately 484 thousand in 2005/06, a decrease of 40 per cent.

Author: Lifestyles Team, NHS Digital
Responsible Statistician: Paul Niblett

www.digital.nhs.uk
enquiries@nhsdigital.nhs.uk

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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.

Introduction

This publication covers activity taking place in the community at dedicated Sexual and Reproductive Health (SRH) services, including activity at non NHS service providers where available.

SRH services include family planning services, community contraception clinics, integrated 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, sexual health treatment and advice, pregnancy related care, abortion related care, cervical screening, psychosexual therapy, PMS treatment, colposcopy services, fertility treatment and care and gynaecological treatment and care.

The data includes non-English residents using services based in England.

Non-face to face contacts were introduced into the data for some providers from 2015-16, which impacts on the total number of contacts and persons using services. See paragraph 5.2 of the Data Quality Statement for more detail.

This report does not represent all ways in which a person may access sexual and contraceptive health services. For example, it excludes services provided in out-patient clinics and those provided by General Practitioners as well as contraceptives purchased over the counter at a pharmacy or in other retail settings. Therefore changes over time presented in this report may be due to changes in the way people access sexual and contraceptive health services.

This report excludes services provided in out-patient clinics, at community pharmacies and those provided by General Practitioners, unless otherwise stated.

This report presents key findings including some breakdowns by demographics and Local Authority (LA) areas¹. A wider range of data is published in the accompanying Excel spreadsheets and as a record level non-disclosive version of the Sexual and Reproductive Health Activity Dataset (SRHAD). 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. All these resources can be found at the following link: <http://digital.nhs.uk/pubs/sexrepsrroct16>

¹ Note that analyses presented by LA have not been age standardised so any differences in the age profile of one area compared to another should be considered when interpreting the findings.

Chapter 1: Contacts with SRH services

1.1 Overall contacts

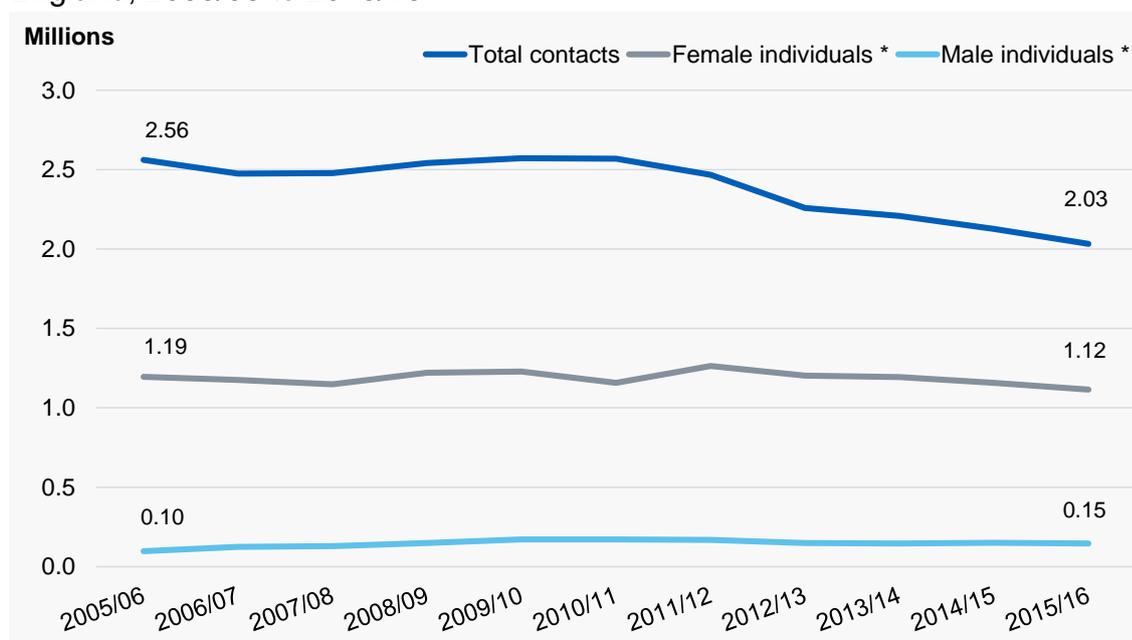
In 2015/16, there were 2.03 million contacts with dedicated SRH services made by 1.26 million individuals. This represented a decrease of 4 per cent (93,992) on the number of contacts in 2014/15 (2.13 million). It also represented a decrease of 4 per cent (46,522) in the number of individuals attending SRH services² (see figure 1 and Excel data table 1).

4%
decrease in the number of contacts with SRH services since last year.

The average number of contacts per individual was 1.61, down from 1.63 in 2014/15.

88 per cent (1.12 million) of individuals contacting services were women and 12 per cent (0.15 million) were men.

Figure 1: Contacts with Sexual and Reproductive Health services
England, 2005/06 to 2015/16



*For individuals, a person using a service multiple times during the year will only be counted once.

Source: up to 2009/10: KT31, 2010/11 - 2013/14: KT31 and SRHAD, 2014/15 onwards: SRHAD, NHS Digital.

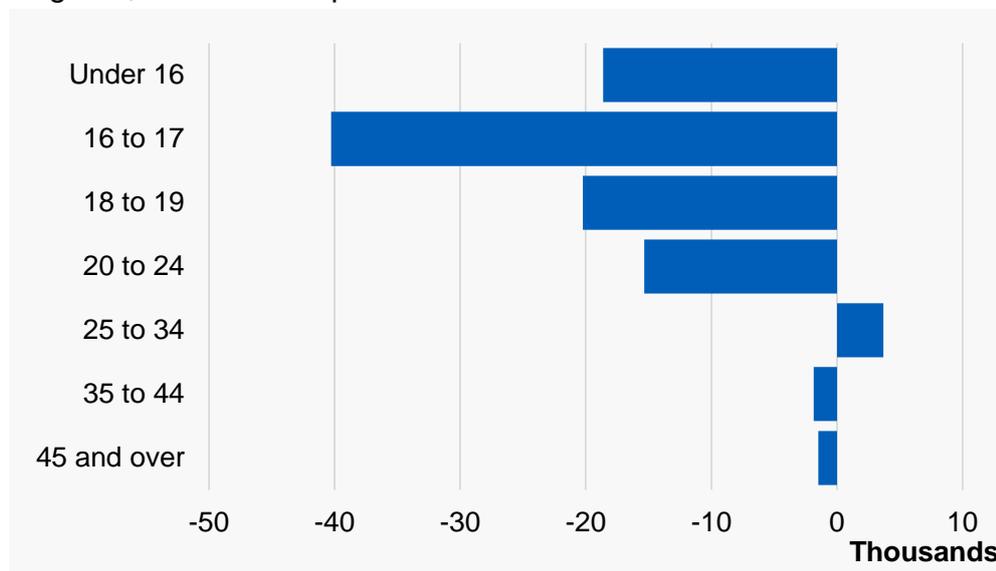
Analysis of the change in contacts between 2014/15 and 2015/16, by age group, shows that a fall in contacts from younger age groups (under 25), contributed a large proportion of the overall fall. In total, there were 94,461 less contacts (-8%) from under 25 year olds (see figure 2 and Excel data table 5).

² These changes are affected by the inclusion of some non-face to face contacts in the data from 2015/16. They accounted for 0.6 per cent of total contacts, so without their inclusion, the fall in contacts may be expected to be greater by up to 0.6 more percentage points. However, there are suspected data quality issues with this information as the majority of non-face to face contacts are from one provider (see paragraph 5.2 of the Data Quality Statement).

