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Official Statistics

Sexual and reproductive health profiles: statistical commentary, March 2025

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Applies to England

Contents

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What’s new

Indicators in the Sexual and Reproductive Health profile have been updated with data about the prescribing and use of contraceptives in England. The data includes prescriptions and activity undertaken by primary care and dedicated sexual and reproductive health services in England. The latest data covers 2023. Data for 2022 was also updated to reflect revised population estimates from the 2021 Census.

Data for rates of hospital admissions for ectopic pregnancies and pelvic inflammatory disease have been updated for the financial year ending 2023 and financial year ending 2024.

Introduction

Local authorities are required to commission comprehensive open access sexual health services, including free testing and treatment for sexually transmitted infections. Services should also offer advice on and reasonable access to a broad range of contraception, and advice on preventing unplanned pregnancy. Contraception is also provided in hospital outpatient clinics or in primary care (GP practices) and can be purchased over the counter at a pharmacy or in other retail settings.

Contraceptive types

Different methods of contraception are available from these settings. There is no single dataset which captures all methods of contraception across all services which provide contraception. The Sexual and Reproductive Health Activity Data Set (SRHAD) (https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/sexual-and-reproductive-health-activity-data-set-srhad-collection) consists of anonymised patient-level data, covering contraception prescribing at sexual health services. Prescribing data for primary care is available from the NHS Business Services Authority (https://www.nhsbsa.nhs.uk/access-our-data-products/epact2/user-guides) (NHS BSA).

Methods of long-acting reversible contraception (LARC) prescribed to women include:

- injectables: progestogen-only injections which typically last 8 to 12 weeks
- implants: under the skin progestogen-only implants which last 3 to 5 years

- intrauterine devices: progestin-releasing or copper devices, effective for 3 to 7 years depending on type

Methods of short-acting reversible contraception prescribed to women include:

- combined oral contraceptives (COCs) which contain oestrogen and progestogen, one of the most used pills by those starting contraception for the first time
- progestogen-only pills (POPs) which contain only progestogen are also called the mini-pill and require precise daily timing for effectiveness

An increase in the provision of LARC is used as an indicator of wider access to the range of possible contraceptive methods which should also lead to a reduction in rates of unintended pregnancy. Although injectables are classified as LARCs, they are counted separately as they rely on timely repeat visits within the year and so have a higher failure rate than the other LARC methods. However, injections are easily administered and do not require the resources and training that other LARC methods require.

Since LARC methods are not available over the counter, the two data sources combined should provide a relatively comprehensive measure of total LARC prescribing in England. Short-acting contraceptives are, however, also available over the counter and any obtained through this route are not included in the data presented here.

Pelvic inflammatory disease and ectopic pregnancies

Pelvic inflammatory disease (PID) is an infection and inflammation of the upper female genital tract that can lead

to serious complications like ectopic pregnancy, infertility, and chronic pelvic pain. Both pelvic inflammatory disease and ectopic pregnancy have multiple causes, with chlamydia and other sexually transmitted infections being major contributors. PID can be managed in primary care or outpatient settings, but may require hospitalisation, while ectopic pregnancy typically necessitates hospital admission. The hospital admission rates for PID and ectopic pregnancies should be considered alongside chlamydia screening and diagnosis data, as effective screening and treatment of chlamydia are expected to reduce cases over time.

Main findings

The overall rate of prescribing for LARCs in 2023 decreased slightly and remains below pre-pandemic levels. Although the prescribing rate in sexual health services for short-acting contraceptives increased, there has been a larger decrease in the prescribing rate for short-acting contraceptives in primary care. Overall, and given that LARCs last for several years, this indicates a continued shift in prescribing towards LARCs.

There is variation in LARC prescribing across England with rates of prescribing in the least deprived areas more than 50% higher than the most deprived, and the highest rates in the South West and South East regions.

The rate of young men and women, aged under 25, using sexual health services continued to increase in 2023 after a drop during the pandemic, although access remains below pre-pandemic levels. This attendance rate provides a measure of access to specialist contraceptive services and is a proxy for the reach of services targeted at young

