Thank you for your interest in submitting evidence to the Inquiry into Access to Contraception. Below is a short guide to what kind of information to include in evidence. Please note that this is intended as a guide only, and evidence is not necessarily unimportant if it falls outside of these areas.

About the Inquiry

The Inquiry was first opened in early 2019, in response to concerns regarding fragmented commissioning, a lack of accountability and cuts to the public health budget. The Inquiry took written and verbal evidence from organisations including the Royal College of Obstetricians and Gynaecologists, the Royal College of GPs, Public Health England and the English Sexual Health and HIV Commissioners Group.

The Inquiry is now particularly interested to hear evidence on the impact of the Covid-19 pandemic on access to contraception over recent months.

How do I submit to the Inquiry?

Written evidence should be submitted by email, and should be a maximum of 1,500 words in length. Organisations or individuals who contributed to the original call for evidence may also submit an updated version of their initial submission with tracked changes in lieu of new evidence.

Submissions must contain the name, organisation and contact details of the submitting organisation. Please note that written evidence may be posted on the group’s website following the hearings, and may be quoted in the final report.

The deadline for evidence submission is Wednesday 17th June. However, in recognition that circumstances relating to the pandemic may make this difficult for some contributors, it may still be possible to consider evidence submitted up to a week after the deadline.

Please send submissions, as well as any enquiries, to Alice Chilcott on appg@fsrh.org.

What should the evidence contain?

Members of the Cross-Party Group on Sexual and Reproductive Health, formerly the APPG on Sexual and Reproductive Health, are looking for written evidence that addresses all areas concerning access to contraception in England during the Covid-19 pandemic.

Members are particularly interested in the following areas:

- The impact of changes to services brought about by the pandemic on access to contraception, and availability of appropriate services.
- The extent to which people are able to easily access contraceptive methods in a way that takes account of their holistic sexual and reproductive health needs, while complying broadly with social distancing measures.
- The impact of current commissioning structures, be it positive or negative, on facilitating appropriate and quick access to contraception during the pandemic.
- The effectiveness of the remote consultation systems employed by many contraception providers in response to the pandemic, and any implications, be they positive or negative, for patients’ access to care in the short or long term.
• **Inequalities in accessing contraception** by, for example, region, ethnicity, disability, age, sexuality, gender, mental ill health, drug or alcohol dependence, and amongst migrant or asylum seeking women.

• Impact of any inequalities on **vulnerable populations**.

• Examples of good practice, in all settings, which are **improving or facilitating access to contraception during the pandemic**.

• Potential **challenges or obstacles to the restoration of contraception services**, including workforce, implications for social distancing, increases in demand or backlogs and supply chain.

• Recommendations for work which could be taken by bodies including DHSC, NHS England, Public Health England, Health Education England, CCGS, local authorities and others to **overcome challenges and improve access and standards of care** during the next stages of the pandemic.