Within this group, this was mostly driven by a fall in contacts involving a main method of contraceptive pill or male condom, with 75,423 less of this type of contact (-16%).

Figure 2: Change in contacts with Sexual and Reproductive Health services by age group

England, 2015/16 compared to 2014/15



Source: SRHAD, NHS Digital.

1.2 Likelihood of contact

In 2015/16, 7 per cent of the resident population of women between the ages of 13 and 54 had at least one contact with an SRH service. For men in the same age group, 1 per cent of the resident population had at least one contact.

Please note, people contact SRH services for a variety of reasons, including many non-contraception related services (see table 5 in the Excel data tables for a full breakdown of activity in 2015/16).

Likelihood of contact by age

The likelihood of a woman contacting a service varies considerably between ages.

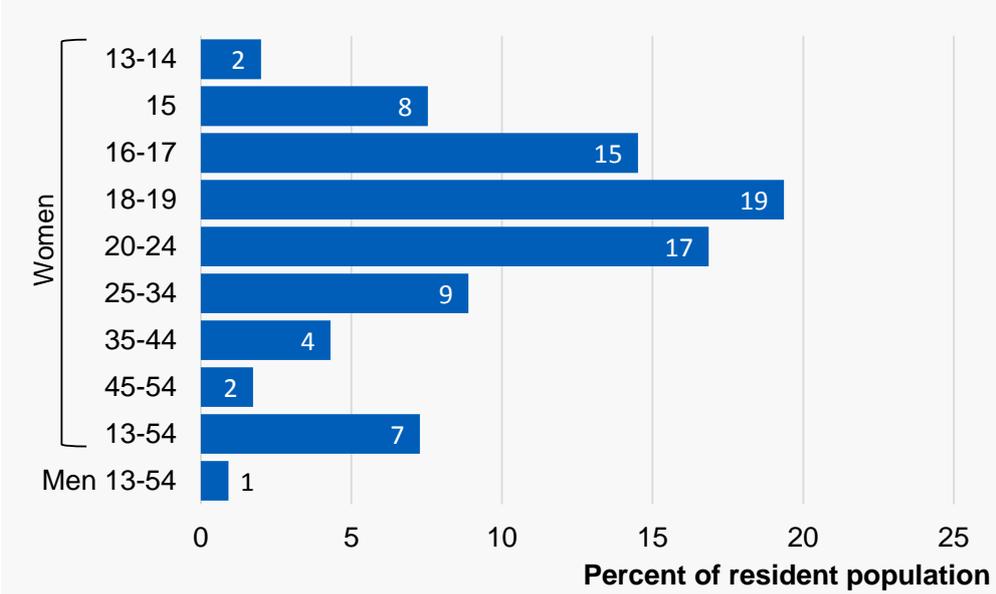
Women aged 18 to 19 were most likely to use a service, with 19 per cent having at least one contact in 2015/16, though this has fallen from 21 per cent in 2014/15 (see figure 3 and Excel data table 2).

8 per cent of women aged 15 and 2 per cent of women aged 13 to 14 had at least one contact in 2015/16. When combined this equates to 4 per cent of women aged 13 to 15.

19%
of 18 to 19 year olds contacted an SRH service in 2015/16.

Figure 3: People in contact with Sexual and Reproductive Health services as a percentage of resident population, by gender and age

England, 2015/16



Source: SRHAD, NHS Digital.

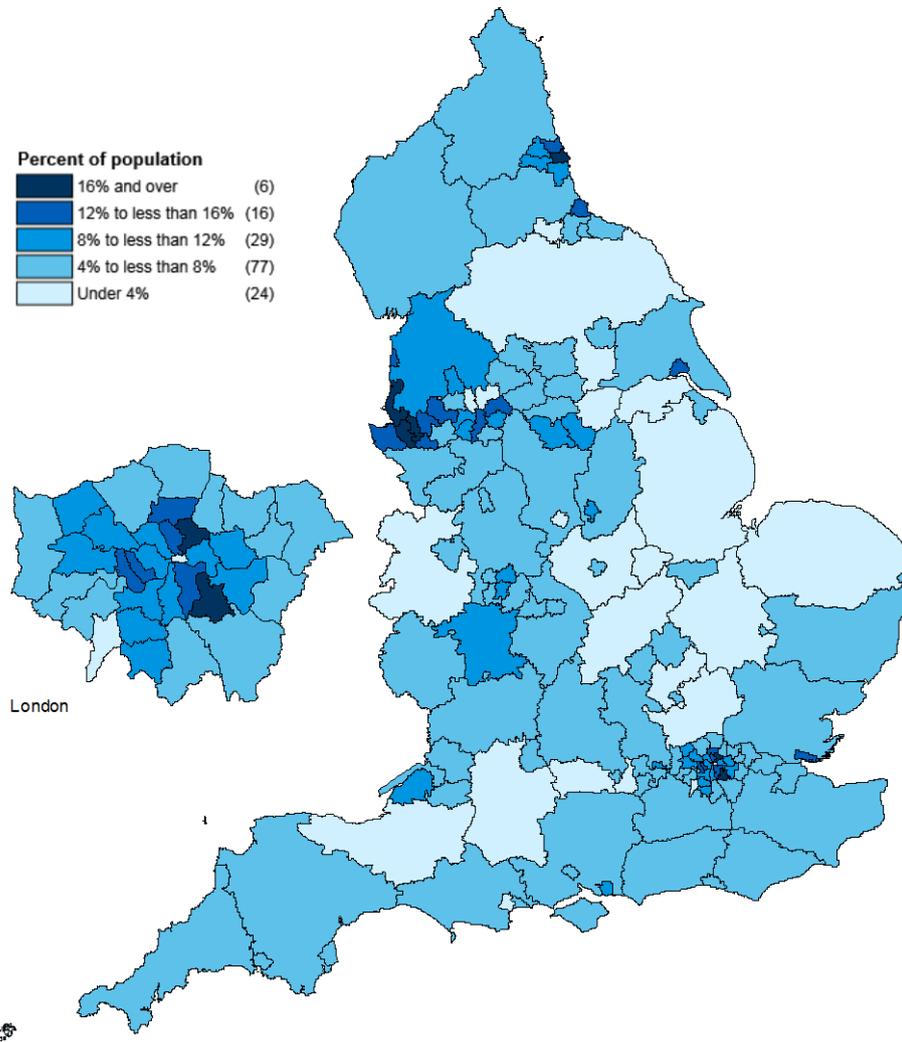
Likelihood of contacts by women by local authority

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

Across LA's the proportion of the resident population of women aged 13 to 54 that used a service in 2015/16 ranged from 1 per cent in North Yorkshire and Rochdale to 18 per cent in Sefton (see figure 4 and Excel data table 16).

Figure 4: Women aged 13 to 54 in contact with Sexual and Reproductive Health services, percent of resident population, by local authority

England, 2015/16



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Data excludes records where the person's residence was unknown or they were resident outside of England. Population data based on the Office for National Statistics (ONS) resident population estimates for mid-2015.

Source: SRHAD, NHS Digital. Population data from ONS.

Please note that as the map is based on unrounded data, local authorities may fall into different ranges than indicated by the Excel data tables which contain rounded data.

1.3 Reason for contact

People attend SRH services for a variety of reasons, including many non-contraception related services. A single contact with a person may involve more than one type of reason. This means that during a contact a person may receive any or all of the following services:

- Provision/maintenance/advice relating to a main method of contraception.
- Provision of emergency contraception.

- One or more other non-contraception related SRH services.