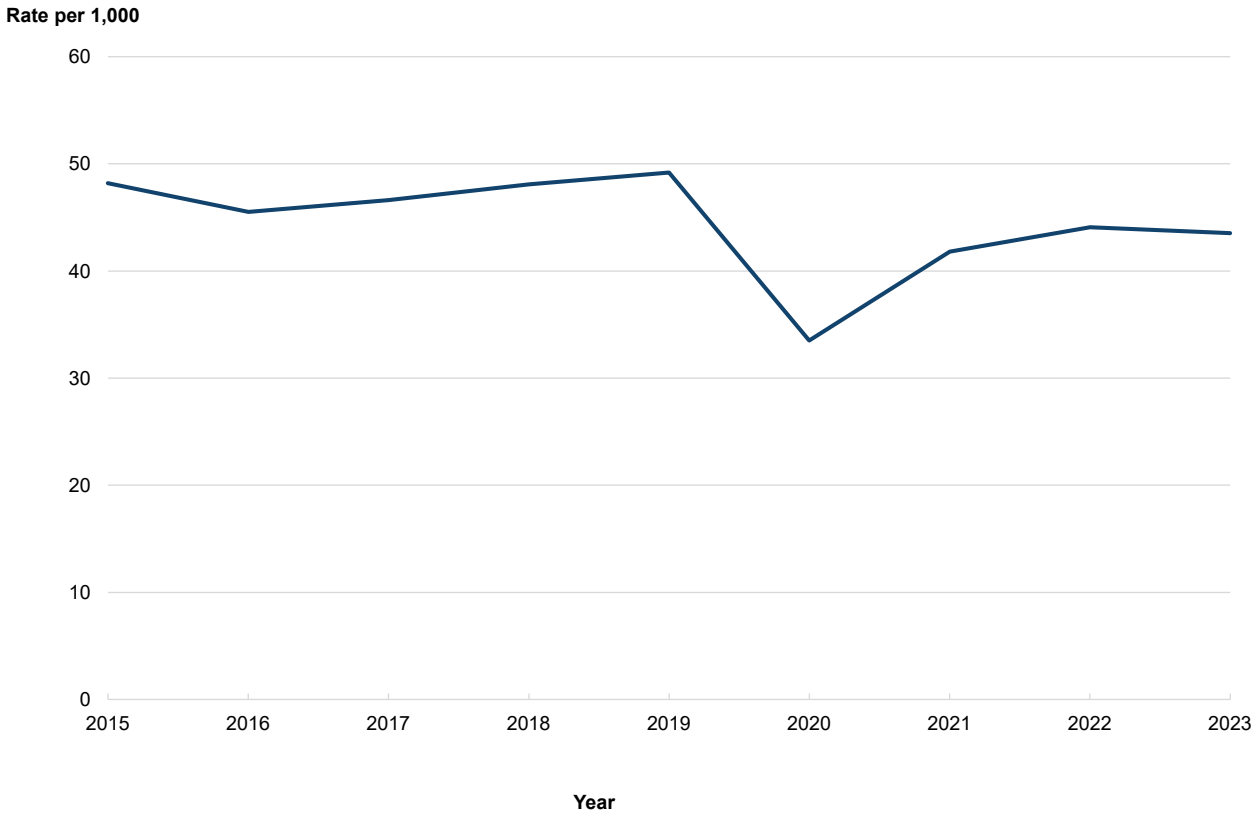
people for prevention of sexually transmitted infections and teenage pregnancy.

LARC use, excluding injectables

The overall use of LARC, excluding injectables, has slightly decreased to a rate of 43.5 per 1,000 population in 2023 compared with 44.1 per 1,000 in 2022 (figure 1). This remains significantly lower than the pre-pandemic period (49.2 per 1,000 in 2019). There was a decrease in the prescribing rate by primary care, from 26.5 per 1,000 in 2022 to 25.6 per 1,000 in 2023. However, the prescribing rate from sexual health services has continued to increase.

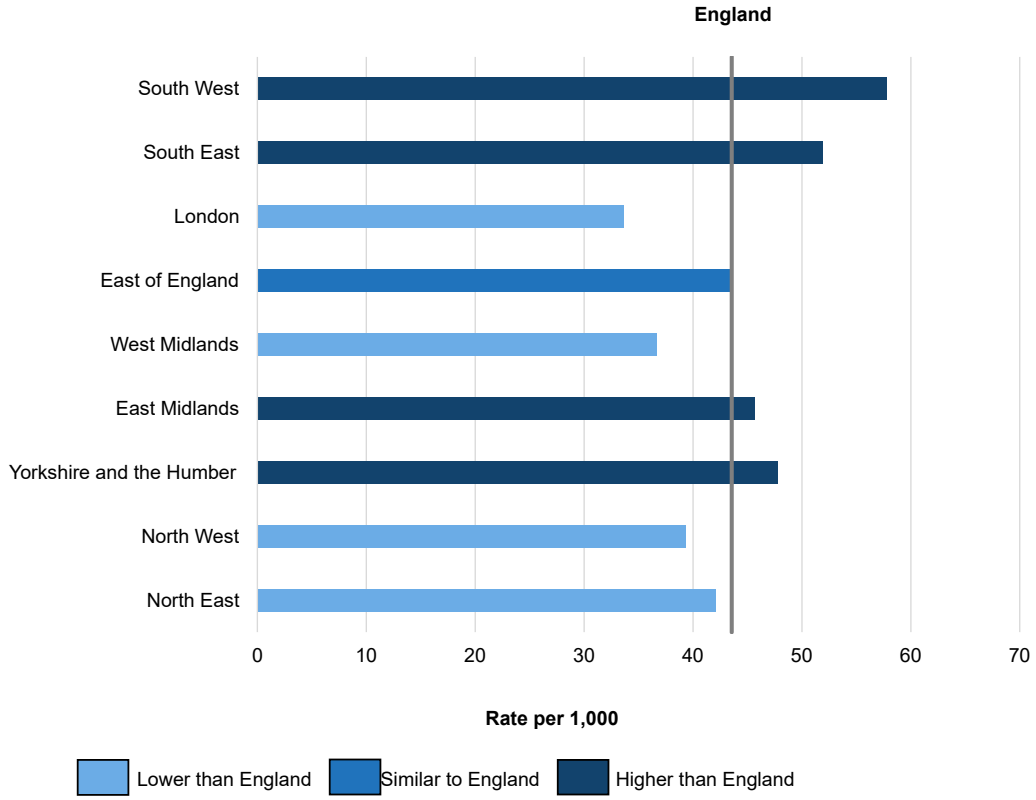
Rates of LARC prescribing, excluding injectables, are lowest in London and highest in the South West (figure 2). For 2023, the rate of LARC prescribing, excluding injectables, is lower in the most deprived local authorities (35.5 per 1,000) than the least deprived (54.4 per 1,000) (figure 3).

