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Why the Public Sector Equality Duty matters in Patient and Public Involvement

Summary

The Public Sector Equality Duty (PSED) is vital for equitable patient and public involvement (PPI) in healthcare. It ensures diverse voices are heard, preventing discrimination and promoting equal opportunities. Failing to consider the PSED can result in skewed insights and reinforce health inequalities. By addressing barriers to participation and fostering inclusivity, public bodies can make informed decisions that benefit everyone, especially marginalised groups.

Background

Have you ever attended a patient group and wondered why some voices seem to get heard while others are left in the background? Or perhaps you've noticed some groups within your community rarely turn up at health consultations or involvement events.

This isn't just a matter of coincidences, it's a sign that our approaches to patient and public involvement might not be as inclusive as we'd like. That's where the Public Sector Equality Duty comes in.

What is the Public Sector Equality Duty?

Put simply, the PSED is **a legal obligation under Section 149 of the Equality Act 2010** that requires public sector organisations in the UK (like the NHS) to have **due regard** to the need to:

- Eliminate discrimination, harassment, and victimisation.
- Advance equality of opportunity.
- Foster good relations between people with protected characteristics and those without.

While it might sound like formal legislation written in dusty volumes of law, the goal is really simple: to ensure everyone has a fair chance to be heard and that no one is inadvertently overlooked because of who they are or where they come from.

The importance of this duty has been underscored in various legal challenges, such as ***R (Brown) v Secretary of State for Work and Pensions [2008] EWHC 3158*** (Admin) and ***R (Bracking) v Secretary of State for Work and Pensions [2013] EWCA Civ 1345***, which highlight the serious consequences for public bodies that fail to demonstrate they have properly considered equality implications in their decisions.

Why it matters for Patient and Public Involvement

Patient and public involvement (PPI) is all about making sure services are shaped by the people who use them. After all, who better to highlight the reality of a health service than those who rely on it?

However, if our PPI initiatives inadvertently exclude certain groups, say, older people who can't travel easily, or those who speak English as a second language, then we're only getting part of the picture. Decisions might be made based on skewed data and assumptions that don't reflect the true diversity of the community, inadvertently increasing health inequalities rather than reducing them.

Under the Equality Act 2010, the **Public Sector Equality Duty** requires public bodies to consider the impact of their decisions and policies on people with protected characteristics, and embedding PSED in patient and public involvement demonstrates a transparent commitment to this principle. When you make an effort to include all perspectives, especially those from marginalised or underrepresented groups, you end up with better quality insights, which help you make better decisions and, ultimately, create better services that reflect the real needs of your community.

Reflecting on our involvement practice

It's easy to assume we're being inclusive if we're inviting "everyone" to join in. But how many times have we actually stopped to think about barriers people might have?

Equality groups often face overlapping barriers like **language challenges**, **accessibility limitations**, **cost**, **care responsibilities**, **digital exclusion**, **mistrust of institutions**, and **complex or intimidating processes** that discourage participation in public events.

Overcoming these obstacles requires a **proactive approach**—this can include inclusive outreach, providing practical support (such as transport, childcare, and translation), and building trust through partnerships with the community and voluntary sector.

The PSED encourages us to ask these questions before, during, and after we plan any involvement activity. It challenges us to seek out people we might otherwise miss—and to do so in ways that work for them. Often, small adjustments can make a world of difference.

Reflecting on our involvement practice

The PSED isn't about ticking boxes: it's about **meaningfully broadening our understanding** of the communities we serve. By actively promoting equality and paying attention to the voices often unheard, we end up with richer, more genuine information that shapes health services for the better.

As the courts have made clear in cases like ***Bracking***, failing to pay due regard to equality considerations can expose public bodies to legal challenge.

But beyond the legal dimension, truly inclusive involvement is simply the right thing to do. When we create space for everyone, particularly those who may face barriers, we ensure our decisions benefit from the wealth of insights that only a diverse community can offer. This makes for stronger, fairer, and more responsive health services for all.

Note to readers
These notes are intended only to give an overview of complex requirements as general information. Every situation is different. Please seek specific professional advice to inform the action you take on the issues raised in your circumstances.