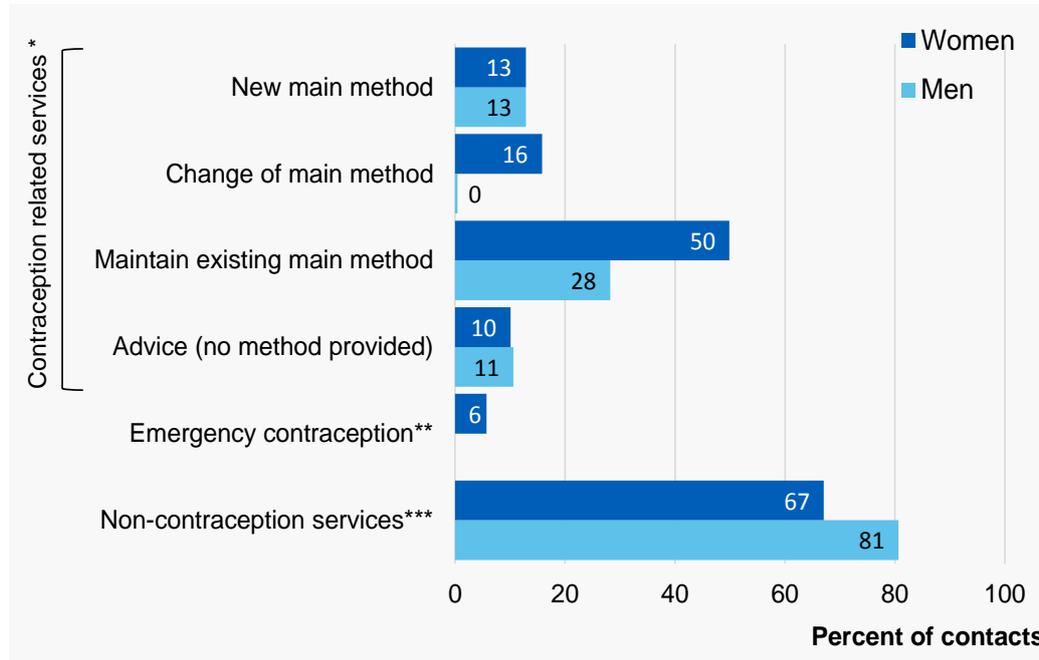
In contacts by women, 13 per cent involved the provision of a new main method of contraception, 16 per cent a change of main method and 50 per cent the maintenance of an existing main method. This is a total of 79 per cent of contacts where a main method was supplied or maintained. 10 per cent of contacts involved pre contraception advice (without a main method being in use) and 6 per cent emergency contraception. 67 per cent involved one or more non-contraception services (whether with or without a contraception related service) (see figure 5 and Excel data table 4).

The most common types of other SRH services used (those not involving contraception) were sexual health advice (1.06 million contacts) and pregnancy related (0.23 million contacts). See table 5 in the Excel data tables for a full breakdown of activities at SRH services.

For men, 42 per cent of contacts involved the supply/maintenance of a main method and 11 per cent pre-contraception advice. 81 per cent of contacts involved non-contraception services (whether with or without a contraception related service).

Figure 5: Contacts with Sexual and Reproductive Health services by gender and reason for contact

England, 2015-16



One contact may involve more than one of the reasons shown. As such, the sum of parts will not equal 100 per cent.

* Only one contraception related service can take place per contact.

** These are contacts where one or more forms of emergency contraception were provided.

*** These are contacts where one or more other sexual and reproductive health activity services were provided.

Source: SRHAD, NHS Digital.

Chapter 2: Contacts with SRH services for reasons of contraception

Analysis in this chapter relates to women only. Almost all contraception provided to men by SRH services is the male condom (99 per cent), with spermicides and natural family planning representing the only other options available.

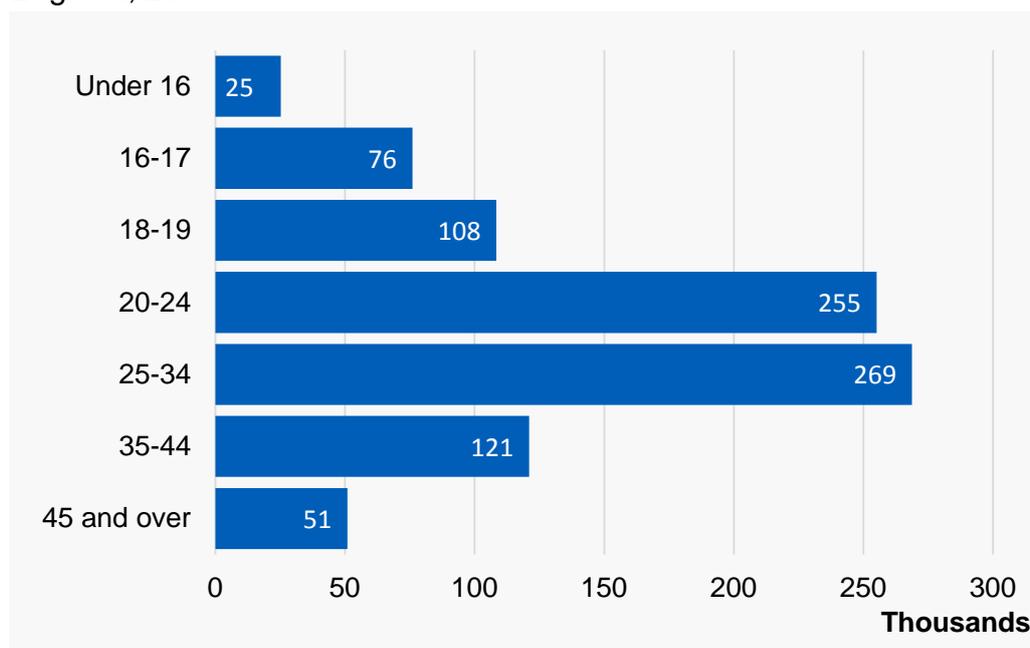
2.1 Total contacts for contraception

In 2015/16, over 900 thousand women contacted SRH services on one or more occasions for reasons of contraception (excluding where only advice was provided). 58 per cent of women (523,835) were aged between 20 and 34.

3 per cent (25,277) were aged under 16 (see figure 6 and Excel data table 7).

Figure 6: Women contacting Sexual and Reproductive Health services for contraceptive reasons by age

England, 2015-16



Source: SRHAD, NHS Digital.

2.2 Main methods of contraception

For all data on main method of contraception, a woman 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, the data prior to 2014/15 is not directly comparable. See appendix C for more details.

Analysis also excludes women where no main method of contraception was recorded during the year.

The information presented here is not necessarily representative of the uptake of contraception methods 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 easily without a visit to a medical specialist. The introduction of C-card schemes has also widened access to free condoms for young people through alternative channels³.

Contraceptive methods are classified as either User Dependent⁴ or Long Acting Reversible Contraceptives (LARCs)⁵. 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 National Health Service⁶.

In 2015/16, 62 per cent of women in contact with SRH services for reasons of contraception (excluding for advice only), had a user dependent main method, and 38 per cent were using a LARC.

Over the last ten years, the proportion using LARCs has been increasing and the proportion with user dependent methods has been decreasing. Although there is currently no directly comparable time series data before 2014/15 (see previous comments on methodological change), data prior to that produced with the old methodology shows the increase in LARC uptake (see figure 7 and Excel data table 6). This increase has continued since the new methodology was introduced.

38%
of women were using long acting reversible contraceptives as their main method.