Figure 1: rate of prescribing for LARC, excluding injectables, in England, 2016 to 2023



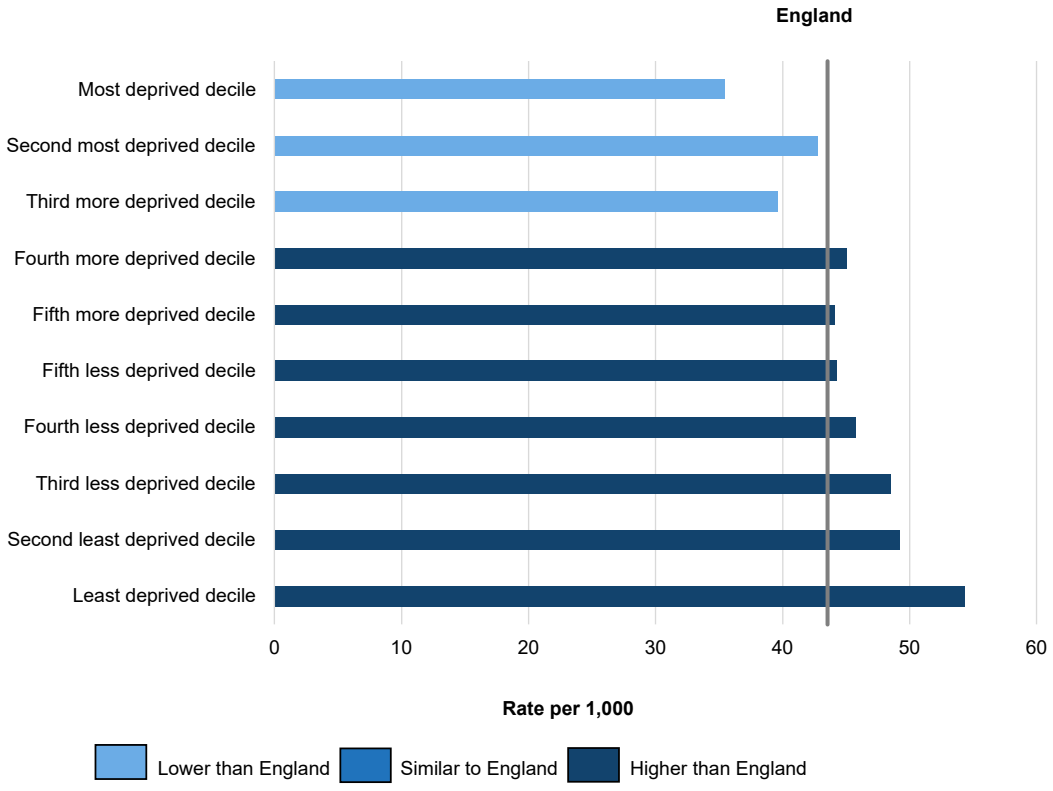
Source: OHID analysis of sexual health services data from SRHAD and primary care data from NHS BSA

Figure 2: rate of prescribing for LARC, excluding injectables, in England by region, 2023



Source: OHID analysis of sexual health services data from SRHAD and primary care data from NHS BSA

Figure 3: rate of prescribing for LARC, excluding injectables, in England by deprivation, 2023



Source: OHID analysis of sexual health services data from SRHAD and primary care data from NHS BSA

