

PCT commissioner/provider split – role of Accountable Officers (AOs) for controlled drugs (CDs)

1. Current role of the AO

The role of AO was introduced by the Health Act 2006 Part 3 Chapter 1 Paragraph 17(1) which required all designated bodies (PCTs, NHS Trusts, FTs and other bodies such as independent hospitals) to have a person nominated to be its Accountable Officer. Paragraph 17 (5) (c) required the designated body to fund and resource the AO post.

The purpose of the role was clarified further through the Controlled Drugs (Supervision of Management and Use) Regulations 2006 and other supporting guidance.

2. Role of the PCT AO in the PCT and PCT Provided Services (PCTPS)

In relation to the evolving organisational structure in place as the PCT commissioning and provision functions internally separate, the key issues to be considered here when considering the role of the PCT are as follows

Regulation 5 of the Controlled Drugs (Supervision of Management and Use) Regulations 2006 requires that

“Subject to paragraph (6), a designated body which is neither an English nor a Scottish independent hospital may only nominate or appoint a person as its accountable officer if—

(a) the person is an officer or employee of the designated body, and—

(i) a member of the board of directors, or the management or executive committee of the designated body,

(ii) a member of the body (howsoever it may be called) that has responsibility for the management of the designated body, or

(iii) is answerable to a person referred to in paragraph (i) or (ii); and

(b) the person does not routinely supply, administer or dispose of controlled drugs as part of his duties.”

Therefore in the structure of the evolving organisation this key element to the role of the AO must be maintained.

The detail of the duties of an AO are also specified in the Controlled Drugs (Supervision of Management and Use) Regulations 2006. Where these duties are specified they require the AO to fulfil them for their designated body as well as a body or person acting on behalf of, or providing services for the designated body.

In practical terms as the designated body in this period of establishment of the internal separation of the PCT commissioning and provision functions, is still the PCT, the AO must either be a Board level director of the PCT or be their direct

report. Subject to this, where that sits within the new structure is a matter for local determination.

3. What happens to the role of the AO if the PCTPS becomes another organisation such as a community foundation trust or a social enterprise?

The Controlled Drugs (Supervision of Management and Use) Regulations 2006 at Regulation 3 confirms the organisations prescribed as a designated body includes a PCT, NHS Trust and NHS foundation trust.

Therefore the Commissioning PCT will still require an AO post and so too will the 'new' organisation' if it falls within the list of organisations stated in Health Act 2006. The duties required of the AO are detailed in the Controlled Drugs (Supervision of Management and Use) Regulations 2006

The requirements of Regulation 18 (2) of the Controlled Drugs (Supervision of Management and Use) Regulations 2006 for an AO to organise the Local Intelligence Network will remain with the PCT AO.

4. Reference Points

Health Act 2006 – available at
http://www.opsi.gov.uk/ACTS/acts2006/ukpga_20060028_en_1

Controlled Drugs (Supervision of Management and Use) Regulations 2006 – available at
<http://www.opsi.gov.uk/si/si2006/20063148.htm>

Further DH guidance supporting AOs – available at
<http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/ControlledDrugs/index.htm>

5. Audit Trail

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