³ https://www.brook.org.uk/attachments/C-Card_condom_distribution_schemes_-_What_why_and_how_-_July_2014.pdf

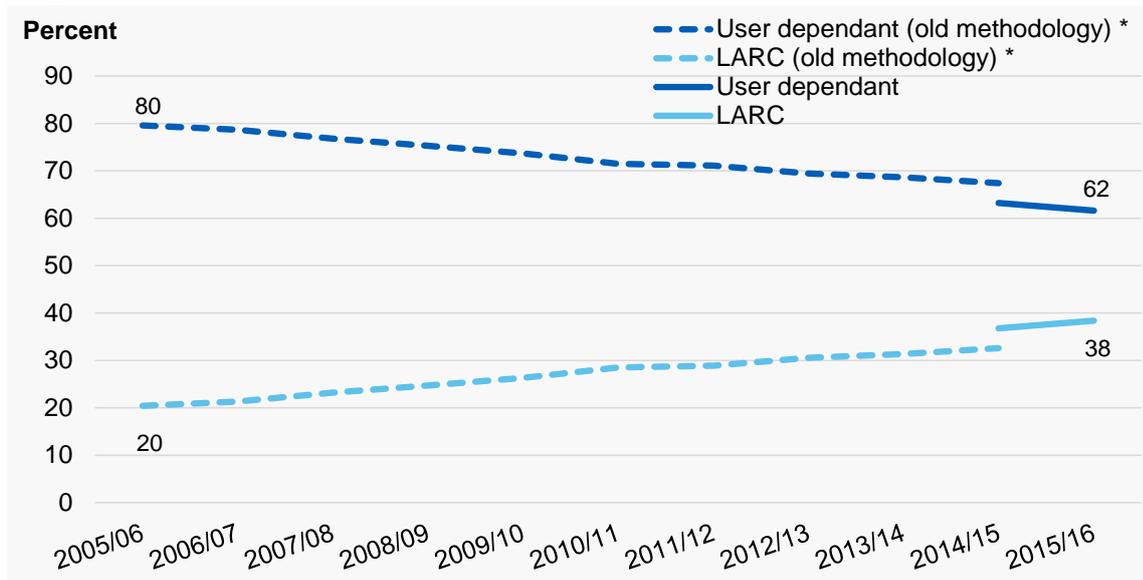
⁴ User dependent methods consist of oral contraceptives, male condom, female condom, the contraceptive patch, diaphragm, spermicides, vaginal ring and natural family planning.

⁵ LARCs consist of Inter-Uterine Devices (IUD), Intra Uterine System (IUS), injectable contraceptive and implants.

⁶ <https://www.nice.org.uk/guidance/cg30/chapter/1-Recommendations>

Figure 7: Main method of contraception for women in contact with Sexual and Reproductive Health services

England, 2005/06 to 2015/16



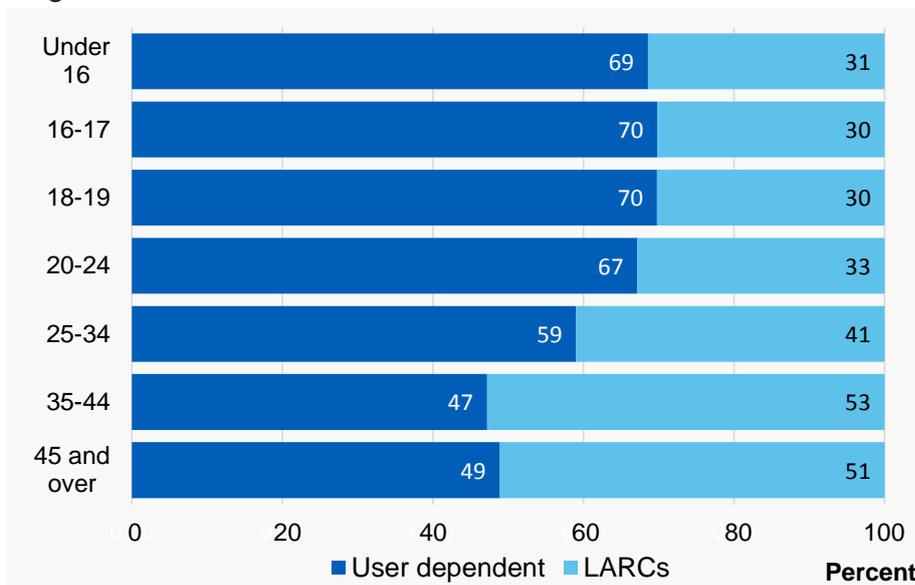
* This data was produced using an old methodology for determining a woman's main method, which is still deemed suitable for illustrating relative change in main method uptake. See appendix C for details of the methodological change that occurred in 2014/15.

Source: up to 2009/10: KT31, 2010/11 - 2013/14: KT31 and SRHAD, 2014/15 onwards: SRHAD, NHS Digital.

The proportion of women who choose LARCs as a main method of contraception generally increases with age, from around 30 per cent of those aged under 20, to over 50 per cent of those 35 and over (see figure 8 and Excel data table 7).

Figure 8: Women in contact with Sexual and Reproductive Health services: Percentage with a user dependent / LARC main method, by age group

England, 2015/16



Source: SRHAD, NHS Digital.

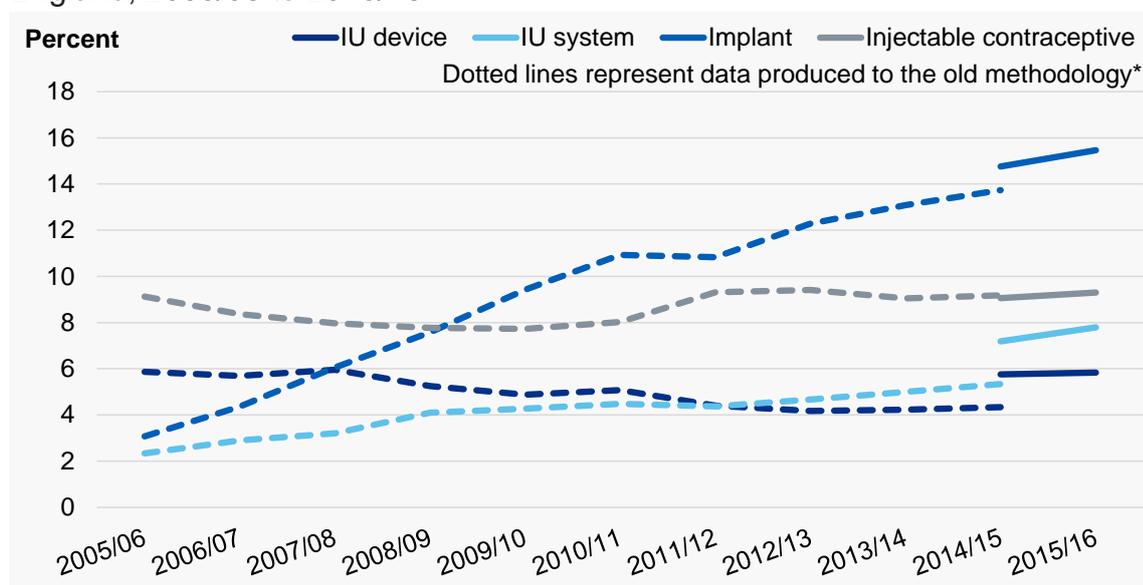
2.3 Long acting reversible contraceptives

Implants are the most common type of LARC, and the increase in overall LARC uptake has been largely driven by a rise in implant use. As stated previously there is no directly comparable time series data due to last year’s methodological change, but data produced with the previous methodology demonstrates the increase, and this has continued under the new methodology. The use of IU systems has seen a more moderate rise, whilst the proportions represented by IU devices and injectable contraceptives have been fairly consistent since 2012/13 (see figure 9 and Excel data table 6).