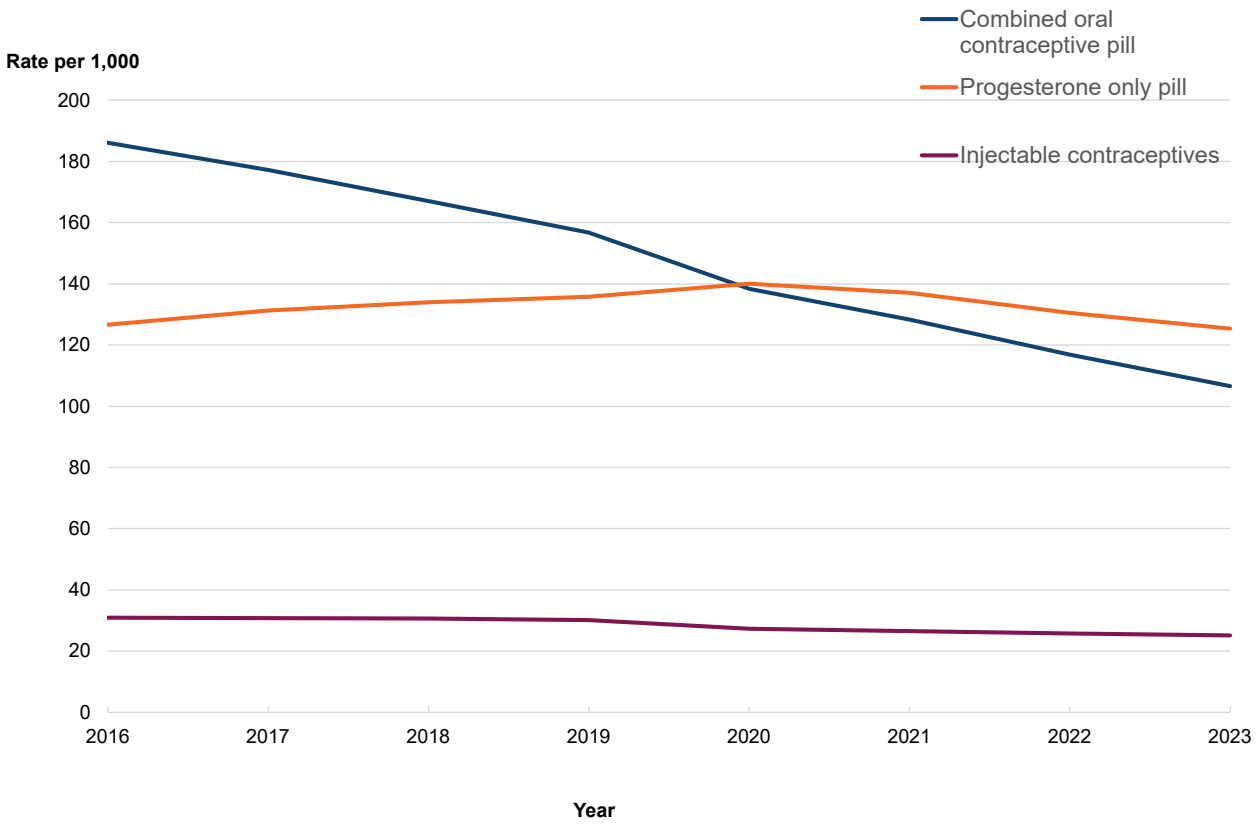
Short-acting reversible contraceptive and injectable contraceptive use

The prescribing rates for short-acting combined reversible contraceptives from primary care and sexual health services are analysed separately. The data are not combined as they may contain duplicate records and they do not account for contraceptives obtained through pharmacies or over-the-counter sources. However, the majority are prescribed in primary care. It is important to track these prescribing patterns separately to gain a clear understanding of how women access contraceptives within their local communities.

Rates of prescribing for short-acting combined oral contraceptives by primary care have continued to decrease from 116.9 per 1,000 in 2022 to 106.7 per 1,000 in 2023, but increased from 8.1 to 9.1 per 1,000 when prescribed from sexual health services in the same period. However, the rate remains over 30% below the pre-pandemic level when prescribed by primary care (figure 4) and 50% below the pre-pandemic level in 2019, when prescribed from sexual health services (figure 5).

