UK Health Security Agency

Summary profile of local authority sexual health

East Riding of Yorkshire

Field Services Division, Health Protection in the Regions, Chief Medical Advisor's Group
STI team, Blood Safety, Hepatitis, Sexually Transmitted Infections and HIV Division, Chief Medical Advisor's Group
04 March 2025

Report Update

- Due to Upper Tier Local Authority (UTLA) boundary changes in Cumberland, Westmorland & Furness, North Northamptonshire, West Northamptonshire, North Yorkshire UA and Somerset UA historic data may not be complete for all indicators in these areas.
- There has been a change to the indicators for HIV testing: the HIV testing coverage indicators have been discontinued and a new indicator for HIV testing per 100,000 population has been introduced. The new indicator is based on data for HIV tests provided at specialist (Level 3) and non-specialist (Level 2) sexual health services including online services in England that report data to GUMCAD.
- Data for abortion and under 18 conceptions for 2022/2023 were not available for this report - the most recent published data available at the time of production are presented.
- There has been a change to the indicators for women's choice of contraception. The following three indicators will no longer be updated and have been removed from this report:
  - Women choose injections at SRH Services (%)
  - Women choose user-dependent methods at SRH Services (%)
  - Women choose hormonal short acting contraceptives at SRH Services (%)
- These will be replaced with the following six indicators:
  - Women prescribed short acting combined hormonal contraception at SRH services: rate per 1,000
  - Women prescribed short acting combined hormonal contraception in GP practices: rate per 1,000
  - Women prescribed injectable contraception at SRH services: rate per 1,000
  - Women prescribed injectable contraception in GP practices: rate per 1,000
  - Women prescribed progesterone only pill at SRH services: rate per 1,000
  - Women prescribed progesterone only pill in GP practices: rate per 1,000

Key findings

- This report summarises the latest available sexual and reproductive health data for **East Riding of Yorkshire**.
- Overall, the **number of new sexually transmitted infections** (STIs) diagnosed among residents of East Riding of Yorkshire in 2023 was 1,249. The rate was 361 per 100,000 residents, lower than the rate of 704 per 100,000 in England, and lower than the average of 385 per 100,000 among its nearest neighbours.
- East Riding of Yorkshire ranked 139th highest out of 151 upper tier local authorities (UTLAs) and unitary authorities (UAs) for **new STI diagnoses excluding chlamydia in those aged under 25** in 2023, with a rate of 229 per 100,000 residents, better than the rate of 520 per 100,000 for England.
- The **chlamydia detection rate** per 100,000 females aged 15 to 24 years in East Riding of Yorkshire was 1,938 in 2023, compared to the rate of 1,962 for England.
- The rank for **gonorrhoea diagnoses** (which can be used as an indicator of local burden of STIs in general) in East Riding of Yorkshire was 138th highest (out of 151 UTLAs/UAs) in 2023. The rate per 100,000 was 51.1, better than the rate of 149 in England.
- East Riding of Yorkshire ranked 151st highest out of 151 UTLAs/UAs for **new diagnoses of syphilis** in 2023, with a rate of 1.7 per 100,000 residents, lower than the rate of 16.7 per 100,000 for England overall.
- In 2023, the **rate of HIV testing** among residents of East Riding of Yorkshire at specialist (level 3) and non-specialist (level 2) sexual health services including online services was 1,238 per 100,000, which is lower than that seen in England overall (2,771 per 100,000).
- The **number of new HIV diagnoses** in East Riding of Yorkshire was 5 in 2023. The prevalence of diagnosed HIV in 2023 was 0.7 per 1,000 people aged 15 to 59 years, lower than the rate of 2.4 in England. East Riding of Yorkshire was ranked 150th highest (out of 151 UTLAs/UAs).
- In East Riding of Yorkshire, in the three year period between 2021-23, the percentage of **HIV diagnoses made at a late stage of infection amongst those first diagnosed in the UK** (all individuals with CD4 count ≤350 cells/mm^3 within 3 months of diagnosis and no evidence of recent seroconversion) was 83.3%, compared to 43.5% in England.
- The total **rate of long acting reversible contraception (LARC) (excluding injections)** prescribed in primary care, specialist and non-specialist sexual health services (SHS) per 1,000 women aged 15 to 44 years living in East Riding of Yorkshire was 50.6 in 2023, higher than the rate of 43.5 per 1,000 women in England. The rate prescribed in primary care was 34.1 in East Riding of Yorkshire, higher than the rate of 25.6 in England. The rate prescribed in the other settings was 16.4 in East Riding of Yorkshire, lower than the rate of 18.0 in England.
- The **total abortion rate** per 1,000 women aged 15 to 44 years in 2021 was 15.4 in East Riding of Yorkshire, lower than the England rate of 19.2 per 1,000. Of those women under 25 years who had an abortion in 2021 the proportion who had previously had an abortion was 19.0% lower than 29.7% in England.
- In 2022/23, the **percentage of births to mothers under 18 years** was 0.6%, similar to 0.6% in England overall.

Figure 1. Chart showing key sexual and reproductive health indicators in East Riding of Yorkshire compared to the rest of England: 2021 to 2023

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the Yorkshire and the Humber region.

Data for Chlamydia detection rate are benchmarked against goals, as follows:

Compared to England:

Better Similar Worse *or* Lower Similar Higher *or* Not compared

Key for spine bars

Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	792	228.7	519.9	3,303.9	177.5
Syphilis diagnostic rate per 100,000	2023	6	1.7	16.7	169.5	1.7
Gonorrhoea diagnostic rate per 100,000	2023	177	51.1	149.2	1,295.1	33.4
Chlamydia detection rate per 100,000 aged 15 to 24	2023	290	1,937.7	1,961.7	983.9	4,777.2
Chlamydia proportion of females aged 15 to 24 screened	2023	2,713	18.1	20.4	11.6	41.3
STI testing rate (exclude chlamydia aged under 25) per 100,000	2023	7,003	2,022.2	4,110.7	1,117.1	21,742.2
HIV testing rate per 100,000 population	2023	4,289	1,238.5	2,770.7	360.9	15,587.5
New HIV diagnosis rate per 100,000	2023	5	1.4	10.4	45.9	1.4
HIV late diagnosis in people first diagnosed with HIV in the UK	2021-23	5	83.3	43.5	100.0	9.1
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2023	116	0.7	2.4	12.5	0.6
Total abortion rate / 1000	2021	759	15.4	19.2	32.2	11.3
Abortions under 10 weeks (%)	2021	638	84.5	88.6	79.9	92.2
Under 18s conception rate / 1,000	2021	60	11.1	13.1	31.5	1.1
Total prescribed LARC excluding injections rate / 1,000	2023	2,695	50.6	43.5	10.3	72.7
Violent crime - sexual offences per 1,000 population	2023/24	632	1.8	2.9	1.3	6.7

– Data suppressed (due to small numbers or missing data)

Data represents the number of HIV tests, and not the number of people tested (one person may be tested multiple times) and only reflects tests conducted through SHSs.

Rates are calculated per 100,000 population using population estimates sourced from the Office for National Statistics based on the Census. Rates are calculated based on using the 2021 Census as a proxy for all years (2019 to 2023) due to the unavailability of annual data.

In areas with a higher proportion of diagnosed HIV, the HIV testing rate will be an underestimate as those living with HIV have not been removed from the denominator.

Introduction

Aim

This report describes sexual and reproductive health in a local area in an integrated way, including sexually transmitted infections (STIs), HIV, under-18 conceptions, abortion and long acting reversible contraception rates for women aged 15 to 44 years.

This is produced alongside other local HIV, sexual and reproductive health intelligence tools provided by the UK Health Security Agency (UKHSA) to help inform local Joint Strategic Needs Assessments (JSNAs) so that commissioners can effectively target service provision.

This report has been produced by the UKHSA, with support from the Office for Health Improvement and Disparities (OHID).

Information used in this report

Unless otherwise indicated this report is compiled from publicly available data on the online Sexual and Reproductive Health Profiles.

Please access this tool for further data analysis and more information about the data included in this report described in the *"definitions"* tab for each indicator. Comparative measures and terms used in this report (such as similar to, better than or higher than) are automatically calculated within the SRH profiles and use the confidence intervals around a value as part of this calculation. Further information on how to interpret spine charts, red-amber-green ratings and the assessment of trends can be found in the technical guide on the Sexual and Reproductive Health Profiles.

Please note that City of London and Isles of Scilly are not included in the rankings in this report. Where comparisons are made to Hackney or Cornwall, please note that the data for these areas may have been combined with City of London and Isles of Scilly respectively. Please check the online Profiles.

An introductory guide on sexual health data sources is available.

Viewing this report and converting to PDF

This report has been developed for the best viewing experience in Google Chrome. It has also been tested with Internet Explorer 11 and Microsoft Edge, but some content may look different (for example, the table of contents is not available in Internet Explorer).

When viewed in Google Chrome, this report can be converted to a PDF through the Print menu. Select *"Save as PDF"* as the destination. For the best result, it is recommended to select the *"background graphics"* option, and deselect the *"headers and footers"* option.

Some other browsers also offer PDF conversion, but the formatting may not display as intended.

STIs

As STIs are often asymptomatic, frequent STI screening of groups with greater sexual health needs is important and should be conducted in line with national guidelines.[1] Early detection and treatment can reduce long-term consequences, such as infertility and ectopic pregnancy. Vaccination is an intervention that can be used to control genital warts, hepatitis A and hepatitis B, however, control of other STIs relies on consistent and correct condom use, behaviour change to decrease overlapping and multiple partners, ensuring prompt access to testing and treatment, and ensuring partners of cases are notified and tested.

There was an increasing trend in diagnoses of chlamydia, gonorrhoea and syphilis in England from 2010 until 2019, while diagnoses of genital warts have decreased since 2013 due to the protective effect of HPV vaccination.[2] During 2020 and 2021, the response to the COVID-19 pandemic disrupted sexual health services leading to a decline in testing and diagnoses of STIs. Larger decreases in diagnoses were observed for STIs that are usually diagnosed clinically at a face to face consultation, such as genital warts or genital herpes, when compared to those that could be diagnosed using remote self-sampling kits such as chlamydia and gonorrhoea.[3] Since 2021, there has been an increase in the number of consultations (including face to face consultations at physical clinics and those via telephone or internet) delivered by SHSs in England. Numbers of new STI diagnoses have also increased year on year since 2021, with syphilis and gonorrhoea diagnoses now both exceeding levels seen in 2019. STIs continue to disproportionately affect gay, bisexual and other men who have sex with men (GBMSM), young people (aged 15 to 24) and some minority ethnicities. Please see the official statistics report for more details and data.

This report has been compiled using data from sexual health services (SHSs) reported to UKHSA via the GUMCAD STI Surveillance System and data on chlamydia testing and diagnoses from all settings reported to UKHSA via the CTAD Chlamydia Surveillance System.

‘Sexual health services’ refer to services offering specialist STI related care (e.g. services offering Level 3 care including integrated sexual and reproductive health services) and non-specialist sexual health services (e.g. services offering Level 2 care including online services and contraception and sexual health services for young people). Data on chlamydia testing and diagnoses are collected from SHSs via GUMCAD and from other settings including general practice, pharmacies, abortion services, and other services via CTAD.

Burden and trend of new STIs

A total of 1,249 new STIs were diagnosed in residents of East Riding of Yorkshire in 2023. It should be noted that if high rates of gonorrhoea and syphilis are observed in a population, this suggests ongoing transmission of infections is occurring.

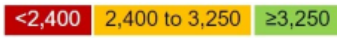
When interpreting trends, please note:

- The decrease in STI testing and diagnoses in 2020 due to the disruption of sexual health services during the COVID-19 pandemic response, with testing rates largely recovering during 2021. Diagnoses levels, for some infections, returned to and exceeded pre-pandemic levels by the end of 2022. Others, such as genital herpes have increased more slowly and remain lower than before the pandemic.
- Recent decreases in genital warts diagnoses are due to the protective effect of HPV vaccination, and are particularly evident in the younger age groups (25 and younger) who have been offered the vaccine since the national programme began.

Figure 2. Chart showing STI indicators in East Riding of Yorkshire compared to the rest of England: 2023

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the Yorkshire and the Humber region.

Data for Chlamydia detection rate are benchmarked against goals, as follows:



Compared to England:

Better Similar Worse *or* Lower Similar Higher *or* Not compared

Key for spine bars

Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
All new STI diagnoses rate per 100,000	2023	1,249	360.7	703.6	288.8	3,730.3
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	792	228.7	519.9	3,303.9	177.5
STI testing rate (exclude chlamydia aged under 25) per 100,000	2023	7,003	2,022.2	4,110.7	1,117.1	21,742.2
STI testing positivity (excluding chlamydia aged under 25)	2023	410	5.9	7.3	3.9	14.9
Gonorrhoea diagnostic rate per 100,000	2023	177	51.1	149.2	1,295.1	33.4
Syphilis diagnostic rate per 100,000	2023	6	1.7	16.7	169.5	1.7
Genital warts diagnostic rate per 100,000	2023	104	30.0	45.8	138.2	15.2
Genital herpes diagnosis rate per 100,000	2023	106	30.6	47.6	176.4	10.5
Chlamydia diagnostic rate per 100,000	2023	697	201.3	341.4	148.6	1,419.8
Chlamydia detection rate per 100,000 aged 15 to 24 (female)	2023	290	1,937.7	1,961.7	983.9	4,777.2
Chlamydia detection rate per 100,000 aged 15 to 24 (male)	2023	130	797.3	1,041.6	478.3	2,657.2
Chlamydia detection rate per 100,000 aged 15 to 24	2023	453	1,448.6	1,545.9	802.5	3,379.0
Chlamydia diagnostic rate per 100,000 aged 25 years and older	2023	240	90.8	222.6	1,367.5	75.3
Chlamydia proportion of females aged 15 to 24 screened	2023	2,713	18.1	20.4	11.6	41.3
Mycoplasma genitalium diagnostic rate per 100,000	2023	29	8.4	15.6	0.5	113.9
Trichomoniasis diagnostic rate per 100,000	2023	27	7.8	16.0	0.5	131.6
Sexually transmitted Shigella spp. per 100,000 adult male population	2023	0	0.0	9.0	113.0	0.0

– Data suppressed (due to small numbers or missing data)

Table 1. Rates per 100,000 population of new STIs in East Riding of Yorkshire and England: 2022 to 2023

Diagnoses	2022	2023	% change 2022 to 2023*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2023‡	Value for England: 2023
New STIs	384.9	360.7	-6.3%	8	135	703.6
New STIs (exc chlamydia aged <25)	247.8	228.7	-7.7%	10	139	519.9
Chlamydia	215.7	201.3	-6.7%	4	122	341.4
Gonorrhoea	60.4	51.1	-15.3%	8	138	149.2
Syphilis	2.9	1.7	-40.0%	16	151	16.7
Genital warts	33.5	30.0	-10.3%	9	125	45.8
Genital herpes	28.0	30.6	9.3%	11	124	47.6
Mycoplasma genitalium[1]	9.2	8.4	-9.4%	7	98	15.6
Trichomoniasis[1]	5.2	7.8	50.0%	3	92	16.0
Sexually transmitted Shigella spp.	1.0	0.0	-100.0%	15	145	9.0

* Percent change not provided where the value in 2022 was 0.
† These are East Riding of Yorkshire and its 15 statistical nearest neighbours, excluding those where values were *suppressed* due to small numbers. First rank has the highest value. Nearest neighbours are derived from CIPFA's Nearest Neighbours Model.
‡ Out of 151 UTLAs/UAs in England, excluding those where values were *suppressed* due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.
[1] Data for Mycoplasma genitalium and trichomoniasis were included for the first time in 2022. Testing for these infections is not included as part of a standard sexual health screen, but is advised for those with symptoms and the partners of those diagnosed (see BASHH guidelines for Mycoplasma genitalium and trichomoniasis).

