Appendix 2: DH national IMCA database questions

(A) BASICS Questions marked * must be completed for all cases	
1. Local Authority*	
2. IMCA provider*	
3. Date referral received*	DD/MM/YYYY
4. Is this a first referral?* ☐ Yes ☐ No	**5. Client ID*** **Client Text** (max 30 characters)
6. Gender	☐ Male ☐ Female
7. Age ☐ 16 - 17 ☐ 18 - 30 ☐ 31 – 45 ☐ 46 – 65	☐ 66 - 79 ☐ 80 and over ☐ Not known
8. Ethnic Background	
White	☐ British ☐ Irish ☐ Other White
Mixed White	☐ White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐ Other Mixed White (specify)
Asian or Asian British	☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian (specify)
Black or Black British	☐ Black Caribbean ☐ Black African

	☐ Other Black (specify)
Chinese or other ethnic group	☐ Chinese ☐ Other ethnic category (specify)
Other	☐ Not established (for referrals only, not IMCA cases) ☐ Remind me later

9. Does the client have a disability? (choose one category only)

☐ Mental Health problems
☐ Serious physical illness
☐ Learning Disability
☐ None
☐ Not known
☐ Other general special needs (please state):

10. Nature of client's Impairment (choose one category only)

☐ Unconsciousness
☐ Autism Spectrum Condition
☐ Mental Health problems
☐ Serious physical illness
☐ Acquired brain damage
☐ Dementia
☐ Learning Disability
☐ Cognitive impairment
☐ Combination
☐ Other (please state):

11. Primary means of communication (select main category only)

☐ English
☐ Other spoken language
☐ British Sign Language
☐ Words / pictures / Makaton
☐ Gestures / Facial expressions / vocalisations
☐ No obvious means of communication
☐ Other (please state)

12. Is this client eligible for an IMCA?*	☐ Yes ☐ No

13. If NO Please indicate reason IMCA will not be assigned (select main reason only)

☐ Not eligible (has capacity)
☐ Not eligible (is befriended)
☐ Decision-maker did not instruct
☐ Supervisory body did not instruct
☐ Not eligible (not SMT, change in accommodation, care review or adult protection)
☐ Not a deprivation of liberty
☐ Other reason (please state):

14. If NO CLOSE RECORD + DATE (no more changes allowed)*

15. If YES client is eligible, when did the IMCA begin case work?* DD/MM/YYYY

(B) REFERRAL DETAILS

16. Where was the client at the time of referral? Specify name of hospital, care home etc.

☐ Own home ☐ Care home/care home with nursing (name) ☐ Hospital (name) ☐ Supported living (name)	☐ Uncertain ☐ Prison (name) ☐ Other (please state):

17. Where did the referral come from? (eg hospital discharge team, social work team, care home manager. Please identify team and location).

Specify

18. Who is the decision-maker?

☐ Doctor
☐ Social worker
☐ Other (If not doctor or social worker, state broad occupational group)
☐ Supervisory body

(C) WHAT IS THE DECISION TO BE MADE? (select one only – create new record for each decision)

19. ☐ Serious medical treatment (SMT) ➔	What is the proposed medical treatment? ☐ Cancer treatment ☐ Hip/leg operation ☐ DNAR ☐ Medical investigations ☐ Serious dental work ☐ Treatment that may lead to loss of hearing or sight ☐ ECT ☐ Major surgery (eg open heart or brain / neuro-surgery) ☐ Major amputations (arm or leg) ☐ ANH ☐ Termination of pregnancy ☐ Other (please specify)

20. Did the IMCA seek a second medical opinion? ☐ Yes ☐ No

21. Was a second medical opinion obtained? ☐ Yes ☐ No

22. ☐ Change in accommodation ➔ (select one box from each column)	From: ☐ Own home ☐ Care home/care home with nursing ☐ Hospital ☐ Supported living ☐ Prison ☐ Other (please state):	To: ☐ Own home ☐ Care home/care home with nursing ☐ Hospital ☐ Supported living ☐ Other (please state): ☐ To be decided
23. ☐ Adult Protection		
24. ☐ Care Review		
25. ☐ Deprivation of Liberty Please specify ☐ S39 A assessment for a standard authorisation ☐ S39 A assessment for an unauthorised deprivation of liberty ☐ S39 C Gap in appointment of relevant person's representative ☐ S39 D Support to relevant person ☐ S39 D Support to relevant person's representative ☐ S39 D Support to relevant person and their representative		

(D) HOURS (complete relevant fields)

26. Hours (to nearest 10 minutes)	
With client	
With relevant person's representative	
Consulting others	
Obtaining and reviewing information	
Attending decision making meeting(s)	
Report writing	
Travel	
Other (please specify)	
Total hours on this case:	

(E) OUTCOMES

27. Was an IMCA report submitted to the decision-maker or supervisory body?	☐ Yes ☐ No
28. What was the Outcome?	SMT given: ☐ Yes ☐ No Move took place: ☐ Yes ☐ No Care review took place: ☐ Yes ☐ No Support given during adult protection process: ☐ Yes ☐ No DOL authorisation granted: ☐ Yes ☐ No

	DOL representation and support given: ☐ Yes ☐ No

29. If YES, please enter date completed: DD/MM/YYYY	

30. If NO report submitted, please indicate reason below

☐ Not eligible (has capacity) ☐ Not eligible (is befriended) ☐ Issue was resolved ☐ Decision no longer required	☐ Urgent decision needed ☐ Death of client ☐ Client moved ☐ Other reason (please state)

31. How well do you think you worked with the LA/NHS on this case?

☐ very well
☐ well
☐ not well

Comments:

32. How well do you think the LA/NHS worked with you on this case?

☐ very well
☐ well
☐ not well

Comments:

33. Were you able to ascertain the client's wishes or preferences in relation to the decision to be made (directly or indirectly?	☐ Yes ☐ No

34. Looking back at this case, how did you most contribute? (rank those selected where 1 = lowest and 4 is highest contribution) (select those that apply)

☐ ascertained the views of the client and fed them into the decision-making
☐ asked questions on behalf of the client to ensure they were fully represented
☐ investigated circumstances through interviews or other research to feed into the decision
☐ checking the decision-making process is in accordance with the Act

35. Where applicable, did the outcome reflect the client's wishes and preferences (so far as you were able to establish)?	☐ Yes ☐ No ☐ Partly/can't tell ☐ N/A
36. Where applicable, was the outcome significantly affected by the involvement of the IMCA?	☐ Yes ☐ No ☐ N/A
37. Where applicable, did the IMCA challenge the outcome? Comments	☐ Yes ☐ No ☐ N/A

38. If YES, please specify route(s) taken by IMCA to challenge the outcome

☐ Discussion with decision-maker ☐ Discussion with other senior staff ☐ NHS complaints procedure ☐ Application to Court of Protection ☐ Discussion with Supervisory Body ☐ Discussion with Managing Authority	☐ Local Authority complaints procedure ☐ Raised with Steering Group ☐ Legal action (Please specify) ☐ Other route (Please specify)

39. Overall, how satisfied were you that your involvement provided a safeguard for this client?

☐ very satisfied
☐ quite satisfied
☐ not really satisfied

Comments

(F) CASE CLOSURE

40. CLOSE RECORD + DATE