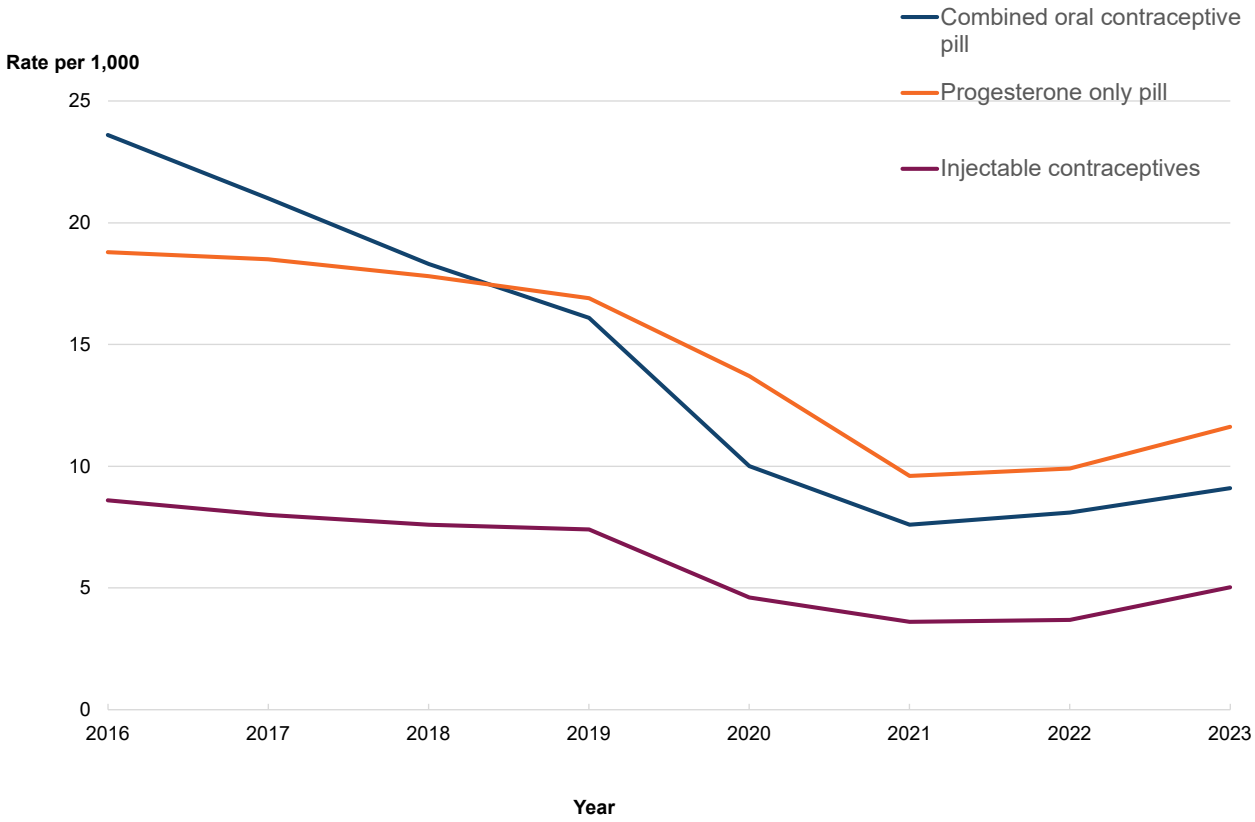
The rates of prescribing for progesterone only pills and injectable contraceptives from sexual health services follow a similar pattern to that of combined oral contraceptives from sexual health services (a decrease during the pandemic, but an increase in recent years) (figure 5). However, rates of prescribing by primary care services continued to decline steadily (figure 4).

Figure 4: rate of prescribing for short-acting reversible and injectable contraceptives by primary care services in England, 2016 to 2023



Source: OHID analysis of primary care data from NHS BSA

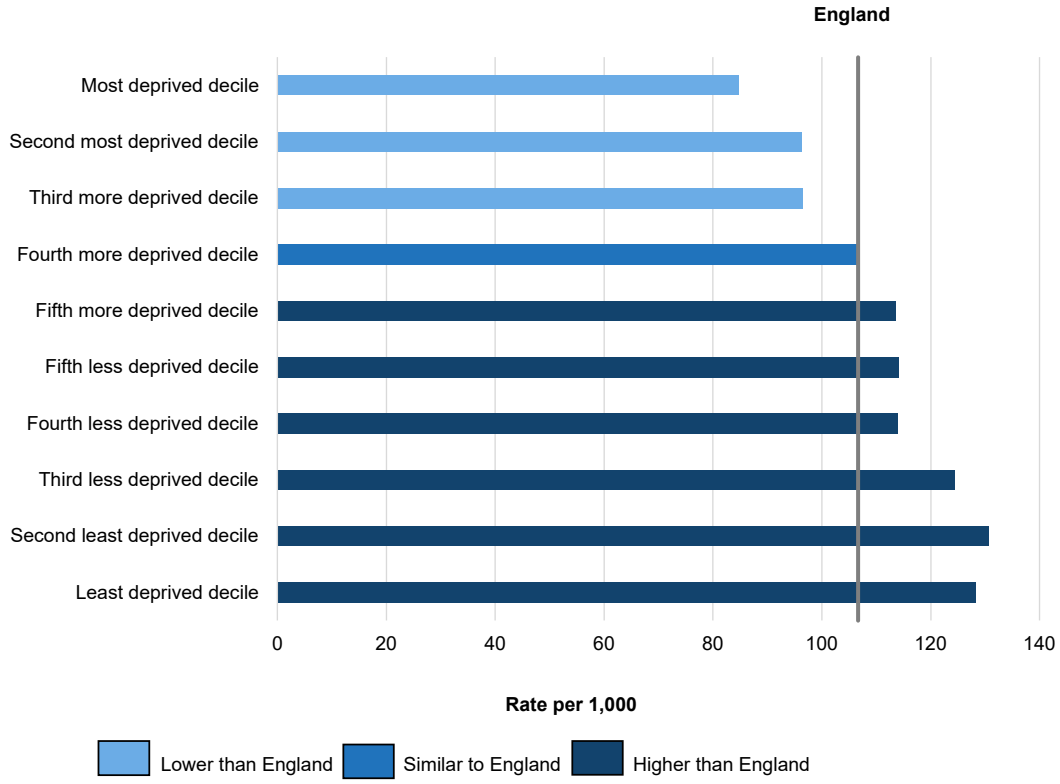
Figure 5: rate of prescribing for short-acting reversible and injectable contraceptives from sexual and reproductive health services in England, 2016 to 2023