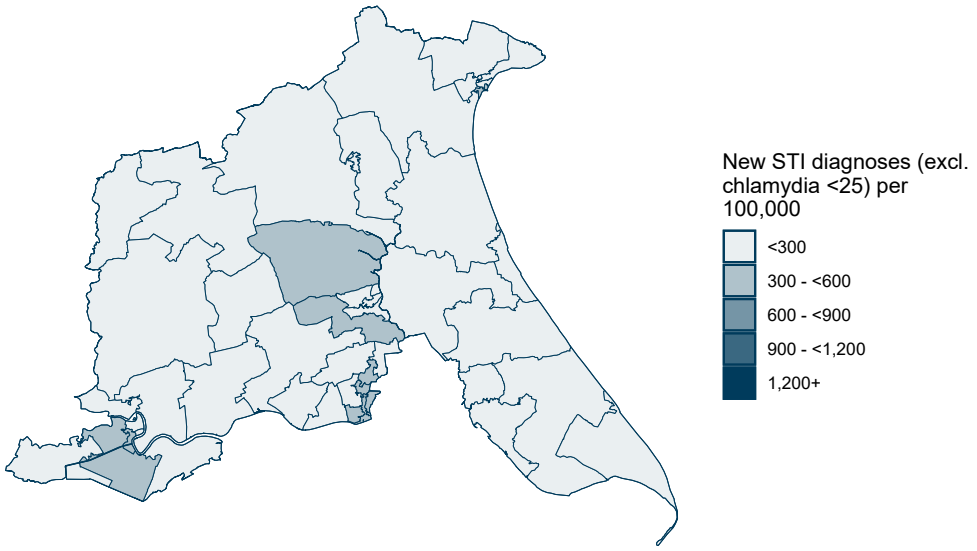
Table 2. Number of new STIs by year, East Riding of Yorkshire: 2012 to 2023

Diagnoses	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
New STIs	896	1,455	1,655	1,753	1,565	1,389	1,329	1,231	782	836	1,333	1,249
New STIs (exc chlamydia aged <25)	593	910	947	997	966	920	919	827	567	552	858	792
Chlamydia	448	699	886	980	796	637	598	587	335	461	747	697
Gonorrhoea	21	31	49	100	84	90	97	110	54	53	209	177
Syphilis	3	9	7	3	7	9	12	9	15	8	10	6
Genital warts	186	314	325	289	297	251	233	191	126	108	116	104
Genital herpes	73	117	108	129	137	159	149	154	106	83	97	106
Mycoplasma genitalium[1]	-	-	-	-	-	-	-	13	9	20	32	29
Trichomoniasis[1]	3	9	5	4	6	14	22	13	16	10	18	27
Sexually transmitted Shigella spp.	-	-	-	-	0	1	1	3	3	1	1	0

- Data *suppressed* (due to small numbers or missing data)
Disruption to sexual health services during the response to the COVID-19 pandemic led to reduced STI testing and diagnoses in 2020 and 2021.
[1] Data for Mycoplasma genitalium and trichomoniasis were included for the first time in 2022. Testing for these infections is not included as part of a standard sexual health screen, but is advised for those with symptoms and the partners of those diagnosed (see BASHH guidelines for Mycoplasma genitalium and trichomoniasis).

Figure 3. Map of new STI diagnoses (excluding chlamydia in under 25-year olds) per 100,000 population in East Riding of Yorkshire by Middle Super Output Area: 2023

Please note that this data is not available on the online Sexual and Reproductive Health Profiles. Data is sourced from routine specialist and non-specialist sexual health services' returns to the UKHSA GUMCAD STI Surveillance System and from routine non-specialist sexual health services' returns to the CTAD Chlamydia Surveillance System.



New STI diagnoses in East Riding of Yorkshire by MSOA

Figure 4. Rates per 100,000 population of new STIs (excluding chlamydia in under 25-year olds) in 16 similar local authorities compared to England: 2023

Benchmarking refers to statistical nearest neighbours (comparison of local authorities with the most similar characteristics in England), derived from CIPFA's Nearest Neighbours Model

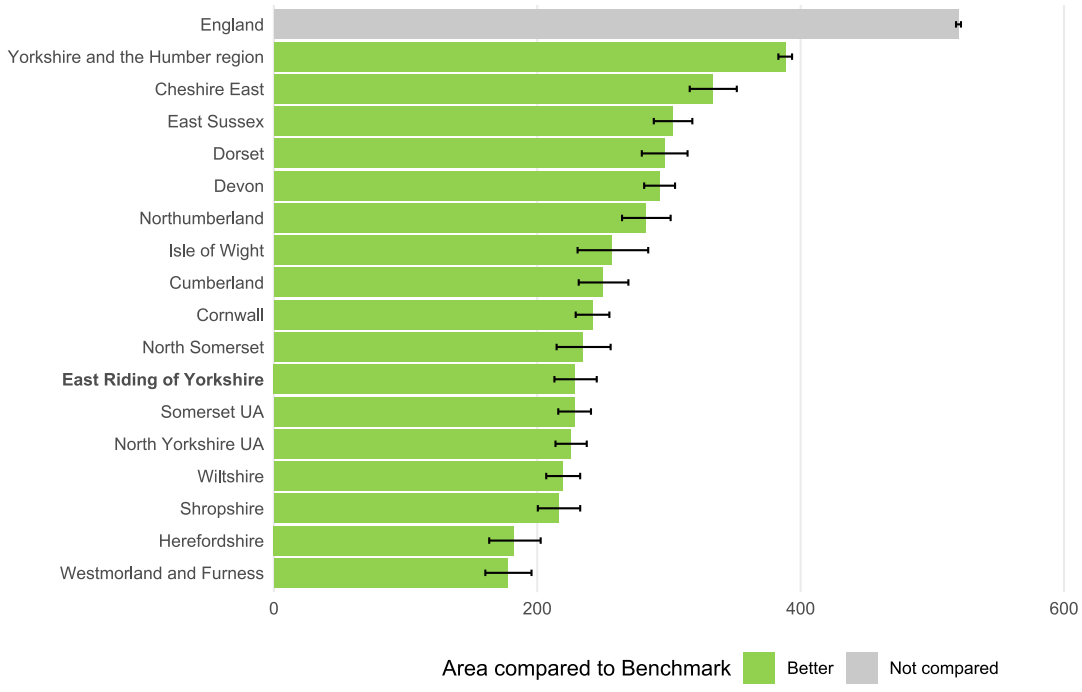


Figure 5. Rates per 100,000 population by diagnosis by year in East Riding of Yorkshire compared to rates in England: 2012 to 2023

Please note the charts have different y axis scales.

As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

Figure 6. Rates per 100,000 population of gonorrhoea in 16 similar local authorities compared to England: 2023

Benchmarking refers to statistical nearest neighbours (comparison of local authorities with the most similar characteristics in England), derived from CIPFA's Nearest Neighbours Model

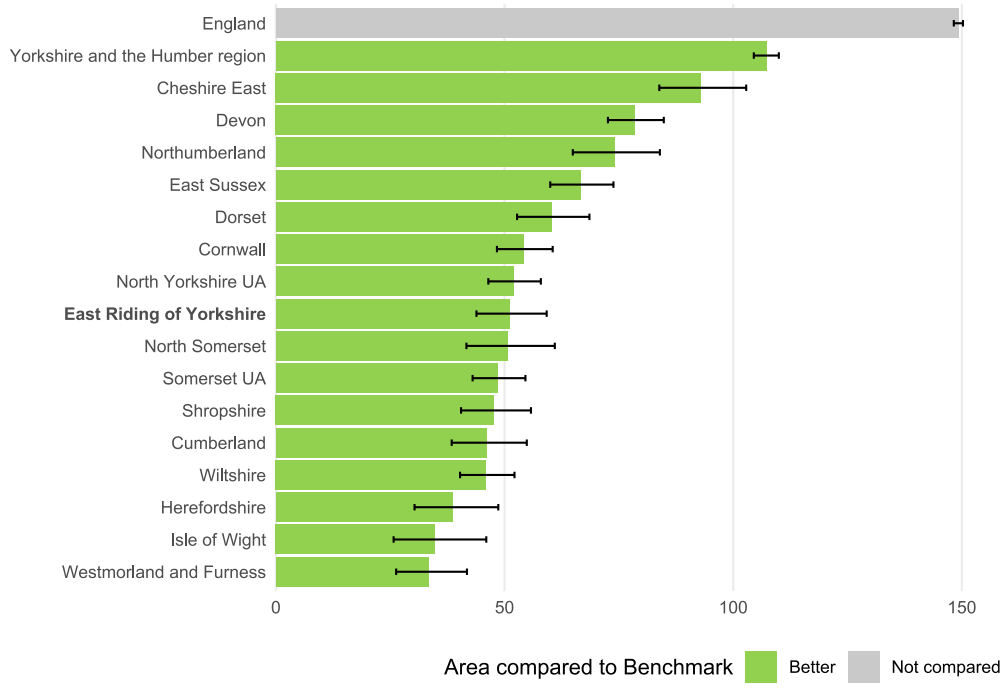
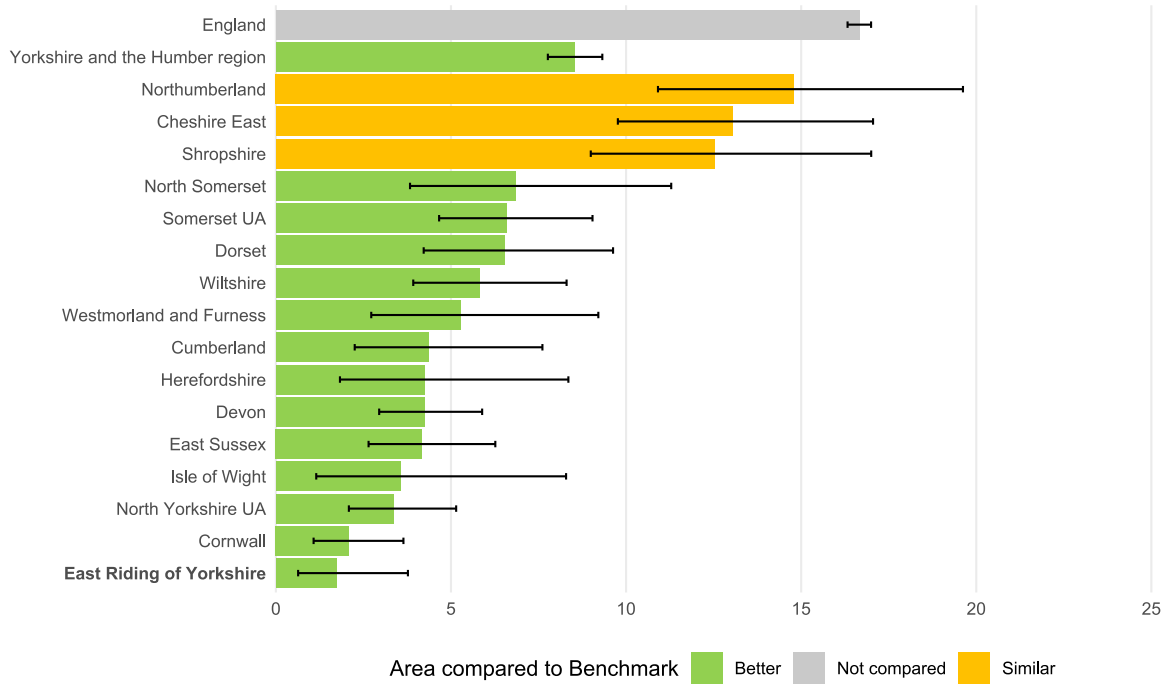


Figure 7 shows rates of syphilis per 100,000 population for East Riding of Yorkshire, compared to national, regional, and neighbouring rates. The UKHSA has published analyses of the epidemiology of syphilis,[4] in alignment with the Syphilis Action Plan (2019).[5]

Figure 7. Rates per 100,000 population of syphilis in 16 similar local authorities compared to England: 2023.

Benchmarking refers to statistical nearest neighbours (comparison of local authorities with the most similar characteristics in England), derived from CIPFA's Nearest Neighbours Model



Chlamydia detection

Increasing diagnosis rates for chlamydia among people aged 15 to 24 years are largely driven by changes in testing activity through the National Chlamydia Screening Programme (NCSP), although ongoing high levels of condomless sex will have played a role. In June 2021, the primary aim of NCSP changed, focusing on reducing the harms from untreated chlamydia infection, which occur predominantly in young women and other people with a womb or ovaries.[6] Therefore, opportunistic screening should be offered to these groups, combined with reducing time to test results and treatment, strengthening partner notification and re-testing after treatment. The NCSP data tables provide additional data on chlamydia testing coverage, positivity, and diagnostic rates (for those aged 15 to 24 years).

Since chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences.

The chlamydia detection rate in 15 to 24 year old females in 2023 in East Riding of Yorkshire was 1,938 per 100,000 population (290 positives out of 2,713 screened), lower than the 3,250 target. 18.1% of 15 to 24 year old females were tested for chlamydia, compared to 20.4% nationally. The detection rate per 100,000 and its rank among CIPFA nearest neighbours and England are shown in Table 3.

