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Dear Sir or Madam

Response to PSED Review Consultation

NHS Employers is the employers' organisation representing the views of the NHS. We have worked very closely with central government and the Equality and Human Rights Commission over the last few years during the development and implementation of the Equality Act 2010. In this time we have sought to ensure that the legislation and associated guidance and advice has been specific, relevant, accurate and timely for NHS employers.

NHS Employers has recently been supporting the newly created NHS England to gather views from the service on the public sector Equality Duty review - and these views will be fed into the consultation machinery.

I'm writing as part of the consultation to raise some concerns. The creation of a single Equality Act was a long time in development. Whilst many people accepted the legitimacy and necessity for a single Equality Act, the practicalities and conflicts that it threw up caused much debate and dissonance.

These debates were mirrored within the health sector as managers, leaders and policy makers struggled with how they could most effectively utilise the legislation to achieve their ultimate goal - to improve health outcomes and patient experience for everyone who used, or came into contact with, the NHS.

The other relevant aspect of this recent history, which relates specifically to the PSED review, is the decision to drop the socio economic duty. For the health sector in particular, this was extremely significant because many people viewed this as the key to achieving real "added value" and genuine change, because the underlying cause of much health inequality in the UK was socio economic and associated environmental factors.

I would therefore be extremely concerned that inappropriate diminution or dilution of the PSED could undermine the importance of a government focus on reducing health inequalities and tackling the cross government working required to improve the health of all our citizens. The potential for unintended consequences seems to me to be significant, in particular given the lack of clarity around the purpose of the review.

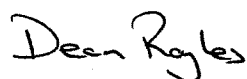
On a general point, our intelligence does tell us that moving the focus of the PSED from the previous three duties to nine protected characteristics has not resulted in significant increases in cost or resources. In fact, the broader approach has actually often been more cost effective and efficient because it has allowed NHS organisations to identify issues and priorities which it may not have identified under the previous duties.

But, and more pertinently, having the duty under one single legislative banner - rather than a combination of workforce and service related legislation and regulation - makes it much easier for practitioners to co-ordinate and develop more meaningful policy and practice in a way which leads to real improved health outcomes.

Before concluding, I also wanted to comment on the overall consultation process relating to the PSED from feedback we have had from employers. For such an important issue, the general consensus expressed to us is that the consultation was rushed and, with some very confused and unclear messages throughout the process about the purpose of the review. This was not helped by the fact that timescales were very unclear from the beginning and kept changing throughout the process.

For ourselves - as an employers' organisation looking to garner views from the service and also keep the service updated on progress on this sensitive subject - was extremely difficult to manage. I would appreciate the opportunity to discuss with you at some point how the process could be improved for future consultations to ensure that sufficient time and clarity is provided to allow the full views of employers to be gathered and taken into account.

Yours sincerely

A handwritten signature in black ink that reads "Dean Royles". The signature is written in a cursive, slightly slanted style.

Dean Royles
Director
NHS Employers