Source: OHID analysis of sexual health services data from SRHAD

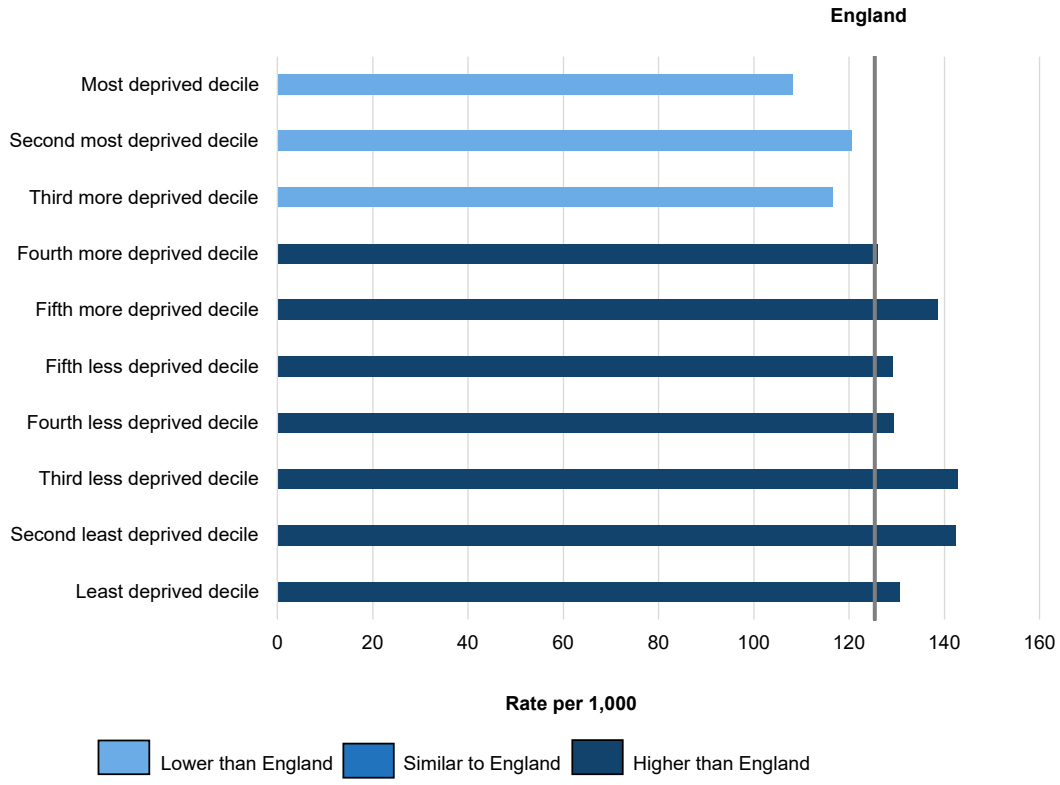
The rate of prescribing by primary care for short-acting combined oral contraceptives is significantly lower in the most deprived local authorities (85.0 per 1,000) than the least deprived local authorities (128.3 per 1,000) (figure 6). A similar pattern is seen for progesterone only pills (figure 7) but the opposite pattern is seen for injectable contraceptives (figure 8).

Figure 6: rate of prescribing for combined oral contraceptives by primary care in England by deprivation, 2023



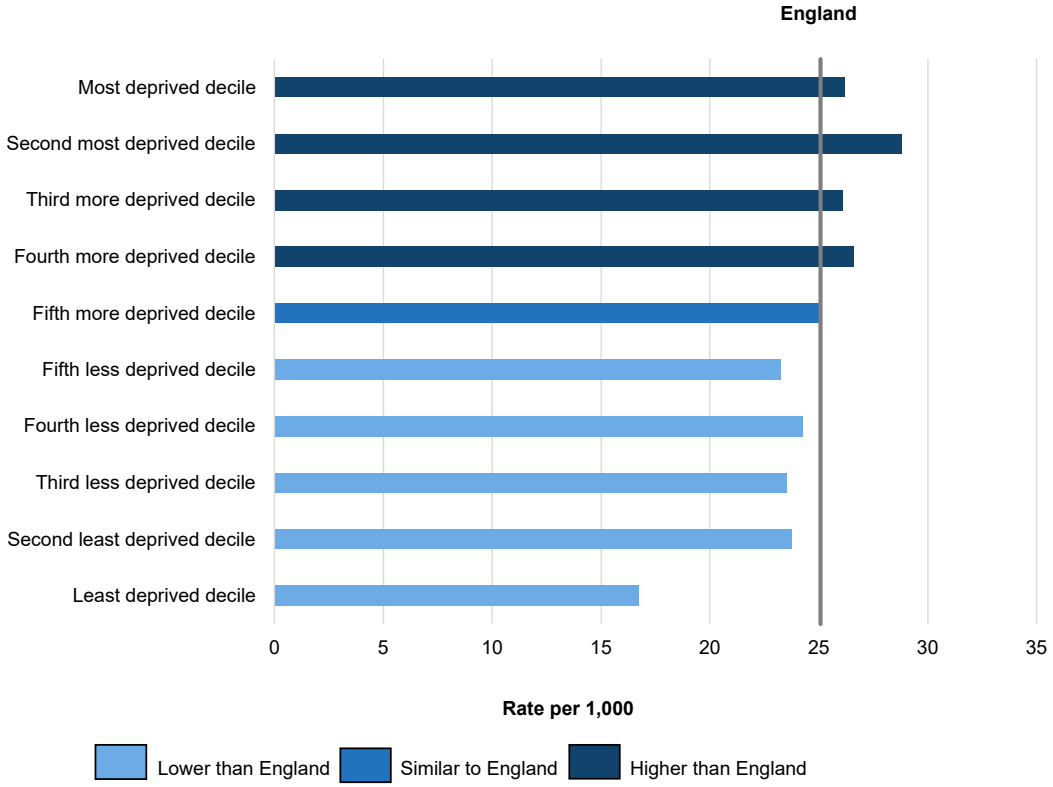
Source: OHID analysis of primary care data from NHS BSA