Table 3. Chlamydia detection rate per 100,000 population and percentage screened in 15 to 24 year olds in East Riding of Yorkshire and England: 2022 to 2023

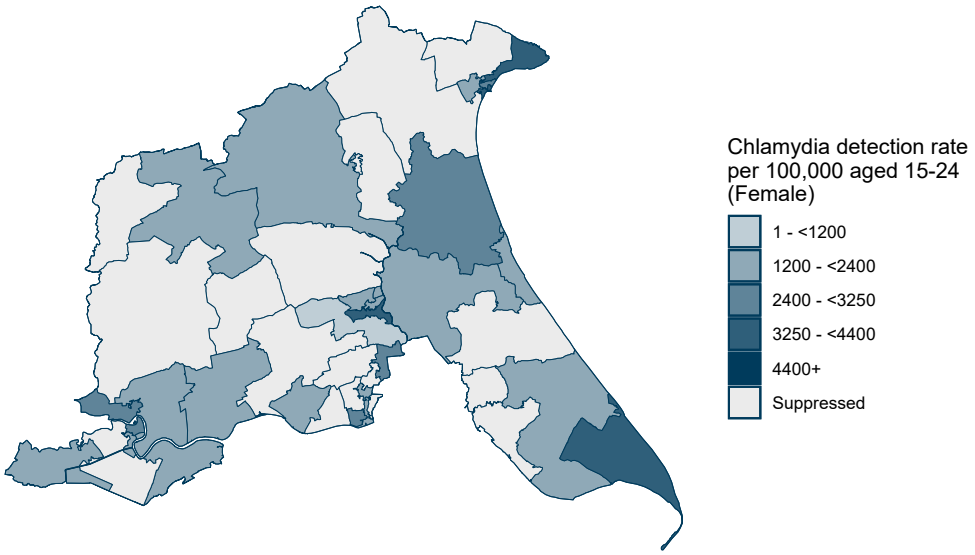
	2022	2023	% change 2022 to 2023*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2023‡	Value for England: 2023
Detection rate						
Female	1,971.1	1,937.7	-1.7%	3	59	1,961.7
Male	987.4	797.3	-19.3%	7	100	1,041.6
Total	1,971.1	1,937.7	-1.7%	3	59	1,961.7
Proportion screened						
Females aged 15-24	18.6	18.1	-2.7%	7	77	20.4

* Percent change proportional to the value in 2022, not a change in percentage points. Percent change not provided where the value in 2022 was 0.
† These are East Riding of Yorkshire and its 15 statistical nearest neighbours, excluding those where values were *suppressed* due to small numbers. First rank has the highest value. Nearest neighbours are derived from CIPFA's Nearest Neighbours Model.
‡ Out of 151 UTLAs/UAs in England, excluding those where values were *suppressed* due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

Variation in rates of chlamydia detection (Figure 8) may represent differences in prevalence, but are influenced by screening coverage and whether most at risk populations are being reached (i.e. the proportion testing positive).

Figure 8. Map of chlamydia detection rate per 100,000 females aged 15 to 24 in East Riding of Yorkshire by Middle Super Output Area: 2023

Please note that this data is not available on the online Sexual and Reproductive Health Profiles. Data is sourced from the CTAD Chlamydia Surveillance System (CTAD).

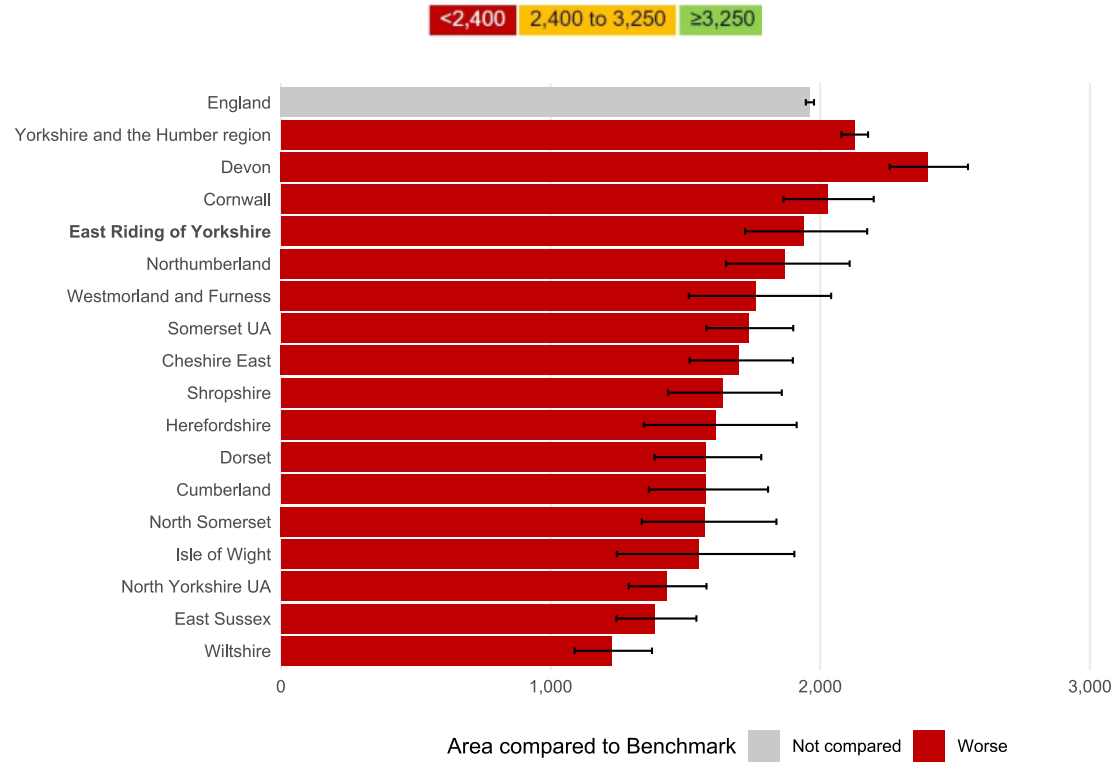


New Chlamydia diagnoses in East Riding of Yorkshire by MSOA

Figure 9. Chlamydia detection rate per 100,000 females aged 15 to 24 in 16 similar local authorities compared to benchmark goals: 2023

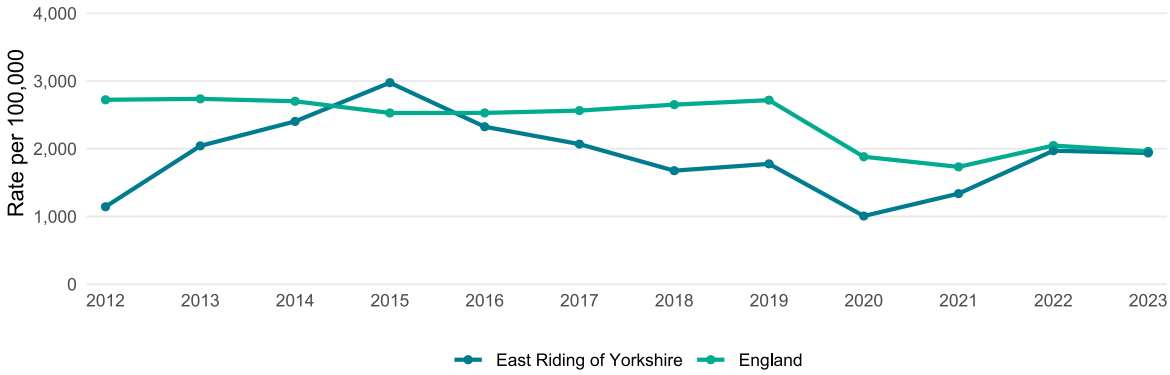
Benchmarking refers to statistical nearest neighbours (comparison of local authorities with the most similar characteristics in England), derived from CIPFA's Nearest Neighbours Model

Data for Chlamydia detection rate are benchmarked against goals, as follows:



In the five years from 2018 to 2023, there was a 16% increase in the chlamydia detection rate among 15 to 24 year olds in East Riding of Yorkshire. From 2022 to 2023, the decrease was 2%.

Figure 10. Chlamydia detection rate per 100,000 population in 15 to 24 year olds females in East Riding of Yorkshire and England, 2012 to 2023



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

Shigella

Shigellosis, or bacillary dysentery, spread through sexual contact has become endemic in England and in many other countries worldwide. Due to its presentation as an enteric illness, most symptomatic cases present to primary care (GPs, A&E) rather than SHS. Although most cases resolve without treatment, cases of shigellosis can be severe and require admission to hospital for treatment of complications.[7] The management of sexually transmitted enteric infections should be conducted in line with national guidelines.[8]

The prevalence is highest in larger cities and towns in England, although the infection is becoming more widespread. Over the last decade, the number of cases of sexually transmitted shigella among GBMSM in England has increased,[9] with concerning increases in antimicrobial resistance. Only a minority of GBMSM are thought to be aware of Shigella and how to avoid it,[10] however, surveillance shows transmission of these infections is commonly associated with high risk behaviours such as sexualised drug use (including 'chemsex') and multiple casual sex partners.

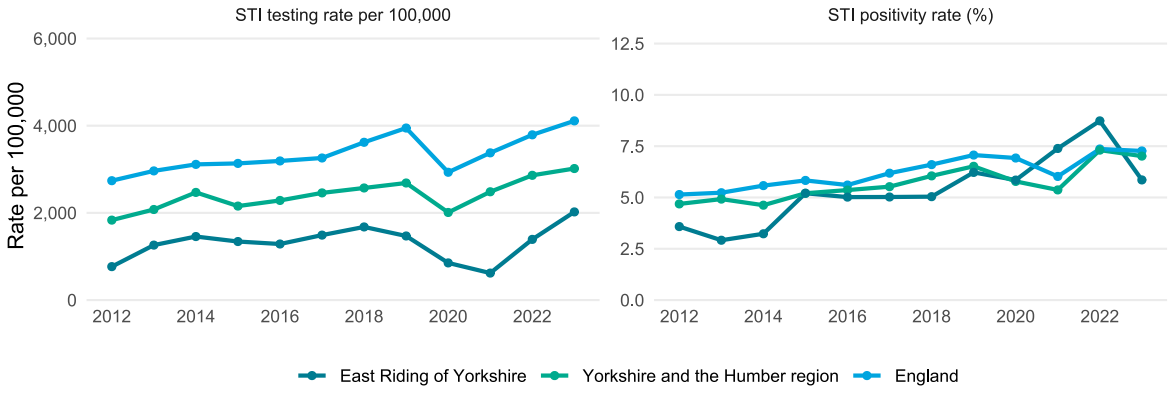
A new indicator showing trends in sexually transmitted shigellosis in the adult male population was added to Sexual and Reproductive Health Profiles in June 2023.

STI testing in sexual health services (SHS)

In 2023 the rate of STI testing (excluding chlamydia in under 25 year individuals) in SHS in East Riding of Yorkshire was 2,022 per 100,000, a 45% increase compared to 2022. This is lower than the rate of 4,111 per 100,000 in England in 2023. The positivity rate in East Riding of Yorkshire was 5.9% in 2023, lower than 7.3% in England. Positivity rates depend both on the number of diagnoses and the offer of testing; higher positivity rates compared with previous years can represent increased burden of infection, decreases in the number of tests, or both.

The methodology to calculate the STI positivity changed in September 2021 to better reflect testing within the population accessing SHSs by area. More details are available on the Sexual and Reproductive Health Profiles.

Figure 11. STI testing rate and positivity rate (excluding chlamydia in under 25 year olds) per 100,000 population by year in East Riding of Yorkshire and England: 2012 to 2023



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

Other infections transmitted sexually

Some bloodborne viruses can be spread through sex as well as by other routes, e.g. hepatitis B, hepatitis C. Some gastro-intestinal infections, typically linked to contaminated food or water can also be spread faecal-orally during sexual activity: these are called sexually transmissible enteric infections (STEIs) e.g. hepatitis A and Shigella.

Lymphogranuloma venereum (LGV), an invasive form of chlamydia, is a sexually transmitted infection which disproportionately affects GBMSM. In the past decade, the number of LGV diagnoses has increased substantially in England. Historically, LGV was mainly concentrated among GBMSM living with HIV. However, in recent years, a greater proportion of cases have been among GBMSM who are HIV negative.[11]

Hepatitis A vaccination is available for GBMSM in SHS. In 2016 an outbreak of hepatitis A was identified among GBMSM in England and across Europe. Between July 2016 and April 2017 266 cases associated with the outbreak had been identified in England, 74% of these among GBMSM.[12] This resulted in work to raise awareness of how to prevent infection through hygiene measures (e.g. washing hands after sex)[13] and recommendations around hepatitis A vaccination of GBMSM attending SHS. This outbreak highlights how quickly and widely an infection can become established in key populations if prevention measures such as vaccination are not undertaken.

Most hepatitis B infections in England are acquired overseas in high prevalence countries; where infection is acquired in England it is most often acquired sexually. Where information on risk exposures was recorded on acute and probable acute cases of hepatitis B, the most commonly reported risk was heterosexual exposure (50%), followed by sex between men (17%).[14] Vaccination can prevent infection and is recommended for GBMSM, for individuals with multiple sexual partners and for individuals engaging in sexual activity when travelling to high prevalence countries.

Most people in England acquire hepatitis C through injecting drug use.[15] However, GBMSM are also a risk group for hepatitis C transmission. GBMSM living with diagnosed HIV, especially those reporting sexualised drug use, are disproportionately affected by hepatitis C compared to HIV-negative GBMSM; therefore guidance for hepatitis C testing in SHS has been targeted towards this group.

In May 2022, an international outbreak of mpox (monkeypox) was detected with cases reported concurrently from many countries where the disease is not endemic. To date, most reported cases in the outbreak have involved mainly, but not exclusively, men who have sex with men. Over 3,500 individuals have been diagnosed in England. Vaccines developed to protect against smallpox have been approved and used for prevention of mpox and were used as part of the response. Preventative vaccination continues, with numbers of new cases falling to lower levels but continuing throughout 2023.[16]

HIV

England has set an ambition to end HIV transmission, AIDS and HIV-related deaths by 2030. The HIV Action Plan for England 2022 to 2025 sets out intermediate commitments to achieve this 2030 ambition, including reducing HIV transmission by 80% between 2019 and 2025.[17] The HIV Action Plan monitoring and evaluation framework published in December 2022 sets out the indicators used to monitor the progress towards this goal,[18] with an update assessing progress and addressing the commitments for 2025 and beyond published in December 2024.[19]

Use of condoms, partner notification, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) help maintain the negative HIV status of those who are HIV negative and are key prevention activities alongside HIV testing.[18] In 2023, 10.1% (132,299 of 1,313,780) of HIV-negative people accessing specialist SHSs in England were defined as having a PrEP need. Among these, 73.0% (96,562 out of 132,299) initiated or continued PrEP.