Studies suggest that injectable contraceptives are less cost effective than other LARC methods, with a higher failure rate⁷.

Figure 9: LARC uptake for women in contact with Sexual and Reproductive Health services, as a percentage of all methods

England, 2005/06 to 2015/16



*This data was produced using an old methodology for determining a woman’s main method, which is still deemed suitable for illustrating relative change in main method uptake. See appendix C for details of the methodological change that occurred in 2014/15.

Source: up to 2009/10: KT31, 2010/11 - 2013/14: KT31 and SRHAD, 2014/15 onwards: SRHAD, NHS Digital.

Implants were the main method of contraception for 15 per cent of women, with younger women more likely to use them. The use of IU devices and IU systems increases with age, with 39 per cent of those aged 45 and over using one or the other as their main method of contraception. This compares to 2 per cent of women under 20, and 1 per cent of under 16’s.

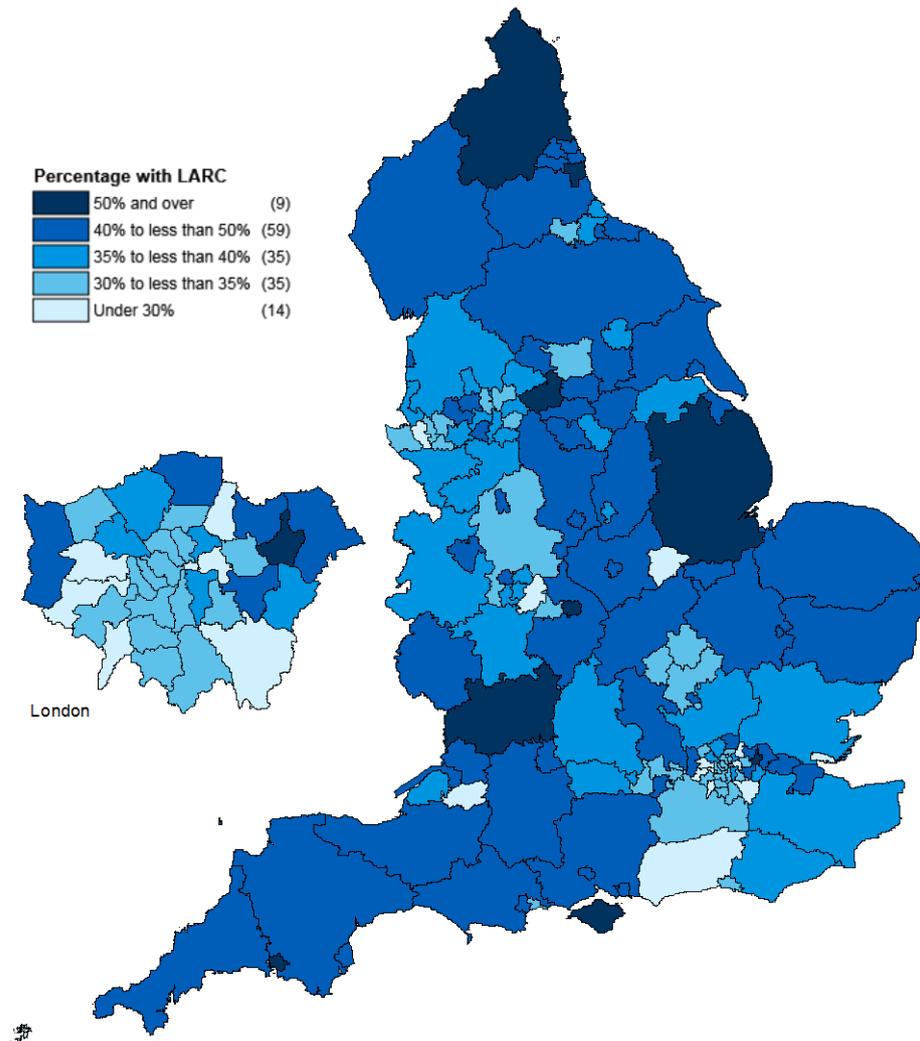
⁷ <https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-injectables-dec-2014/>

LARC uptake by local authority

Across LA's the proportion of women using SRH services for contraceptive purposes who had a main method of LARC in use, ranged from 23 per cent in Kingston Upon Thames to 57 per cent in Lincolnshire (see figure 10 and Excel data table 17).

Figure 10: Percentage of women in contact with Sexual and Reproductive Health services with a main method LARC, by local authority of residence

England, 2015/16



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Data excludes records where the person's residence was unknown or they were resident outside of England.

Source: SRHAD, NHS Digital.

Please note that as the map is based on unrounded data, local authorities may fall into different ranges than indicated by the Excel data tables which contain rounded data.

2.4 User dependent contraceptives

User dependent methods include oral contraceptives, which were the main method for 45 per cent of women in 2015/16. They were the most common method in all age groups, with the exception of women aged 45 and over, for whom IU systems were most common.

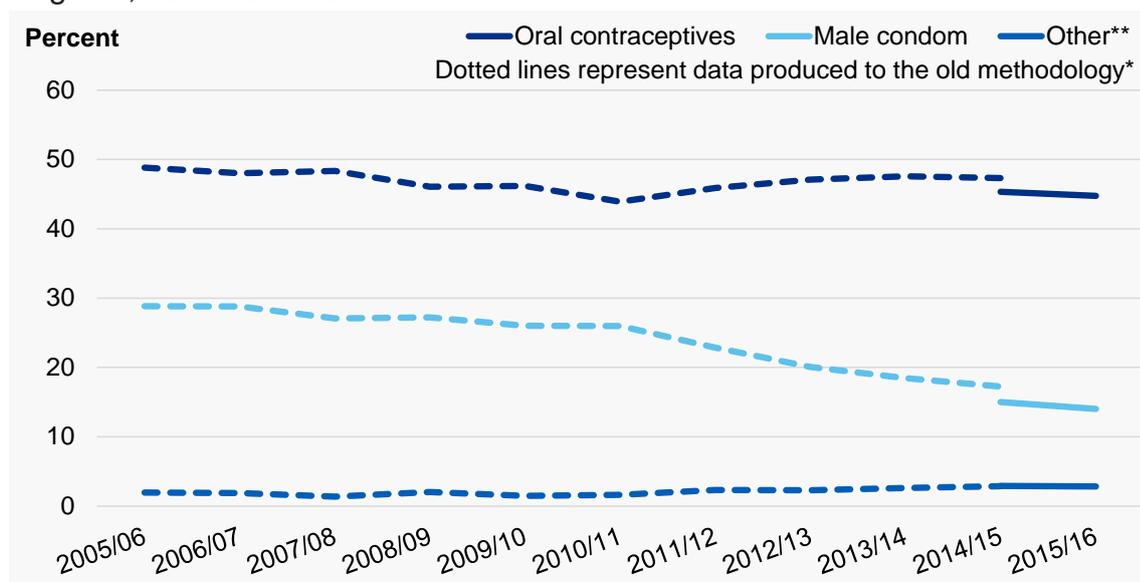
The male condom was the next most common user dependent option, with 14 per cent choosing them as a main method. The male condom was used most widely amongst the youngest age group - 21 per cent of females aged under 16. As the male condom is easily available to people of all ages direct from other sources 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.