Figure 7: rate of prescribing of progesterone only pills by primary care in England by deprivation, 2023



Source: OHID analysis of primary care data from NHS BSA

Figure 8: rate of prescribing for injectable contraceptives by primary care in England by deprivation, 2023



Source: OHID analysis of primary care data from NHS BSA

Attendance at sexual health services

The attendance rate for women under 25 at sexual health services was 103.0 per 1,000 in 2023. While this remains below the pre-pandemic level of 133.4 per 1,000 in 2019, it is a significant increase from the 84.2 per 1,000 in 2022. The attendance rate for men under 25 at sexual health services has also increased to 14.2 per 1,000 in 2023 from 12.6 per 1,000 in 2022. However, this remains below the pre-pandemic level of 20.0 per 1,000 in 2019.

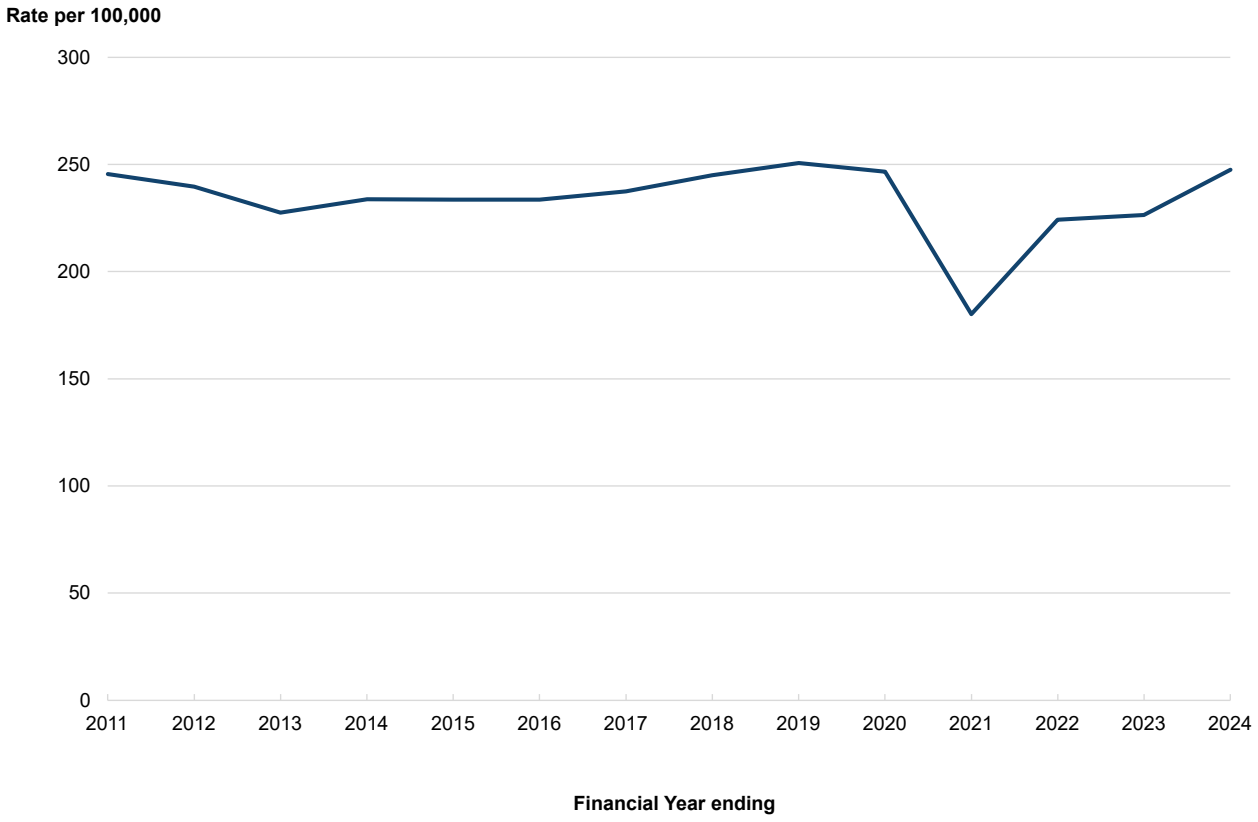
In 2023, for both men and women, there is regional variation in attendance rates, with the highest rates in the