In the UK, HIV testing identifies people living with undiagnosed HIV enabling them to access free and effective antiretroviral therapy (ART). This life-saving treatment has improved clinical outcomes and quality of life for people living with HIV who are diagnosed and treated promptly. In addition, those on ART can attain undetectable levels of the virus, preventing onwards HIV transmission even when having condomless sex (undetectable=untransmissible [U=U]).[18]

In England, HIV testing is undertaken in a number of settings including SHSs, in primary and secondary care, emergency departments and community settings. HIV testing rates in SHSs across England have increased substantially since 2022 but have not fully recovered to levels observed in 2019 in some demographic groups including heterosexual men and heterosexual and bisexual women.[20]

In 2023, 6,008 people were reported as being diagnosed with HIV in England, of whom over half (3,198) were previously diagnosed abroad and tested again as part of linking to HIV care in the UK. The 2,810 new diagnoses that were first made in England represent a 15% rise from 2,451 (in 2022) but was similar to the number seen in 2019 (2,801). Among these, men exposed through sex between men accounted for 29% (811), women exposed by heterosexual contact for 28% (780), men exposed by heterosexual contact for 22% (605), injecting drug use for 2% (47).[21]

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. It is a Public Health Outcome Framework (PHOF) indicator, and its monitoring is essential to evaluate the success of HIV prevention and local HIV testing efforts. Late diagnosis is defined as having a CD4 count <350 cells/mm3 within 91 days of first HIV diagnosis in the UK and excludes people previously diagnosed abroad and people with evidence of recent seroconversion. Evidence of recent seroconversion is having either a negative HIV test within the 24 months before their diagnosis, or a positive Recent Infection Testing Algorithm (RITA) result, which is derived by combining a serological recency test result within 120 days of diagnosis with diagnosis and treatment data. In 2023, 40% (923 of 2,286) of those first diagnosed in England were diagnosed at a late stage. People first diagnosed late in England in 2022 were 10 times more likely to die within a year of their diagnosis compared to those who were diagnosed promptly.[21]

Of the estimated 104,000 (credible interval (CrI) 102,700 to 105,800) people living with HIV in 2023, an estimated 4,700 (95% CrI 3,700 to 6,300) were undiagnosed. In 2023, England again achieved the UNAIDS 95-95-95 target nationally, with 95% of people living with HIV being diagnosed, 98% of those diagnosed being on treatment and 98% of those on treatment having an undetectable viral load.[19]

Figure 12. Chart showing key HIV indicators in East Riding of Yorkshire compared to the rest of England, 2023

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the Yorkshire and the Humber region.

Compared to England:

Better Similar Worse *or* Lower Similar Higher *or* Not compared

Key for spine bars

Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
Determining PrEP need	2023	265	5.6	10.1	1.8	35.6
Initiation or continuation of PrEP among those with PrEP need	2023	176	66.4	73.0	37.2	87.4
HIV testing rate per 100,000 population	2023	4,289	1,238.5	2,770.7	360.9	15,587.5
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2023	116	0.7	2.4	12.5	0.6
HIV diagnosed prevalence rate per 1,000	2023	161	0.5	1.7	11.1	0.5
New HIV diagnosis rate per 100,000	2023	5	1.4	10.4	45.9	1.4
New HIV diagnoses among persons first diagnosed in the UK rate per 100,000	2023	2	0.6	4.9	22.7	0.0
HIV late diagnosis in people first diagnosed with HIV in the UK	2021-23	5	83.3	43.5	100.0	9.1
HIV late diagnosis in gay, bisexual and other men who have sex with men first diagnosed with HIV in the UK	2021-23	-	80.0	34.3	100.0	0.0
HIV late diagnosis in heterosexual men first diagnosed with HIV in the UK	2021-23	1	100.0	56.6	100.0	0.0
HIV late diagnosis in heterosexual and bisexual women first diagnosed with HIV in the UK	2021-23	0	0.0	46.4	100.0	0.0
Prompt antiretroviral therapy (ART) initiation in people newly diagnosed with HIV	2021-23	14	93.3	84.4	42.0	100.0
Antiretroviral therapy (ART) coverage in people accessing HIV care	2023	160	99.4	98.5	79.2	100.0
Virological success in adults accessing HIV care	2023	154	99.4	97.7	91.2	100.0

As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.
HIV testing rate data represents the number of HIV tests, and not the number of people tested (one person may be tested multiple times) and only reflects tests conducted through SHSs.
HIV testing rates are calculated per 100,000 population using population estimates sourced from the Office for National Statistics based on the Census. In areas with a higher proportion of diagnosed HIV, the HIV testing rate will be an underestimate as those living with HIV have not been removed from the denominator.

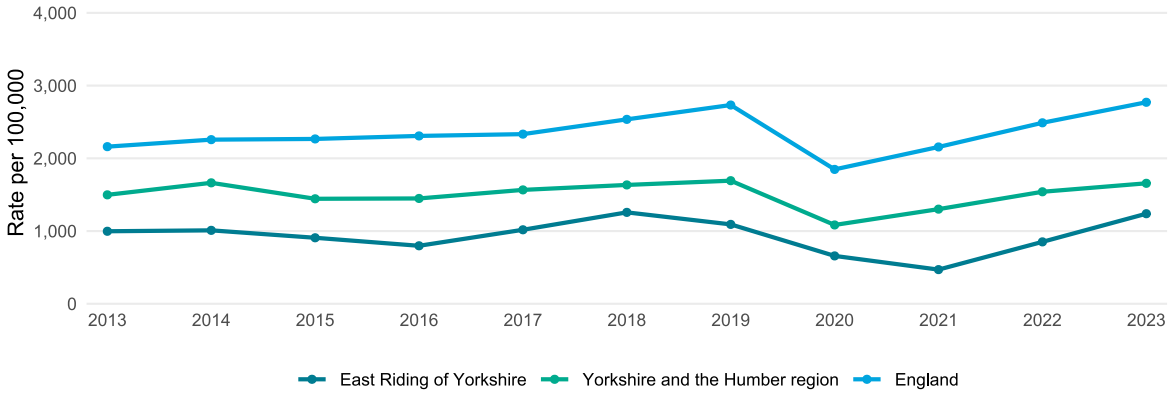
HIV testing in SHSs

In East Riding of Yorkshire in 2023, 4,289 HIV tests were conducted through SHSs. This equates to a testing rate of 1,238 tests per 100,000 East Riding of Yorkshire residents, which is lower than that seen in East Riding of Yorkshire in 2019 (1,092 per 100,000) and lower than that seen in 2023 in England overall (2,771 per 100,000).

There is no established target for HIV testing rate, rates should therefore be interpreted relative to other benchmarks such as:

1. Comparison with the national rate for England, the regional rate and with the rates for statistically similar areas (see CIPFA's Nearest Neighbours Model for more information), these data can be found on the Sexual and Reproductive Health Profiles.
2. Comparison of the trend over time, examining increases, decreases or stable rates to understand the effectiveness of testing initiatives and identify changes in testing behaviour.

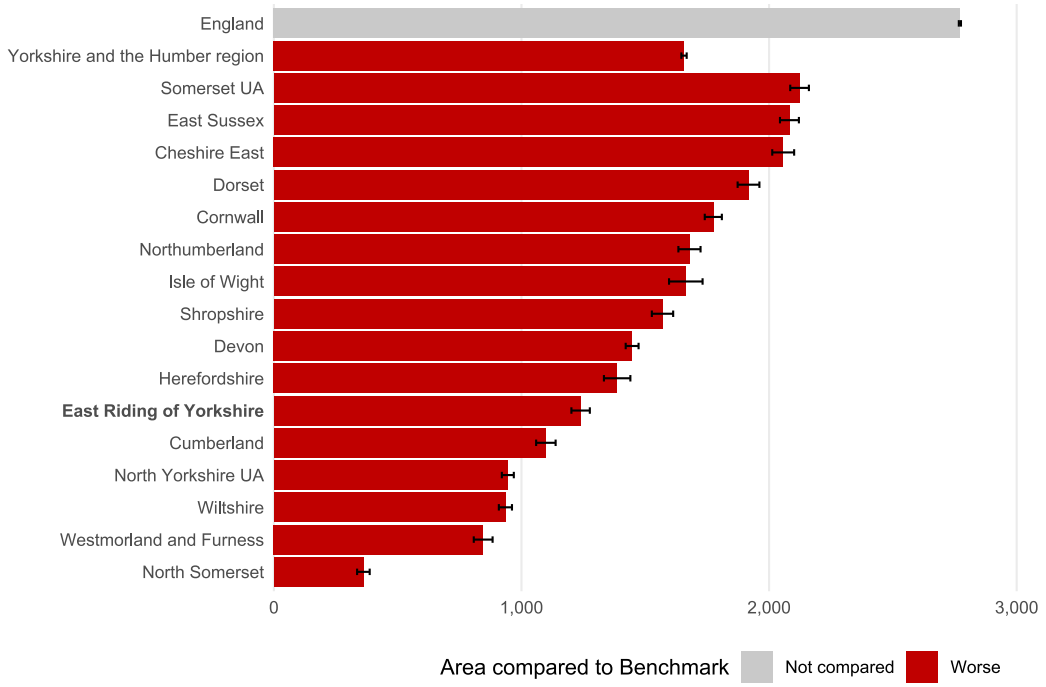
Figure 13. HIV testing rate per 100,000 persons resident in East Riding of Yorkshire, 2013 to 2023.



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.
Data represents the number of HIV tests, and not the number of people tested (one person may be tested multiple times) and only reflects tests conducted through SHSs.
Rates are calculated per 100,000 population using population estimates sourced from the Office for National Statistics based on the Census. Rates are calculated based on using the 2021 Census as a proxy for all years (2019 to 2023) due to the unavailability of annual data.
In areas with a higher proportion of diagnosed HIV, the HIV testing rate will be an underestimate as those living with HIV have not been removed from the denominator.

Figure 14. HIV testing rate per 100,000 population in 16 similar local authorities and the Yorkshire and the Humber region (statistical), compared to England: 2023

Benchmarking refers to statistical nearest neighbours (comparison of local authorities with the most similar characteristics in England), derived from CIPFA's Nearest Neighbours Model



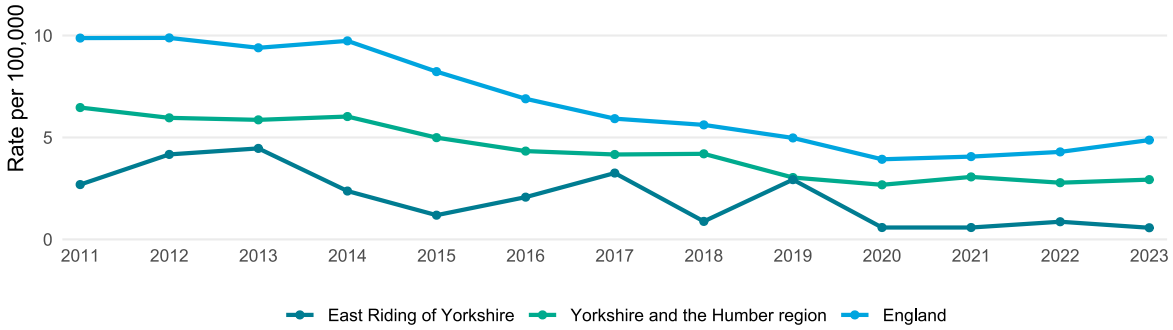
Data represents the number of HIV tests, and not the number of people tested (one person may be tested multiple times) and only reflects tests conducted through SHSs.
Rates are calculated per 100,000 population using population estimates sourced from the Office for National Statistics based on the Census.
Rates are calculated based on using the 2021 Census as a proxy due to the unavailability of annual data. In areas with a higher proportion of diagnosed HIV, the HIV testing rate will be an underestimate as those living with HIV have not been removed from the denominator.

New HIV diagnoses among persons first diagnosed in the UK

As a proxy for HIV transmission in the UK, diagnoses where the first positive HIV test occurred in the UK are considered in this section.

In 2023, the number of East Riding of Yorkshire residents aged 15 years and older who were newly diagnosed with HIV in the UK was 2. The rate of new diagnoses per 100,000 residents was 0.6, better than the rate of 4.9 per 100,000 in England. This represented a 34% decrease since 2022 and a 35% decrease in the 5 years since 2018 (Figure 15 and Figure 16). East Riding of Yorkshire was ranked 149th highest (out of 151 UTLAs/UAs) for the rate of new HIV diagnoses.

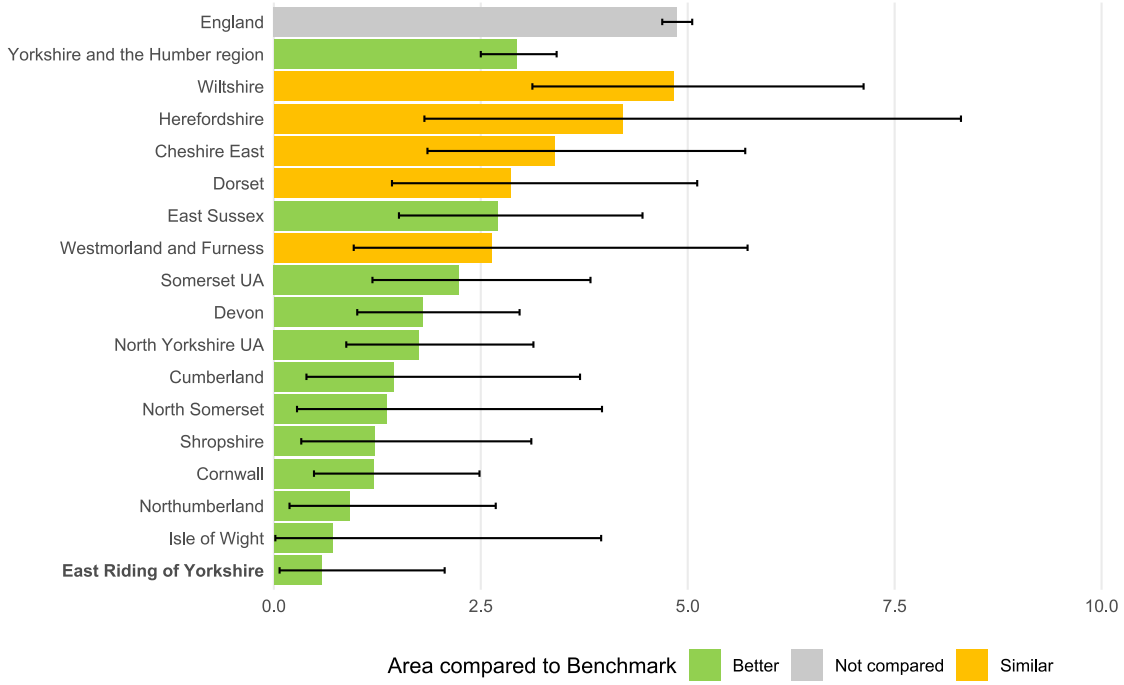
Figure 15. Rate of new HIV diagnoses among persons first diagnosed* in the UK per 100,000 population by year in East Riding of Yorkshire compared to rates in the Yorkshire and the Humber region and England: 2011 to 2023.