User dependent methods other than oral contraceptives and male condoms, collectively account for only 3 per cent of main methods in use.

Time series data, again allowing for the methodological change in determining main method of contraception, indicates there has been little change in the proportion of women using oral contraceptives over the last ten years (see figure 11 and Excel data table 6). The proportion of SRH service users choosing male condoms as a main method has clearly fallen since 2010/11, though as already mentioned, this may reflect a change in the number of people obtaining condoms by different means.

45%
of women were using oral contraceptives, the most common main method for SRH service users.

Figure 11: Uptake of user dependent methods for women in contact with Sexual and Reproductive Health services, as a percentage of all methods*
England, 2005/06 to 2015/16



*This chart uses data produced using an old methodology for determining a woman's main method, which is still deemed suitable for illustrating relative change in main method uptake. See appendix C for details of the methodological change that occurred in 2014/15.

**Includes female condom, contraceptive patch, natural family planning, cap, diaphragm, spermicides and vaginal ring.

Source: up to 2009/10: KT31, 2010/11 - 2013/14: KT31 and SRHAD, 2014/15 onwards: SRHAD, NHS Digital.

Chapter 3: Contacts for emergency contraception

3.1 Total emergency contraceptives provided (by SRH services and dispensed in the community)

The number of emergency contraception items provided to women by both SRH services and at other locations in the community (see footnote 8 of chapter 5 for inclusions in community prescribing data) was approximately 291 thousand in 2015/16. This has fallen steadily over the last ten years, from approximately 484 thousand in 2005/06, a decrease of 40 per cent (see figure 12 and Excel data table 1).

At SRH services, the number of items provided was 104,510 in 2015/16, a fall of 38 per cent from 169,273 in 2005/06.

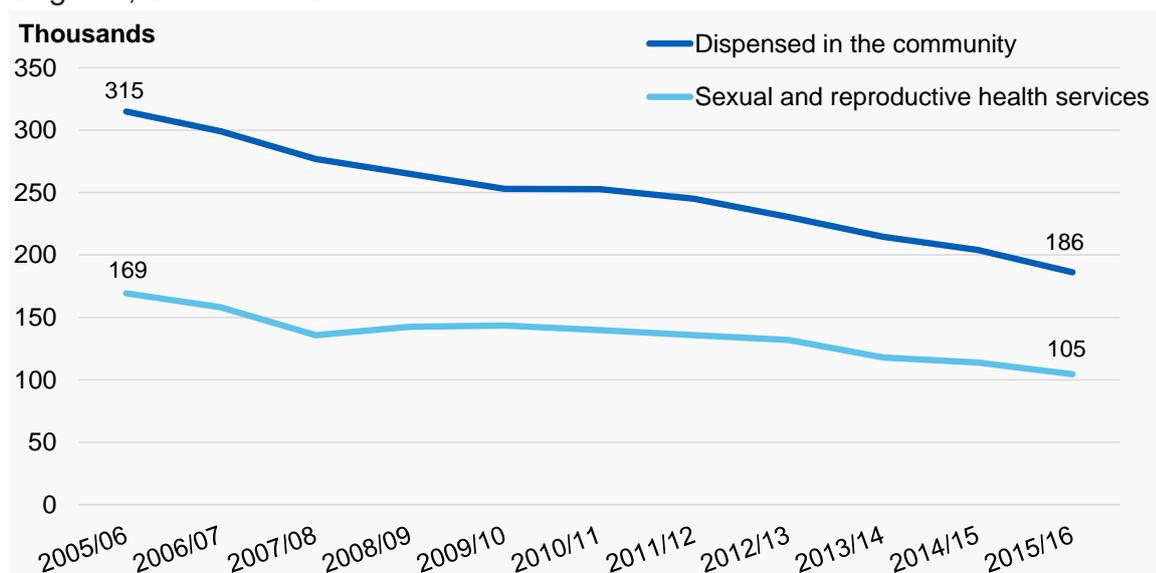
Please note, these figures do not represent the full volume of emergency contraceptives provided. Since 2001, the reclassification of emergency hormonal contraception (EHC) meant that it could also be purchased over the counter at a pharmacy without a prescription (by women aged 16 and over). In addition, nurses and pharmacists can supply EHC to women of all ages under a Patient Group Direction (PGD)⁸.

95 per cent of emergency contraception issued by SRH services was for the hormonal pill (oral) method.

40%
reduction in emergency contraception items provided over the last ten years.

Figure 12: Emergency contraception items provided by Sexual and Reproductive Health services and community pharmacists

England, 2005/06 to 2015/16



Source: Community – Prescription Cost Analysis data. Clinics – up to 2009/10: KT31, 2010/11 - 2013/14: KT31 and SRHAD, 2014/15: SRHAD, NHS Digital.

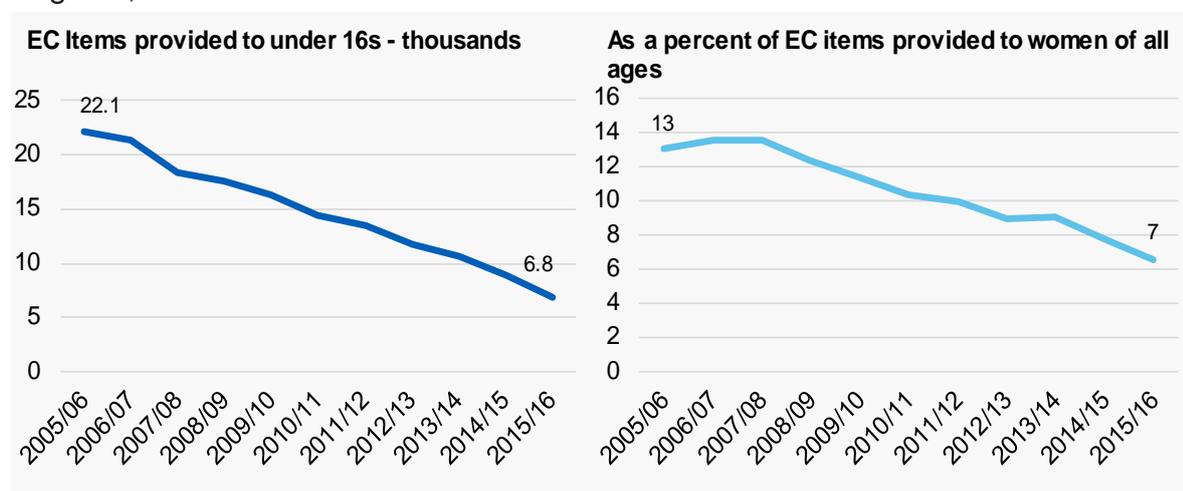
⁸ PGDs are documents which make it legal for medicines to be provided to groups of patients without individual prescriptions having to be written for each patient. Data on supply by PGD are not collected centrally.

3.2 Emergency contraceptives provided to under 16s (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 women of all ages. 6,826 items were provided to under 16s by SRH services in 2015/16, representing 7 per cent of total emergency contraception. This compares to 22,068 items in 2005/06 (a decrease of 69 per cent), which represented 13 per cent of the total (see figure 13 and Excel data table 9a).

Figure 13: Emergency contraception items provided to women under 16 by Sexual and Reproductive Health services – total and as a percentage of those provided to all women

England, 2005/06 to 2015/16



Source: up to 2009/10: KT31, 2010/11 - 2013/14: KT31 and SRHAD, 2014/15: SRHAD, NHS Digital.