North West (133.6 per 1,000 women and 21.3 per 1,000 men) and lowest in the West Midlands (55.8 per 1,000 women and 8.3 per 1,000 men).

PID and ectopic pregnancies

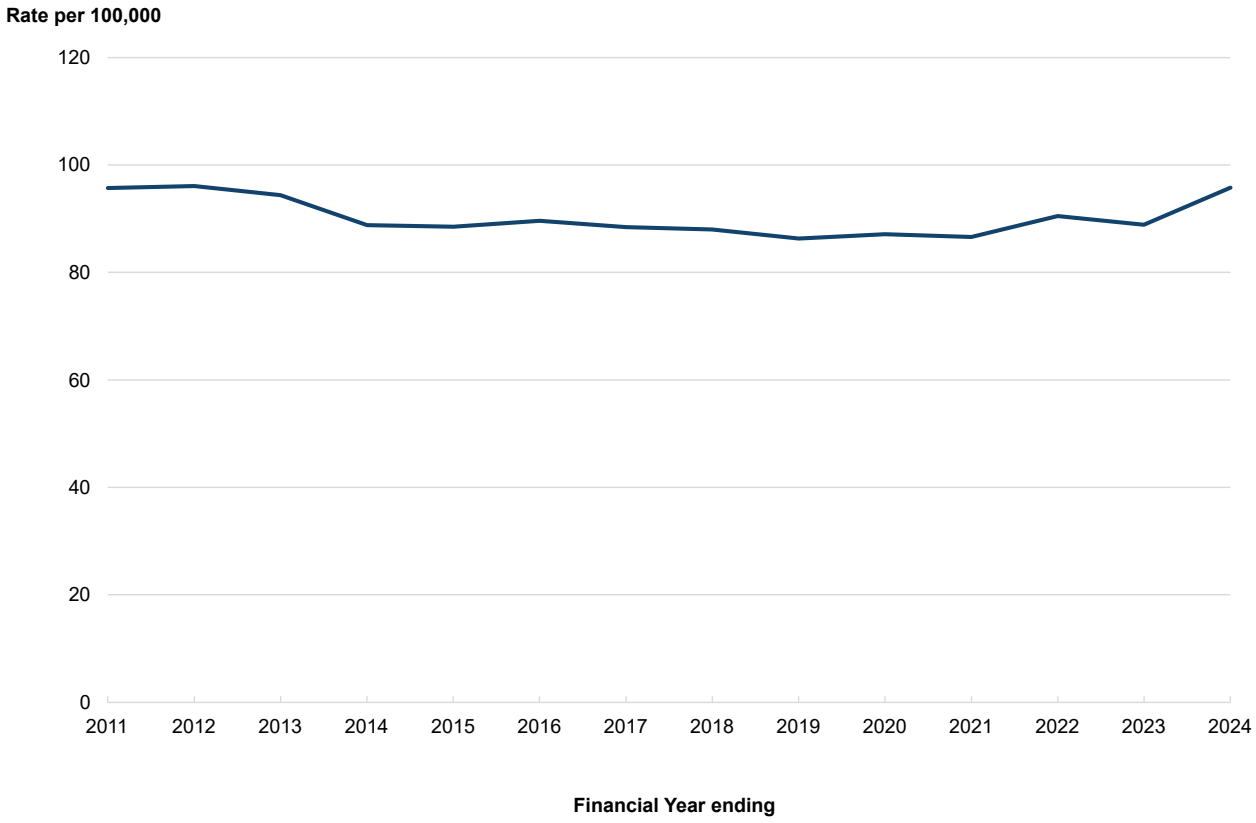
The hospital admission rates for PID and ectopic pregnancies were 247.5 and 95.8 per 100,000 respectively in financial year ending 2024. Both increased from the previous year and the PID admission rate in 2024 was similar to pre-pandemic years. However, the admission rate for ectopic pregnancy was the highest since financial year ending 2012.

Figure 9: rate of hospital admissions for pelvic inflammatory disease in England, for financial year ending 2011 to financial year ending 2024



Source: OHID analysis of Hospital Episode Statistics data

Figure 10: rate of hospital admissions for ectopic pregnancies in England, for financial year ending 2011 to financial year ending 2024



Source: OHID analysis of Hospital Episode Statistics data

For further information or queries about this update, please contact pha-ohid@dhsc.gov.uk.