* Persons aged 15 years or older.
As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

Figure 16. New HIV diagnoses among persons first diagnosed in the UK rate per 100,000* in 16 similar local authorities and the Yorkshire and the Humber region, compared to England: 2023

Benchmarking refers to statistical nearest neighbours (comparison of local authorities with the most similar characteristics in England), derived from CIPFA's Nearest Neighbours Model



* Persons aged 15 years or older.

Late HIV diagnosis

Late diagnosis is defined as having a CD4 count <350 cells/mm^3 within 91 days of diagnosis excluding people previously diagnosed abroad and people with evidence of recent seroconversion.

In East Riding of Yorkshire, the percentage of HIV diagnoses made at a late stage of infection in the three-year period between 2021-23 was 83.3%, similar to 43.5% in England (Figure 17 and Figure 18).

Figure 17. Percentage of late HIV diagnoses (all CD4<350) in 16 similar local authorities and Yorkshire and the Humber region, compared to England: 2021-23

Benchmarking refers to statistical nearest neighbours (comparison of local authorities with the most similar characteristics in England), derived from CIPFA's Nearest Neighbours Model

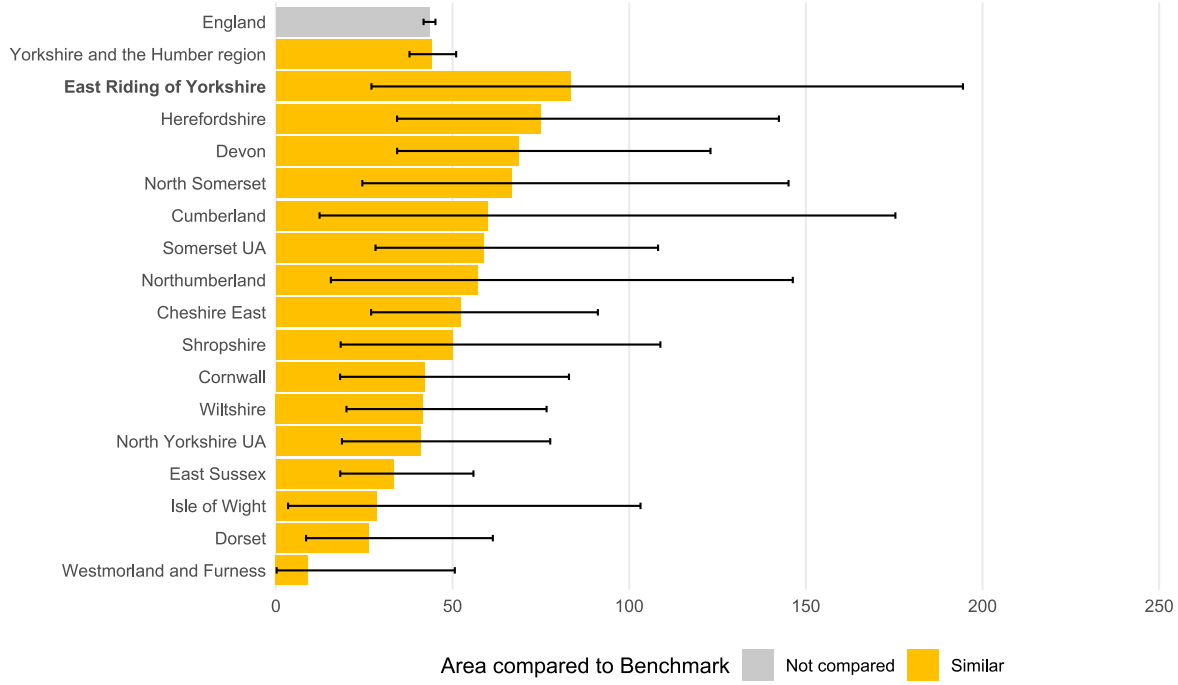
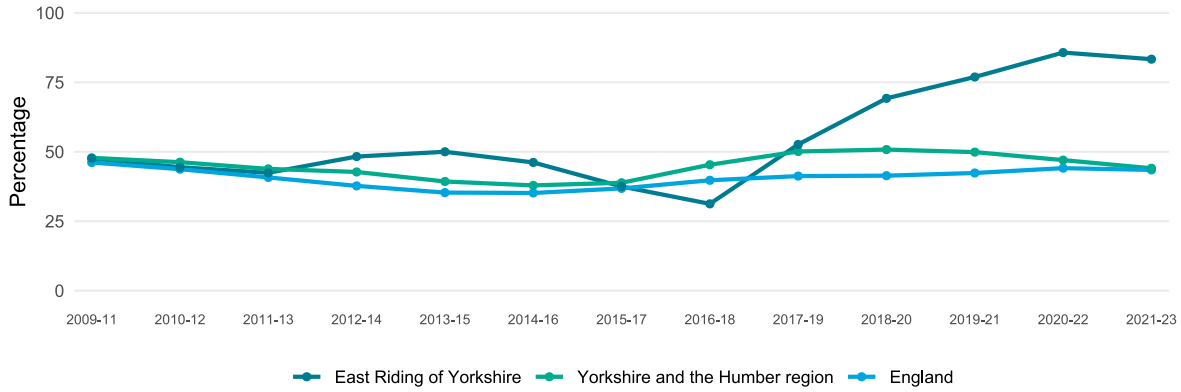


Figure 18. Percentage of late HIV diagnoses (all CD4<350) in East Riding of Yorkshire compared to the Yorkshire and the Humber region (statistical) and England: 2009-11 to 2021-23



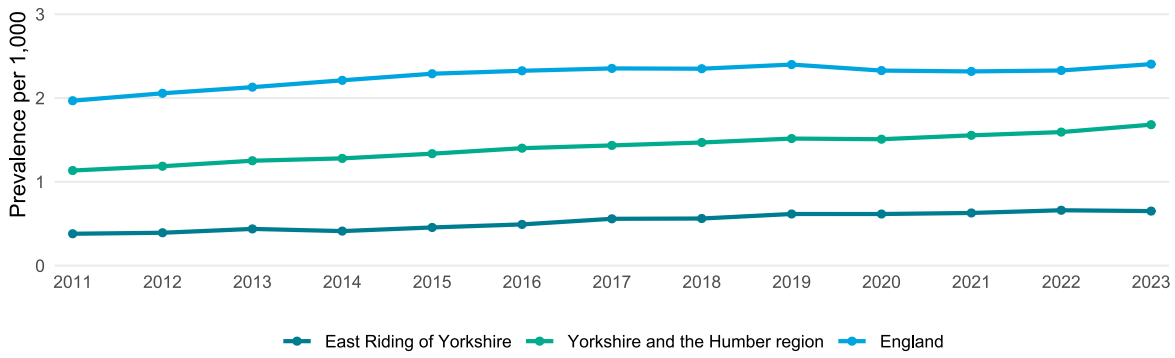
As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

For East Riding of Yorkshire residents, the percentage of HIV diagnoses made at a late stage of infection for different probable route of exposure groups in the three-year period between 2021-23 was as follows: MSM - 80.0% not compared to 34.3% in England; heterosexual men - 100% similar to 56.6% in England; heterosexual women - 0.0% not compared to 46.4% in England.

HIV treatment and care

In 2023, 116 East Riding of Yorkshire residents aged 15 to 59 years and 161 residents aged 15 years and over accessed HIV care. People who are accessing healthcare in high (greater than 2 to 5 per 1,000 aged 15 to 59 years old) and extremely HIV diagnosed prevalence areas (greater than 5 per 1,000 residents aged 15 to 59 years old) should be offered an HIV test.[21] The diagnosed prevalence (number of people diagnosed and seen for HIV care) was 0.7 per 1,000 East Riding of Yorkshire residents aged 15 to 59 years, better than 2.4 per 1,000 in England (Figure 19). East Riding of Yorkshire was ranked 150th highest (out of 151 UTLAs/UAs) (Figure 20). Since 2022, diagnosed HIV prevalence in East Riding of Yorkshire has decreased by 1%; and increased by 16% in the 5 years since 2018.

Figure 19. Diagnosed HIV prevalence per 1,000 population* by year in East Riding of Yorkshire compared to rates in the Yorkshire and the Humber region and England: 2011 to 2023.



* aged 15 to 59 years.
As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

Figure 20. Diagnosed HIV prevalence per 1,000 population* in 16 similar local authorities and the Yorkshire and the Humber region, compared to England: 2023

Benchmarking refers to statistical nearest neighbours (comparison of local authorities with the most similar characteristics in England), derived from CIPFA's Nearest Neighbours Model

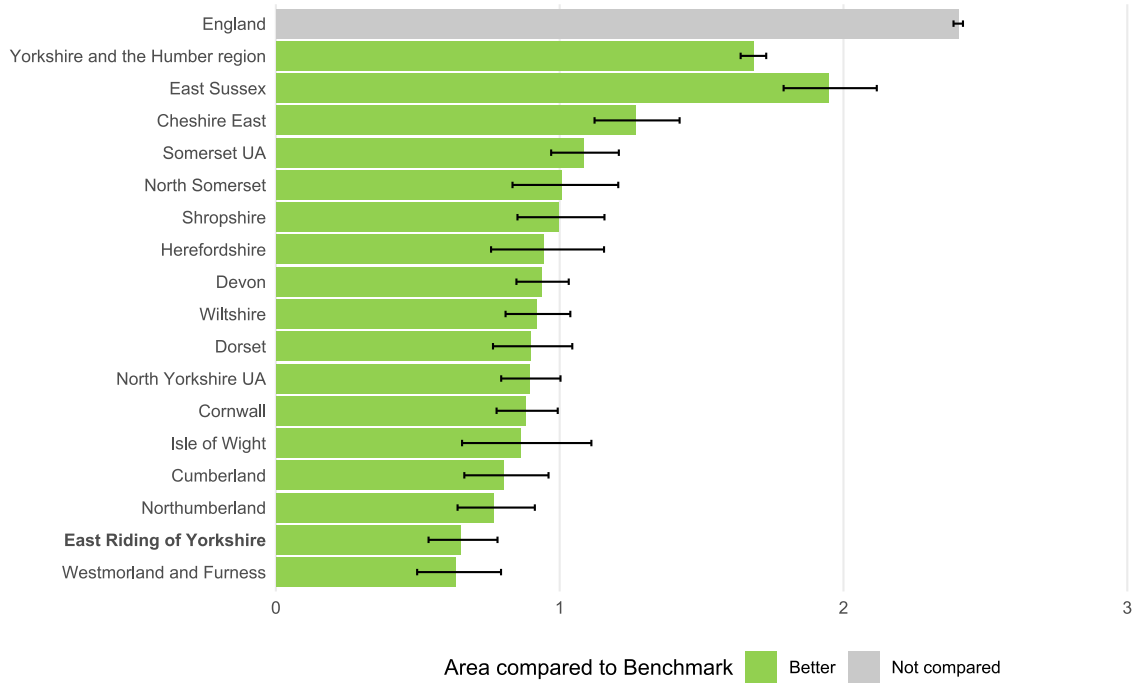
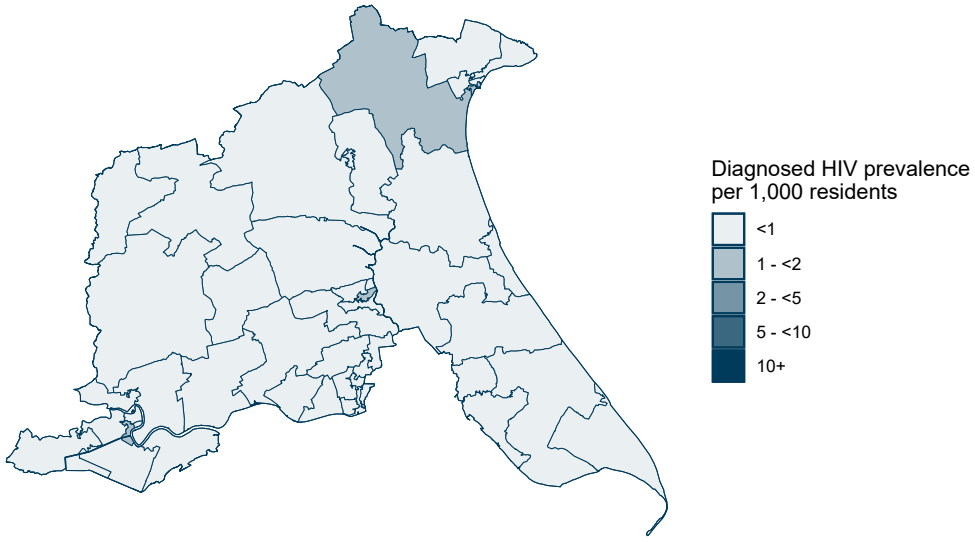


Figure 21. Map of diagnosed HIV prevalence among people of all ages in East Riding of Yorkshire by Middle Super Output Area: 2023



HIV prevalence in East Riding of Yorkshire by MSOA

The percentage of people (aged 15 years and over) in East Riding of Yorkshire accessing HIV care who were prescribed ART in 2023 was 99.4%, similar to 98.5% in England. The percentage of people in East Riding of Yorkshire newly diagnosed with HIV in the three-year period between 2021-23 who started antiretroviral therapy (ART) promptly (within 91 days of their diagnosis) was 93.3%, similar to 84.4% in England. The percentage of adults in East Riding of Yorkshire accessing HIV care in 2023 who were virally suppressed (undetectable viral load) was 99.4%, similar to 97.7% in England. The Sexual and Reproductive Health Profiles also provides these data at lower tier local authority geographies.

Reproductive health

The COVID-19 pandemic and reproductive health

During 2020, the UK government responded to the COVID-19 pandemic with national lockdowns which directly impacted SRH service provision in England. Access to LARC fittings and removals were particularly impacted by the pandemic due to the requirement for face-to-face interactions.

