

# **PHARMACY CODE OF CONFIDENTIALITY POLICY**

## **Glossary of Terms**

<b><i>Patient Identifiable Information -</i></b>	<p>Key identifiable information includes:</p> <ul style="list-style-type: none"><li>* patient's name, address, full post code, date of birth;</li><li>* pictures, photographs, videos, audio-tapes or other Images of patients;</li><li>* NHS number and local patient identifiable codes;</li><li>* anything else that may be used to identify a patient directly or indirectly. For example, rare diseases, drug treatments or statistical analyses which have very small numbers within a small population may allow individuals to be identified.</li></ul>
<b><i>Anonymised Information -</i></b>	<p>This is information which does not identify an individual directly, and which cannot reasonably be used to Determine identity. Anonymisation requires the removal of name, address, full post code and any other detail or combination of details that might support identification.</p>
<b><i>Pseudonymised Information -</i></b>	<p>This is like anonymised information in that in the possession of the holder it cannot reasonably be used by the holder to identify an individual. However it differs in that the original provider of the information may retain a means of identifying individuals. This will often be achieved by attaching codes or other unique references to information so that the data will only be identifiable to those who have access to the key or index. Pseudonymisation allows information about the same individual to be linked in a way that true anonymisation does not.</p>
<b><i>Clinical Audit -</i></b>	<p>The evaluation of clinical performance against standards or through comparative analysis, with the aim of informing the management of services. This should be distinguished from studies that aim to derive, scientifically confirm and publish generalisable knowledge. The first is an essential component of modern healthcare provision, whilst the latter is research and is not encompassed within the definition of clinical audit in this document.</p>
<b><i>Explicit or Express Consent -</i></b>	<p>This means articulated patient agreement. The terms are interchangeable and relate to a clear and voluntary indication of preference or choice, usually given orally or in writing and freely given in circumstances where the available options and the consequences have been made clear.</p>

<b><i>Implied Consent -</i></b>	This means patient agreement that has been signalled by behaviour of an informed patient.
<b><i>Disclosure -</i></b>	This is the divulging or provision of access to data.
<b><i>Healthcare Purposes -</i></b>	These include all activities that directly contribute to the diagnosis, care and treatment of an individual and the audit/assurance of the quality of the healthcare provided. They do not include research, teaching, financial audit and other management activities.
<b><i>Information Sharing Protocols -</i></b>	Documented rules and procedures for the disclosure and use of patient information, which specifically relate to security, confidentiality and data destruction, between two or more organisations or agencies.
<b><i>Medical Purposes -</i></b>	As defined in the Data Protection Act 1998, medical purposes include but are wider than healthcare purposes. They include preventative medicine, medical research, financial audit and management of healthcare services. The health and Social Care Act 2001 explicitly broadened the definition to include social care.
<b><i>Public Interest -</i></b>	Exceptional circumstances that justify overruling the right of an individual to confidentiality in order to serve a broader societal interest. Decisions about the public interest are complex and must take account of both the potential harm that disclosure may cause and the interest of society in the continued provision of confidential health services.
<b><i>Social Care -</i></b>	Social care is the support provided for vulnerable people, whether children or adults, including those with disabilities and sensory impairments. It excludes “pure” health care (hospitals) and community care (e.g. district nurses), but may include items such as respite care. There is therefore no clear demarcation line between health and social care. Social care also covers services provided by others where these are commissioned by CSSRs (Councils with Social Service Responsibilities).