3.3 Likelihood of women being provided emergency contraception (by SRH services only)

The likelihood of a woman using an SRH service to obtain emergency contraception varies with age. Women aged 18 to 19 were the most likely, with 24 per 1000 population having done so at least once during 2015/16 (see figure 14 and Excel data table 9c).

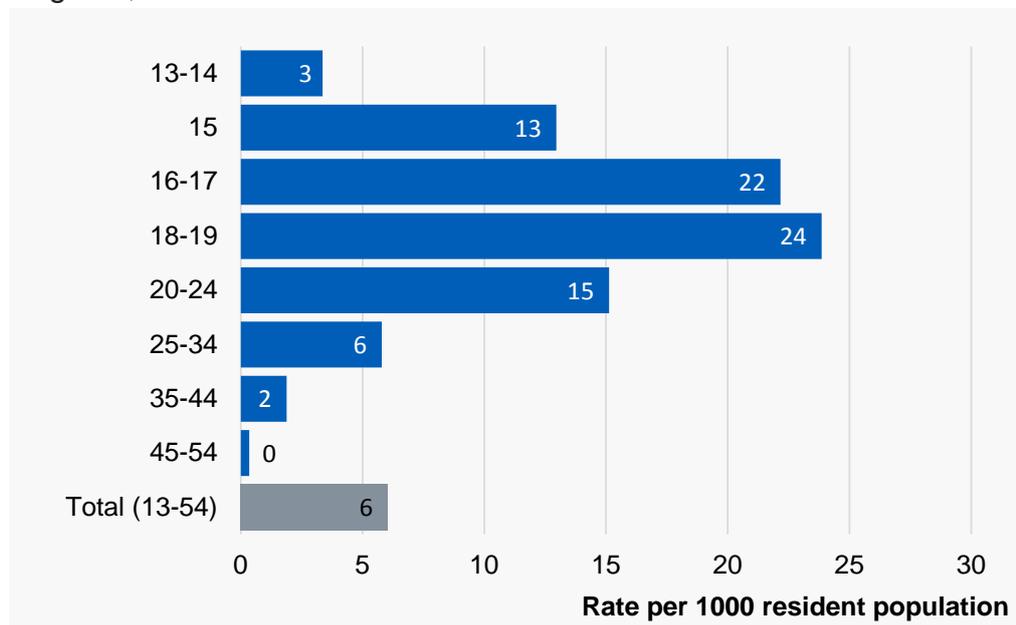
There were 5,814 women aged 13 to 15 provided with emergency contraception by an SRH service at least once in 2015/16, representing 7 per 1000 population.

As mentioned previously, this is not the only means of a woman obtaining emergency contraception, so this analysis is not necessarily representative of the greater population of women using emergency contraception.

Women aged 18 to 19 were most likely to use an SRH service for emergency contraception.

Figure 14: Women provided emergency contraception by Sexual and Reproductive Health Services, rate per 1000 population by age

England, 2015/16



Population data based on ONS resident population estimates for mid-2015.
 Source: SRHAD, NHS Digital. Population data from ONS.

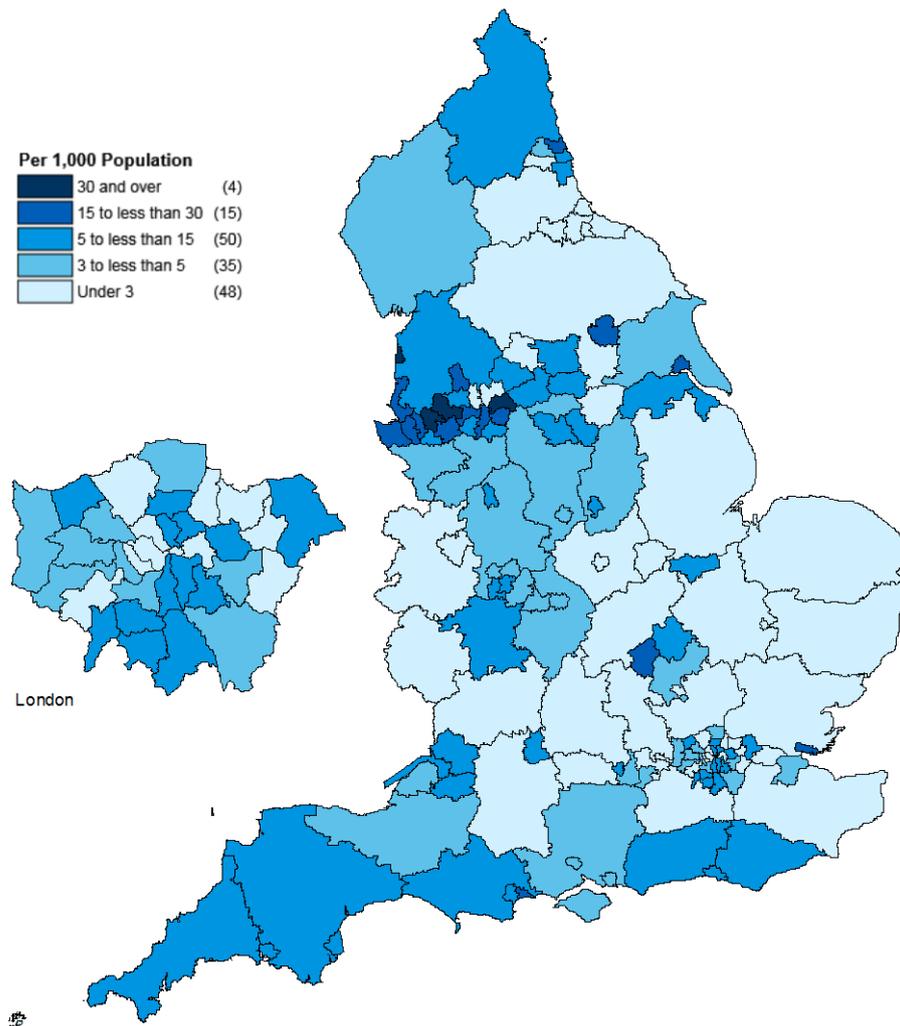
Likelihood of young women being provided emergency contraception by local authority (by SRH services only)

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

Across LA's the likelihood that women aged 13 to 15 were provided emergency contraception by an SRH service in 2015/16, ranged from under 0.5 per 1000 population in Middlesbrough, Doncaster, West Berkshire and Windsor & Maidenhead, to 56 per 1000 population in St. Helens (see figure 15 and Excel data table 18).

Figure 15: Women aged 13 to 15 provided emergency contraception by Sexual and Reproductive Health services, per 1000 population, by local authority of residence