Abortion

The total abortion rate, under 25 years repeat abortion rate, under 25 years abortions after a birth, and over 25 years abortion rates may be indicators of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method.

In East Riding of Yorkshire the total number of abortions in 2021 was 759. The total abortion rate per 1,000 female population aged 15 to 44 years was 15.4 lower than the rate in England of 19.2 per 1,000. East Riding of Yorkshire's rank (out of 149 UTLAs/UAs) within England for the total abortion rate was 128th highest.

Figure 22. Chart showing key abortion indicators in East Riding of Yorkshire UTLAs/UAs compared to the rest of England: 2021

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the Yorkshire and the Humber region.

Compared to England:

Better Similar Worse *or* Lower Similar Higher *or* Not compared

Key for spine bars

Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
Total abortion rate / 1000	2021	759	15.4	19.2	32.2	11.3
Under 18s abortions rate / 1,000	2021	39	7.2	6.5	2.0	14.6
Over 25s abortion rate / 1000	2021	480	13.9	17.9	29.4	10.2
Under 25s repeat abortions (%)	2021	53	19.0	29.7	39.8	17.3
Under 25s abortion after a birth (%)	2021	58	20.8	26.0	47.2	8.2

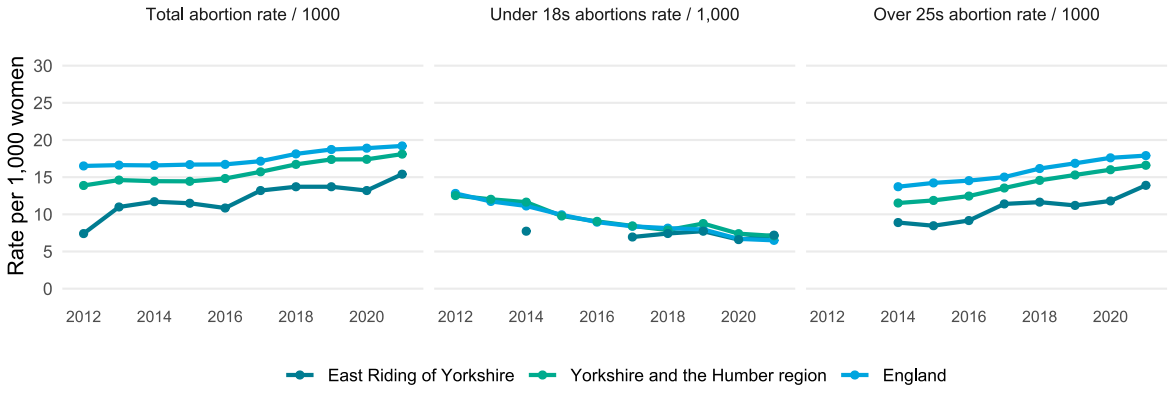
As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

Table 4. Abortion figures in East Riding of Yorkshire and England: 2020 to 2021

	2020	2021	% change 2020 to 2021*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2021‡	Value for England: 2021
Rates						
Total abortion rate / 1000	13.2	15.4	16.7%	11	128	19.2
Under 18s abortions rate / 1,000	6.6	7.2	9.1%	4	57	6.5
Over 25s abortion rate / 1000	11.8	13.9	17.8%	12	131	17.9
Percentages						
Under 25s repeat abortions (%)	19.1	19.0	-0.5%	13	147	29.7
Under 25s abortion after a birth (%)	25.7	20.8	-19.1%	12	113	26.0

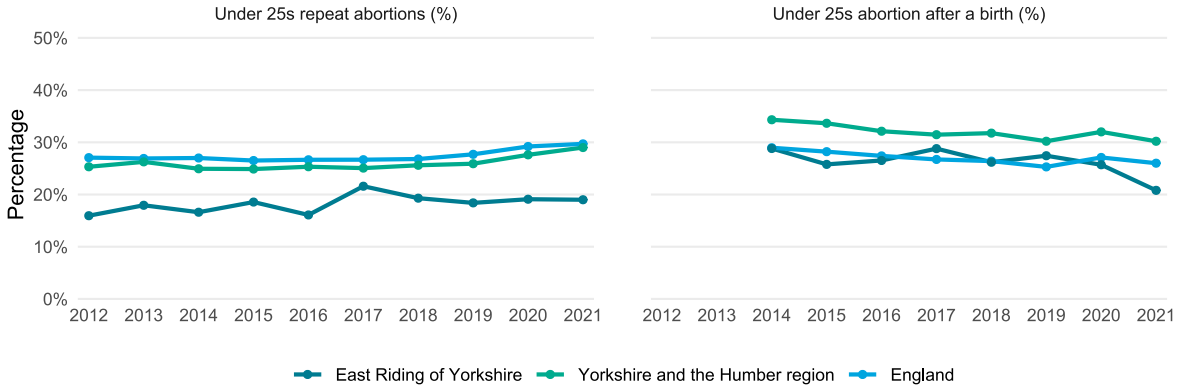
As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.
* Percent change proportional to the value in 2020, not a change in percentage points. Percent change not provided where the value in 2020 was 0.
† These are East Riding of Yorkshire and its 15 statistical nearest neighbours, excluding those where values were *suppressed* due to small numbers. First rank has the highest value. Nearest neighbours are derived from CIPFA's Nearest Neighbours Model.
‡ Out of 151 UTLAs/UAs in England, excluding those where values were *suppressed* due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

Figure 23. Abortion rates per 1,000 women by age in East Riding of Yorkshire compared to the Yorkshire and the Humber region and England: 2012 to 2021



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

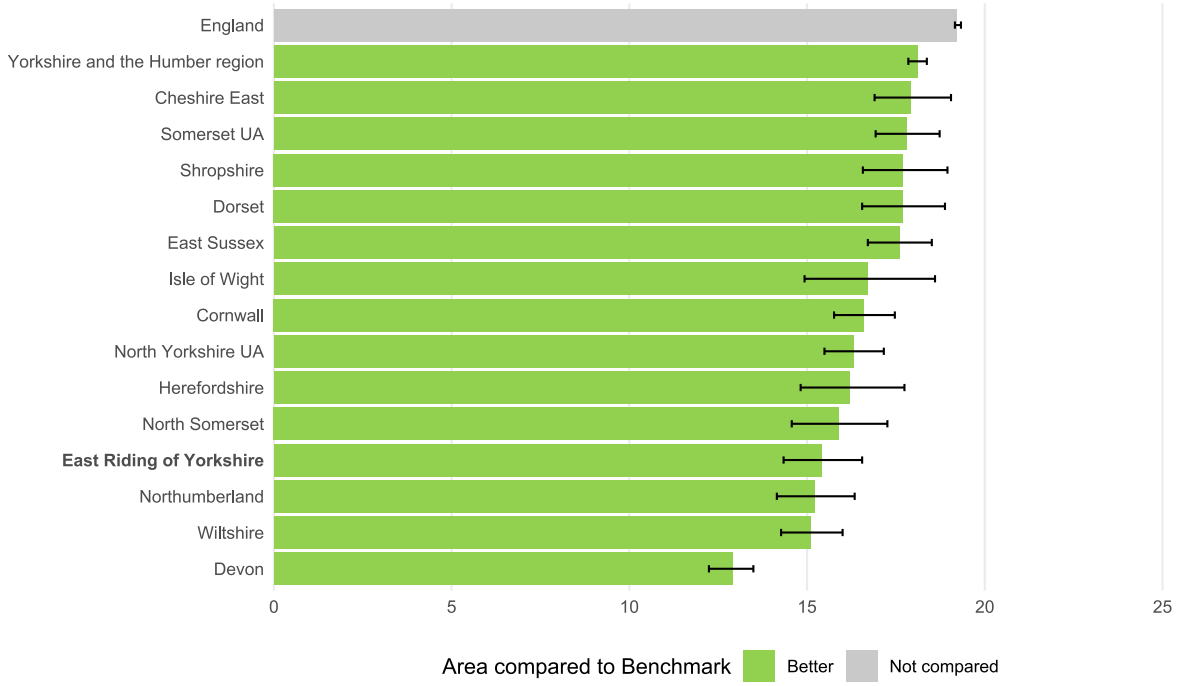
Figure 24. Characteristics of abortions over time in East Riding of Yorkshire compared to the Yorkshire and the Humber region and England: 2012 to 2021



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

Figure 25. Abortion rate per 1,000 women in 16 similar local authorities and Yorkshire and the Humber region, compared to England: 2021

Benchmarking refers to statistical nearest neighbours (comparison of local authorities with the most similar characteristics in England), derived from CIPFA's Nearest Neighbours Model



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

The earlier abortions are performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality.

In East Riding of Yorkshire the proportion of NHS-funded abortions that were under 10 weeks was 84.5% in 2021, which is lower than that seen for England overall (88.6%). The rank within England for this indicator was 143rd highest (out of 149 UTLAs/UAs).

Since the introduction of early medical abortion (EMA) methods, there has been an increase in the overall percentage of abortions performed at under 10 weeks gestation in England. Ensuring women have access to a method of contraception of their choice post-abortion is recommended practice. Provision of LARC methods post-abortion has been shown to lower subsequent unintended pregnancy rates.[22]

An indicator relating to the use of medical procedures will help to improve transparency at a local level on the extent of medical and surgical services available to women, and is therefore an indicator of patient choice. A very low or a very high percentage of medical abortions compared to other areas could be an issue for concern.

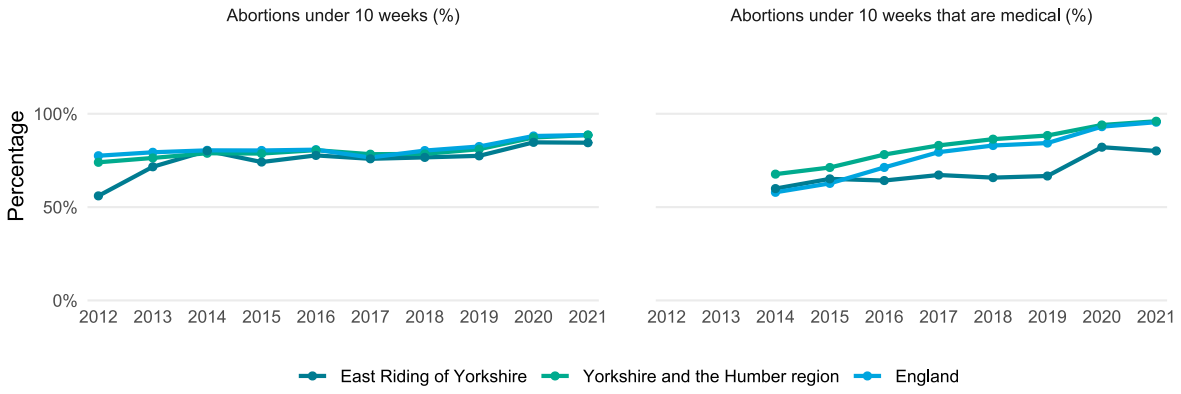
Among NHS-funded abortions in East Riding of Yorkshire the percentage of those under 10 weeks gestation that were performed using a medical procedure in 2021 was 80.1%, lower than the percentage in England of 95.5%. The rank within England for this indicator was 146th highest (out of 149 UTLAs/UAs).

Table 5. Abortion figures for East Riding of Yorkshire and England: 2020 to 2021

	2020	2021	% change 2020 to 2021*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2021‡	Value for England: 2021
Abortions under 10 weeks (%)	84.7	84.5	-0.2%	14	143	88.6
Abortions under 10 weeks that are medical (%)	82.1	80.1	-2.4%	14	146	95.5

As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.
* Percent change not provided where the value in 2020 was 0.
† These are East Riding of Yorkshire and its 15 statistical nearest neighbours, excluding those where values were *suppressed* due to small numbers. First rank has the highest value. Nearest neighbours are derived from CIPFA's Nearest Neighbours Model.
‡ Out of 151 UTLAs/UAs in England, excluding those where values were *suppressed* due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

Figure 26. Early abortion over time in East Riding of Yorkshire compared to the Yorkshire and the Humber region and England: 2012 to 2021



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

Under-18s Conception

Teenage pregnancy is a cause and consequence of education and health inequality for young parents and their children. Babies born to mothers under 20 years consistently have higher rates of stillbirth, infant mortality and low birthweight than average. Children born to teenage mothers have a 63% higher risk of living in poverty.[23] Teenage mothers are more likely than other young people to not be in education, employment or training; and by the age of 30 years, are 22% more likely to be living in poverty than mothers giving birth aged 24 years or over.[24] Young fathers are twice as likely to be unemployed aged 30 years, even after taking account of deprivation.[25]

Since the introduction of the Teenage Pregnancy Strategy in 1999, England has achieved a notable reduction in the under-18 conception rate. Further progress in both reducing the under-18s conception rate and improving the outcomes for young parents is central to improving young people's sexual health and narrowing the health and educational inequalities experienced by young parents and their children.

Maintaining the downward trend is a priority in the Department of Health Framework for Sexual Health Improvement in England[26] and addresses a number of key public health priorities including reducing health inequalities, ensuring every child gets the best start in life, and improving sexual and reproductive health. The Public Health Outcomes Framework (PHOF) includes the under-18 conception rate and a number of other indicators disproportionately affecting young parents and their children.

International evidence identifies the provision of high quality, comprehensive relationships and sex education (RSE) linked to improved use of contraception as the areas where the strongest empirical evidence exists on impact on teenage pregnancy rates.[27], [28], [29] In September 2020, Statutory Guidance was introduced that requires all primary schools to provide relationships education, all secondary schools to provide relationships and sex education and both primary and secondary schools to provide health education, including puberty.[30] This includes specific reference to ensuring all secondary school pupils know about local services providing confidential SRH advice and care.

Contraceptive services need to be accessible and youth friendly to encourage early uptake of advice, with consultations that recognise and address any knowledge gaps about fertility and concerns about side effects and support young people to choose and use their preferred method. Some young people will be at greater risk of early pregnancy and require more intensive RSE and contraceptive support, combined with programmes to build resilience and aspiration, providing the means and the motivation to prevent early pregnancy.

Reaching young people most in need involves looking at area and individual level associated risk factors. Child poverty and unemployment are the two area deprivation indicators with the strongest influence on under-18 conception rates.[31] At an individual level, the strongest associated factors for pregnancy before 18 years are free school meal eligibility, persistent school absence by age 14 years, poorer than expected academic progress between ages 11-14 years, and being looked after or a care leaver.[32], [33], [34]

Teenagers are more likely to present late for abortion and to book late for antenatal care.[35] The higher risk of unplanned pregnancy, late confirmation of pregnancy and fear of disclosure, all contribute to delays in accessing abortion and maternity services.[36] Early pregnancy diagnosis, unbiased advice on pregnancy options and swift referral to maternity or abortion services are required to minimise delays.[37] Young people who have experienced pregnancy are also at higher risk of subsequent unplanned conceptions.[38]

Figure 27. Chart showing under-18s conception indicators in East Riding of Yorkshire compared to the rest of England: 2021 to 2022/23

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the Yorkshire and the Humber region.

