These notes refer to the Health Act 2006 (c.28) which received Royal Assent on 19 July 2006

HEALTH ACT 2006

EXPLANATORY NOTES

COMMENTARY ON SECTIONS

Part 3Chapter 1

Supervision of Management and Use of Controlled Drugs

Section 17: Accountable officers and their responsibilities as to controlled drugs

112. Section 17 allows the relevant authority by regulations to determine the organisations which are to be required to appoint an accountable officer, the functions of the accountable officer, and the criteria to be satisfied in making appointments. The intention is that all NHS hospital trusts and primary care trusts, and the larger private sector healthcare organisations such as independent hospitals, should appoint accountable officers.

113. *Subsection (1)* sets out the general power to make regulations under which certain organisations ("designated bodies") are required to appoint accountable officers with specified responsibilities. The responsibilities are to relate to the management and use of controlled drugs in connection with activities carried on by or on behalf of the organisation (eg a hospital trust) or by third parties under arrangements with the organisation (eg a primary care trust). *Subsection (2)* introduces the term "accountable officer". *Subsections (3) and (4)* define more closely the types of organisations which may be required to appoint an accountable officer, ie those which are directly or indirectly involved in providing healthcare or other activities which may involve the supply or administration of a controlled drug. *Subsections (5) and (6)* give examples of the detailed requirements which may be laid down in regulations, including criteria for appointment, funding, the requirement to follow best practice guidance, and responsibilities of the accountable officer. The regulations may also create offences or other procedures for enforcing any provisions of the regulations. *Subsections (7) and (8)* ensure that requirements set out in regulations can have application to a wide variety of settings in which controlled drugs may be supplied or administered, including care provided by third parties under contract to a designated body (eg a primary care trust). *Subsection (10)* allows regulations to cover issues not listed in (5) or (6).