England, 2015/16



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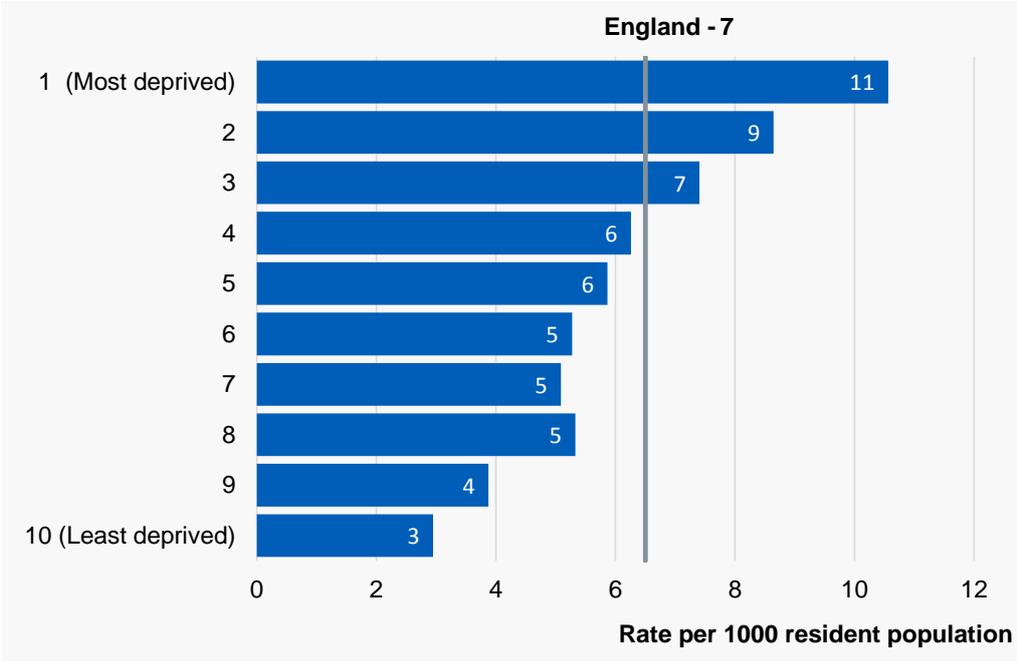
Data excludes records where the person's residence was unknown or they were resident outside of England. Population data based on ONS resident population estimates for mid-2015. Source: SRHAD, NHS Digital. Population data from ONS.

Please note that as the map is based on unrounded data, local authorities may fall into different ranges than indicated by the Excel data tables which contain rounded data.

Likelihood of young women being provided emergency contraception by level of deprivation (by SRH services only)

The likelihood of young women (those aged 13-15) using SRH services to obtain emergency contraception increases with the level of deprivation in their area of residence. This varied from 3 per 1000 population in the least deprived areas, to 11 per 1000 population in the most deprived areas (see figure 16 and Excel data table 11).

Figure 16: Women aged 13 to 15 provided emergency contraception by Sexual and Reproductive Health services, rate per 1000 population by Index of Multiple Deprivation (IMD) decile England, 2015/16



Data is based on the Lower Super Output Area (LSOA) of residence mapped to IMD scores for 2015. Population data based on ONS resident population estimates for mid-2014. Source: SRHAD, NHS Digital. IMD and population data from ONS.

Chapter 4: Sterilisations and vasectomies

4.1 Sterilisations

As female sterilisation is an operation which necessitates a stay in hospital there are very few procedures recorded on SRHAD. However, data from the HES system shows that the number of sterilisations performed in NHS hospitals (as either a main or secondary procedure) has fallen from 25,494 in 2004/05 to 13,858 in 2014/15, a decrease of 46 per cent (2014/15 is the latest year that finalised HES data is available at the time of publication) (see figure 17 and Excel data table 1).

See Appendix C for a full list of sterilisation procedure codes.

4.2 Vasectomies

Vasectomies may be performed as operations requiring a hospital stay or as procedures in outpatient clinics. Most are performed as day cases (i.e. in hospital and using a bed, but not requiring an overnight stay) in outpatient departments or as an inpatient stay. Data from HES can be added to data from SRH services to show how many vasectomies were performed by the NHS in a year.

The number of vasectomies being performed has fallen from 31,216 in 2004/05, to 11,113 in 2014/15 which is a decrease of 64 per cent (see figure 17 and Excel data table 1).

1,202 were reported as occurring at SRH services in 2014/15. Although finalised data on vasectomies performed in hospitals is not yet available for 2015/16, data from SRHAD only shows that the number performed by SRH services in 2015/16 has risen to 1,548..

See Appendix C for a full list of vasectomy procedure codes.

46%

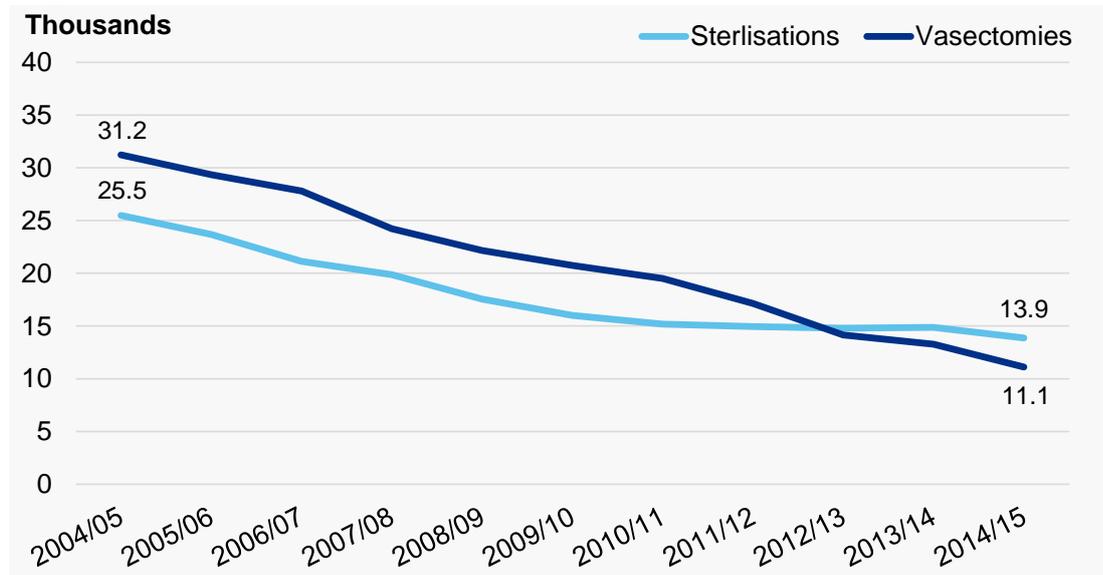
reduction in
female
sterilisations
performed over
ten years.

64%

reduction in
vasectomies
performed over
ten years.

Figure 17: Number of sterilisations and vasectomies performed in NHS hospitals and at Sexual and Reproductive Health services

England, 2004/05 to 2014/15



N.B. HES data includes vasectomies/sterilisations performed as main or secondary procedures.

Source: Hospital data from HES. SRH services data, up to 2009/10: KT31, 2010/11 - 2013/14: KT31 and SRHAD, 2014/15: SRHAD, NHS Digital.

Chapter 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 community⁹. The majority of items provided by SRH services would not be captured in this 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 chapter 3.1).

Prescriptions for LARCs have fallen over the last 2 years, from 1.32 million in 2013/14, to 1.26 million in 2015/16, a decrease of 5 per cent. This follows a period of gradual annual increases from 1.14 million in 2007/08. Although prescriptions for user dependent methods have remained fairly stable over the last ten years, the 7.45 million recorded in 2015/16 was the lowest across the last 10 years (see table 13 in the data tables).

⁹ Prescriptions written by General Medical Practitioners 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 that 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.

Chapter 6: National comparisons of contraception statistics

Up until 2012/13 the Welsh Assembly Government produced statistics on NHS contraceptive services for Wales. At that time it was reported as being the last publication in that format, due to the integration of sexual health services. At this time, no replacement statistics are evident. The latest information was released on 13th November 2013 and can be found at the following link:

<http://wales.gov.uk/statistics-and-research/nhs-community-contraceptive-services/?lang=en>

Statistics for Scotland are produced by Information Services Division of NHS National Services Scotland. Long acting contraceptive methods are prescribed in a variety of settings throughout Scotland and data are collected on contraception provision in all these centres. A report published on 20th September 2016 can be found at the link below:

<http://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/>

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0300 303 5678

enquiries@nhsdigital.nhs.uk

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