Compared to England:

Better Similar Worse *or* Lower Similar Higher *or* Not compared

Key for spine bars

Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
Under 18s conception rate / 1,000	2021	60	11.1	13.1	31.5	1.1
Under 16s conception rate / 1,000	2021	11	2.1	2.1	7.0	0.3
Under 18s births rate / 1,000	2022	13	2.4	3.4	13.4	0.0
Teenage mothers	2022/23	15	0.6	0.6	1.9	0.0
Under 18s conceptions leading to abortion (%)	2021	31	51.7	53.4	26.0	87.5

In 2021, the under-18s conception rate per 1,000 females aged 15 to 17 years in East Riding of Yorkshire was 11.1, similar to the rate of 13.1 per 1,000 in England (Figure 28). The decrease from 2020 was 22%. East Riding of Yorkshire's rank within England for the under-18s conception rate was 97th highest (out of 151 UTLAs/UAs). Between 1998 and 2021, the decrease in the under-18s conception rate in East Riding of Yorkshire was 68%, compared to a 72% decrease in England (Figure 29).

Figure 28. Under-18s conception rate per 1,000 women in 16 similar local authorities and the Yorkshire and the Humber region, compared to England: 2021

Benchmarking refers to statistical nearest neighbours (comparison of local authorities with the most similar characteristics in England), derived from CIPFA's Nearest Neighbours Model

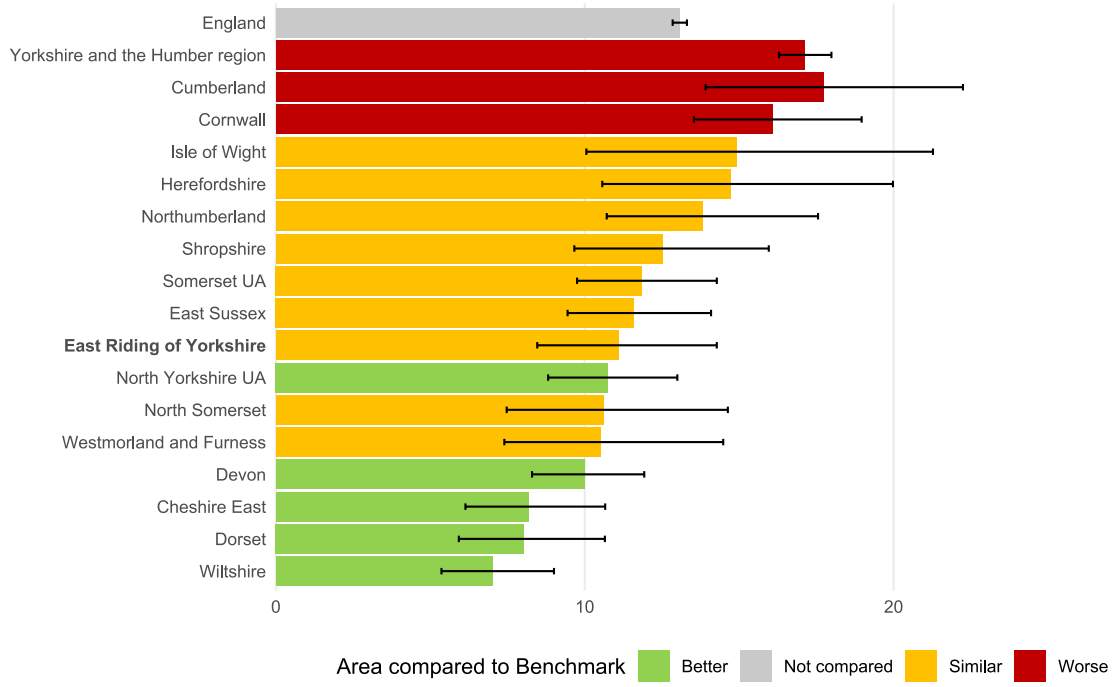
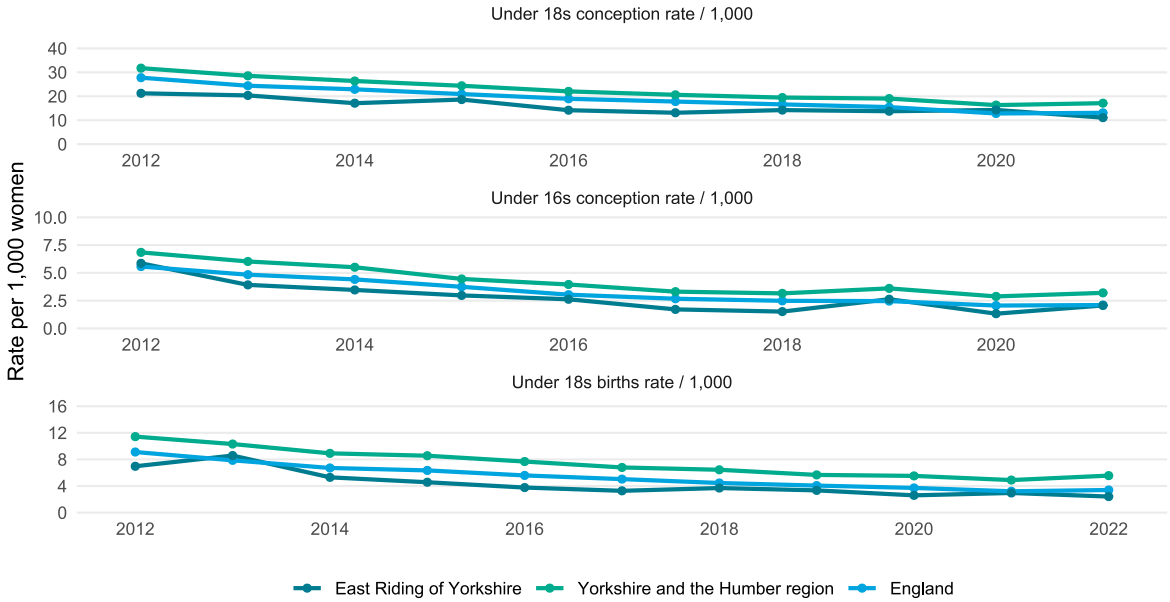


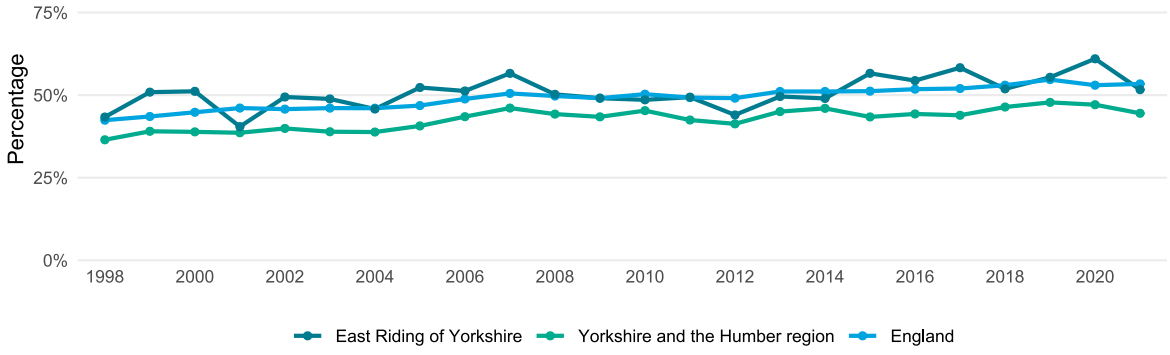
Figure 29. Rates of under-18s conception and births over time in East Riding of Yorkshire compared to the Yorkshire and the Humber region and England: 2012 to 2022



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

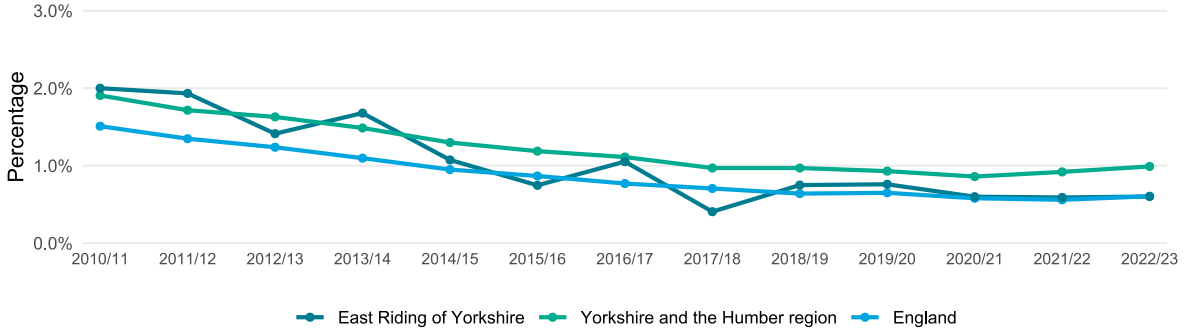
Among the under-18 conceptions in East Riding of Yorkshire, the percentage of those leading to abortion in 2021 was 51.7%, similar to the percentage in England of 53.4%. East Riding of Yorkshire's rank for the percentage of conceptions leading to abortion was 95th highest (out of 151 UTLAs/UAs, excluding those where values were suppressed due to small numbers). A lower than average percentage may indicate a higher proportion of young women choosing to continue the pregnancy, but can also reflect barriers to accessing abortion care.

Figure 30. Percentage of under-18 conceptions leading to abortion, over time in East Riding of Yorkshire compared to the Yorkshire and the Humber region and England: 1998 to 2021



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

Figure 31. Percentage of births where the mother is aged under 18 years, over time in East Riding of Yorkshire compared to the Yorkshire and the Humber region and England: 2010/11 to 2022/23



Data are presented by financial years.
As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

Table 6. Under-18s conception and birth figures in East Riding of Yorkshire and England: 2020 to 2021

	2020	2021	% change 2020 to 2021*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2021‡	Value for England: 2021
Under 18s conception rate / 1,000	14.3	11.1	-22.4%	9	97	13.1
Under 18s conceptions leading to abortion (%)	61.0	51.7	-15.3%	12	95	53.4
Under 16s conception rate / 1,000	1.3	2.1	55.8%	8	76	2.1

As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.
* Percent change not provided where the value in 2020 was 0.
† These are East Riding of Yorkshire and its 15 statistical nearest neighbours, excluding those where values were *suppressed* due to small numbers. First rank has the highest value. Nearest neighbours are derived from CIPFA's Nearest Neighbours Model.
‡ Out of 151 UTLAs/UAs in England, excluding those where values were *suppressed* due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

Contraception

The government and the Faculty of Sexual and Reproductive Healthcare (FSRH) both highlight the importance of knowledge, access and choice for all women and men to all methods of contraception to help reduce unplanned pregnancies. Good contraception services have been shown to lower rates of teenage conceptions.

Contraception is available free of charge for people of all ages from a wide range of services in England. Contraceptive pills can be obtained from specialist sexual and reproductive health services, non-specialist sexual and reproductive health services including services for young people, some online services, pharmacies delivering the NHS Pharmacy Contraception Service, and general practice. LARC can be obtained from some general practices as well as all specialist and non-specialist sexual and reproductive health services. Other services that offer contraception include abortion services. Contraceptive pills can be purchased over-the-counter from most pharmacies and from online services.

Emergency hormonal contraception (levonorgestrel and/or ulipristal acetate) can be obtained free of charge from pharmacies participating in local schemes, general practices, and from some online services. Specialist and non-specialist sexual and reproductive health services can fit intrauterine devices (IUDs) for use as emergency contraception in addition to emergency hormonal contraception. Emergency hormonal contraception can be purchased over-the-counter from most pharmacies and from online services.

Condoms can be obtained free of charge from sexual health services and from local condom distribution schemes, where available. Condoms can be purchased from pharmacies, supermarkets and other retailers.

Currently, data on contraception provision are only centrally collected from specialist SHS, level 2 SRH services and some young person's clinics through the Sexual and Reproductive Health Activity Dataset (SRHAD) and from NHS prescription forms within primary care. Data sources used in this report are SRHAD and Prescribing

Analysis Cost Tabulation (ePACT2). ePACT2 data is available by number of prescriptions and is therefore a more useful indicator of use for LARC than short acting methods that require repeated prescription. However, there is no way of measuring method continuation, so the LARC data reflects method initiation only. The way in which this report presents total amount of contraception used in England should therefore be interpreted with care.

Attendance indicators provide a measure of young people's access to specialist contraceptive services. The indicators are split by sex and unique attendances because there are different patterns of service access and recording relating to each sex. Females access services more than males and make more repeated visits in a year.

Attendance and service provision at SRH services is likely to be reflective of local service models and local geography e.g. more urban areas may have greater attendance at specialist SRH services as they may be easier to access, whereas in more rural areas it may be easier to attend general practice than travel to a specialist clinic.

Figure 32. Chart showing key contraception indicators in East Riding of Yorkshire compared to the rest of England: 2023

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the Yorkshire and the Humber region.

Compared to England:

Better Similar Worse *or* Lower Similar Higher *or* Not compared

Key for spine bars

Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
Under 25s individuals attend specialist contraceptive services rate / 1000 - Females	2023	1,770	117.6	103.0	10.9	433.9
Under 25s individuals attend specialist contraceptive services rate / 1000 - Males	2023	410	25.1	14.2	0.3	56.4
Women prescribed short acting combined hormonal contraception at SRH services: rate per 1,000	2023	220	4.1	9.1	0.7	38.6
Women prescribed short acting combined hormonal contraception in GP practices: rate per 1,000	2023	7,580	142.4	106.7	48.1	170.5
Women prescribed injectable contraception at SRH services: rate per 1,000	2023	210	3.9	5.0	0.4	48.8
Women prescribed injectable contraception in GP practices: rate per 1,000	2023	2,055	38.6	25.1	1.9	88.2
Women prescribed progesterone only pill at SRH services: rate per 1,000	2023	325	6.1	11.6	1.2	35.0
Women prescribed progesterone only pill in GP practices: rate per 1,000	2023	8,660	162.7	125.5	32.9	201.3
Under 25s choose LARC excluding injections at SRH Services (%)	2023	350	35.0	35.0	13.8	80.5
Over 25s choose LARC excluding injections at SRH Services (%)	2023	595	66.9	49.6	29.8	92.2
Total prescribed LARC excluding injections rate / 1,000	2023	2,695	50.6	43.5	10.3	72.7
GP prescribed LARC excluding injections rate / 1,000	2023	1,815	34.1	25.6	0.2	67.4
SRH Services prescribed LARC excluding injections rate / 1,000	2023	875	16.4	18.0	1.6	51.0

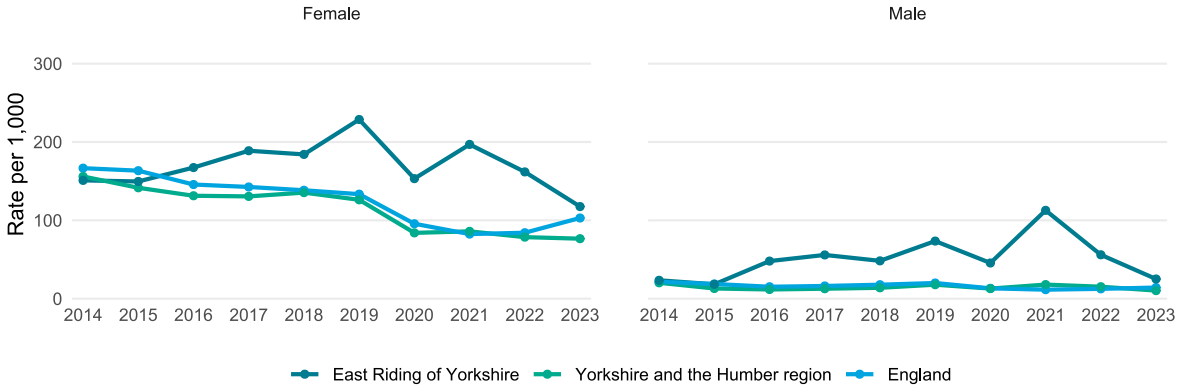
Attendance and service provision at sexual and reproductive health (SRH) clinics

Table 7. Attendance at specialist contraceptive services per 1,000 residents under 25 by gender, in East Riding of Yorkshire and England: 2022 to 2023

	2022	2023	% change 2022 to 2023*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2023‡	Value for England: 2023
Under 25s individuals attend specialist contraceptive services rate / 1000 - Females	162	117.6	-27.3%	8	62	103.0
Under 25s individuals attend specialist contraceptive services rate / 1000 - Males	56	25.1	-55.1%	4	32	14.2

* Percent change not provided where the value in 2022 was 0.
† These are East Riding of Yorkshire and its 15 statistical nearest neighbours, excluding those where values were *suppressed* due to small numbers. First rank has the highest value. Nearest neighbours are derived from CIPFA's Nearest Neighbours Model.
‡ Out of 151 UTLAs/UAs in England, excluding those where values were *suppressed* due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

Figure 33. Attendance at specialist contraceptive services among under 25s by gender, in East Riding of Yorkshire compared to the Yorkshire and the Humber region and England: 2014 to 2023



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

Contraceptive care

Table 8. Women's choice of contraception at SRH services and GP practices in East Riding of Yorkshire and England: 2022 to 2023

	2022	2023	% change 2022 to 2023*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2023‡	Value for England: 2023
Women prescribed short acting combined hormonal contraception at SRH services: rate per 1,000	6.3	4.1	-34.7%	11	120	9.1
Women prescribed short acting combined hormonal contraception in GP practices: rate per 1,000	155.2	142.4	-8.2%	3	7	106.7
Women prescribed injectable contraception at SRH services: rate per 1,000	4.7	3.9	-16.0%	8	77	5.0
Women prescribed injectable contraception in GP practices: rate per 1,000	40.0	38.6	-3.4%	5	27	25.1
Women prescribed progesterone only pill at SRH services: rate per 1,000	10.6	6.1	-42.6%	10	115	11.6
Women prescribed progesterone only pill in GP practices: rate per 1,000	165.8	162.7	-1.9%	12	32	125.5

* Percent change proportional to the value in 2022, not a change in percentage points. Percent change not provided where the value in 2022 was 0.
† These are East Riding of Yorkshire and its 15 statistical nearest neighbours, excluding those where values were *suppressed* due to small numbers. First rank has the highest value. Nearest neighbours are derived from CIPFA's Nearest Neighbours Model.
‡ Out of 151 UTLAs/UAs in England, excluding those where values were *suppressed* due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

Table 9. Usage of LARC (excluding injections) at SRH services in East Riding of Yorkshire and England: 2022 to 2023

	2022	2023	% change 2022 to 2023*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2023‡	Value for England: 2023
Under 25s choose LARC excluding injections at SRH Services (%)	38.7	35.0	-9.7%	12	76	35.0
Over 25s choose LARC excluding injections at SRH Services (%)	67.7	66.9	-1.2%	4	11	49.6

* Percent change proportional to the value in 2022, not a change in percentage points. Percent change not provided where the value in 2022 was 0.
† These are East Riding of Yorkshire and its 15 statistical nearest neighbours, excluding those where values were *suppressed* due to small numbers. First rank has the highest value. Nearest neighbours are derived from CIPFA's Nearest Neighbours Model.
‡ Out of 151 UTLAs/UAs in England, excluding those where values were *suppressed* due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

Focus on Long Acting Reversible Contraceptives (LARCs)

The total rate of LARC (excluding injections) prescribed in East Riding of Yorkshire primary care, specialist and non-specialist SHS was 50.6 per 1,000 women aged 15 to 44 years in 2023, higher than the rate of 43.5 per 1,000 women in England.

LARC provision is likely to reflect local geography and service models e.g. there may be more provision in primary care in more rural and semi-rural areas. In East Riding of Yorkshire, the rate prescribed in primary care was 34.1 in 2023, higher than the rate of 25.6 in England. The rate prescribed in SRH services was 16.4 in 2023, lower than the rate of 18.0 in England.

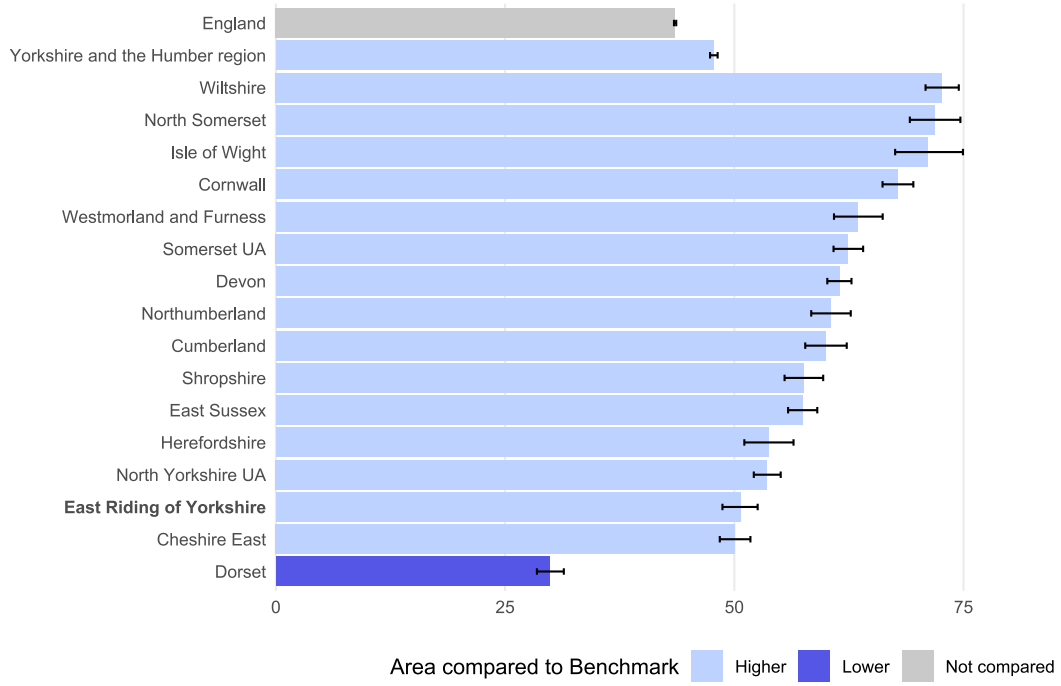
Table 10. Rate of LARCs (excluding injections) prescribed per 1,000 women aged 15-44 years by setting, East Riding of Yorkshire and England: 2022 to 2023

	2022	2023	% change 2022 to 2023*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2023‡	Value for England: 2023
Total prescribed LARC excluding injections rate / 1,000	62.0	50.6	-18.3%	14	37	43.5
GP prescribed LARC excluding injections rate / 1,000	32.6	34.1	4.6%	13	37	25.6
SRH Services prescribed LARC excluding injections rate / 1,000	29.4	16.4	-44.1%	8	89	18.0

* Percent change not provided where the value in 2022 was 0.
† These are East Riding of Yorkshire and its 15 statistical nearest neighbours, excluding those where values were *suppressed* due to small numbers. First rank has the highest value. Nearest neighbours are derived from CIPFA's Nearest Neighbours Model.
‡ Out of 151 UTLAs/UAs in England, excluding those where values were *suppressed* due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

Figure 34. Total rate of LARC (excluding injections) prescribed in primary care and in SRH services per 1,000 women aged 15 to 44 years in 16 similar local authorities and the Yorkshire and the Humber region, compared to England: 2023

Benchmarking refers to statistical nearest neighbours (comparison of local authorities with the most similar characteristics in England), derived from CIPFA's Nearest Neighbours Model



Data sources

- Abortions under 10 weeks (%). Data source: DHSC
- Abortions under 10 weeks that are medical (%). Data source: DHSC
- All new STI diagnoses rate per 100,000. Data source: UKHSA
- Antiretroviral therapy (ART) coverage in people accessing HIV care. Data source: UKHSA
- Chlamydia detection rate per 100,000 aged 15 to 24. Data source: UKHSA
- Chlamydia detection rate per 100,000 aged 15 to 24. Data source: UKHSA
- Chlamydia diagnostic rate per 100,000. Data source: UKHSA
- Chlamydia diagnostic rate per 100,000 aged 25 years and older. Data source: UKHSA
- Chlamydia proportion of females aged 15 to 24 screened. Data source: UKHSA
- Determining PrEP need. Data source: UKHSA
- GP prescribed LARC excluding injections rate / 1,000. Data source: OHID, based on NHS Business Services Authority and ONS data
- Genital herpes diagnosis rate per 100,000. Data source: UKHSA
- Genital warts diagnostic rate per 100,000. Data source: UKHSA
- Gonorrhoea diagnostic rate per 100,000. Data source: UKHSA
- HIV diagnosed prevalence rate per 1,000. Data source: UKHSA
- HIV diagnosed prevalence rate per 1,000 aged 15 to 59. Data source: UKHSA
- HIV late diagnosis in gay, bisexual and other men who have sex with men first diagnosed with HIV in the UK. Data source: UKHSA
- HIV late diagnosis in heterosexual and bisexual women first diagnosed with HIV in the UK. Data source: UKHSA
- HIV late diagnosis in heterosexual men first diagnosed with HIV in the UK. Data source: UKHSA
- HIV late diagnosis in people first diagnosed with HIV in the UK. Data source: UKHSA
- HIV testing rate per 100,000 population. Data source: UKHSA
- Initiation or continuation of PrEP among those with PrEP need. Data source: UKHSA
- Mycoplasma genitalium diagnostic rate per 100,000. Data source: UKHSA
- New HIV diagnoses among persons first diagnosed in the UK rate per 100,000. Data source: UKHSA
- New HIV diagnosis rate per 100,000. Data source: UKHSA
- New STI diagnoses (excluding chlamydia aged under 25) per 100,000. Data source: UKHSA
- Over 25s choose LARC excluding injections at SRH Services (%). Data source: OHID, based on NHS England data
- Over 25s abortion rate / 1000. Data source: OHID, based on DHSC and ONS data
- Prompt antiretroviral therapy (ART) initiation in people newly diagnosed with HIV. Data source: UKHSA
- SRH Services prescribed LARC excluding injections rate / 1,000. Data source: OHID, based on NHS England and ONS data
- STI testing positivity (excluding chlamydia aged under 25). Data source: UKHSA
- STI testing rate (exclude chlamydia aged under 25) per 100,000. Data source: UKHSA
- Sexually transmitted Shigella spp. per 100,000 adult male population. Data source: UKHSA
- Syphilis diagnostic rate per 100,000. Data source: UKHSA
- Teenage mothers. Data source: OHID, based on NHS England data
- Total abortion rate / 1000. Data source: OHID, based on DHSC and ONS data
- Total prescribed LARC excluding injections rate / 1,000. Data source: OHID, based on NHS Business Services Authority, NHS England and ONS data
- Trichomoniasis diagnostic rate per 100,000. Data source: UKHSA
- Under 16s conception rate / 1,000. Data source: OHID, based on ONS data
- Under 18s abortions rate / 1,000. Data source: OHID, based on DHSC and ONS data
- Under 18s births rate / 1,000. Data source: OHID, based on ONS data
- Under 18s conception rate / 1,000. Data source: OHID, based on ONS data
- Under 18s conceptions leading to abortion (%). Data source: OHID, based on ONS data
- Under 25s abortion after a birth (%). Data source: DHSC
- Under 25s choose LARC excluding injections at SRH Services (%). Data source: OHID, based on NHS England data
- Under 25s individuals attend specialist contraceptive services rate / 1000 - Females. Data source: OHID, based on NHS England and ONS data
- Under 25s individuals attend specialist contraceptive services rate / 1000 - Males. Data source: OHID, based on NHS England and ONS data
- Under 25s repeat abortions (%). Data source: DHSC
- Violent crime - sexual offences per 1,000 population. Data source: OHID, based on Home Office and ONS data
- Virological success in adults accessing HIV care. Data source: UKHSA
- Women prescribed injectable contraception at SRH services: rate per 1,000. Data source: OHID, based on NHS England and ONS data
- Women prescribed injectable contraception in GP practices: rate per 1,000. Data source: OHID, based on NHS Business Services Authority and ONS data
- Women prescribed progesterone only pill at SRH services: rate per 1,000. Data source: OHID, based on NHS England and ONS data

- Women prescribed progesterone only pill in GP practices: rate per 1,000. Data source: OHID, based on NHS Business Services Authority and ONS data
- Women prescribed short acting combined hormonal contraception at SRH services: rate per 1,000. Data source: OHID, based on NHS England and ONS data
- Women prescribed short acting combined hormonal contraception in GP practices: rate per 1,000. Data source: OHID, based on NHS Business Services Authority and ONS data

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