

# INDEPENDENT MENTAL CAPACITY REFERRAL FORM

PLEASE READ THIS BEFORE COMPLETING THIS REFERRAL FORM:

The role of an IMCA is defined in the Mental Capacity Act 2005 (amended 2019) and before we can assign an IMCA certain specific information must be provided. We have included a checklist on the final page to ensure that all required information is included, please ensure you use this. A failure to provide this required information can lead to a rejection of the referral and/or delay in an IMCA being appointed.

It is your **statutory duty** to ensure that the required information is supplied and if you are the Decision Maker you have a legal obligation to engage with the allocated IMCA. If people are eligible, **you must** appoint an IMCA.

This service is for **people in Surrey**, or will be in Surrey when the decision needs to be made. If this is not the case, refer to the service that is local to the person that requires the best interests decision to be made.

IMCA normally operates only in **standard office hours**—we are **not an emergency service**. However, we will prioritise urgent referrals (SMT, SA) and attempt to accommodate tight timescales.

The key decisions for IMCA involvement are: accommodation move, serious medical treatment and Deprivation of Liberty Safeguards (DoLS, to be replaced by LPS). Do not use this form for DoLS/LPS.

Two of the extension functions for IMCAs included in the Act have now largely been replaced by (non-instructed) Care Act Advocacy i.e. annual care (accommodation) reviews and safeguarding. Use this service instead.

## AN IMPORTANT NOTE ON USING THIS FORM

This is a PDF form - it must be completed using a PDF App/Programme.

Do not complete with a pdf plugin inside a Web Browser as you may find that you cannot save it or some fields become non-functional.

Please make sure you complete as fully as possible, including why you are referring and the evidence you are relying on as regards the lack of capacity to consent to the referral.

Incomplete or missing information can cause delays to allocation.

There are different forms and requirements for the different types of advocacy such as Independent Mental Health Advocacy (IMHA) or Independent Care Act Advocacy (ICAA) find them, and other guidance at:

**[www.matrixsdt.com](http://www.matrixsdt.com)**

**[referral@matrixsdt.com](mailto:referral@matrixsdt.com)**

**0300 199 0301**

If you have an enquiry about other services then please contact:

**[enquiries@matrixsdt.com](mailto:enquiries@matrixsdt.com)**

**IMPORTANT:** Confidentiality and GDPR compliance

When you send personally identifiable information (such as this form) you must send this securely to us.

To send securely from an NHS email account, in the Subject field of the email, enter the text **[secure]** either before or after the subject of the message.

The word secure must be surrounded by the square brackets for the message to be encrypted.

**PLEASE TELL US A BIT ABOUT THE CLIENT**

<b>Full Name</b>			
<b>Preferred name/ pronouns</b> (if known)			
<b>Normal Address</b>			
<b>Current Location</b>			
<b>Best way to arrange to see them</b>			
<b>D.O.B.</b> (dd/mm/yyyy)		<b>Gender</b>	
<b>Ethnicity</b>		<b>Religion</b>	
<b>Marital Status</b>		<b>Orientation</b>	

**Other Protected Characteristics (click all that apply)**

Physical	Learning Disability	Visual	Organic Mental Health
Hearing	Autism/Asperger's	Carer	Functional Mental Health
Dual Sensory	Other (specify below)	Pregnant	Cognitive Impairment

**Additional information or comments related to the above**

--

**Does the client have any special communication requirements**

This may be the client has hearing or language issues and so requires an interpreter, signer or someone who uses Makaton. They may be wary of strangers therefore needs a familiar staff member/person with them, an early or late riser, etc.

--

**Any other client information you consider relevant**

--



## Decision details

An IMCA only works on one decision at a time. Please indicate what the decision is

### Notes on decision types

**Accommodation move** refers to a change of accommodation, such as from home to a care home, and also includes a change of accommodation organised by a Local Authority from one care home to another for a period of more than 8 weeks, or an NHS organised move from one hospital to another for a period of more the 4 weeks.

For **safeguarding**, the case must be in safeguarding (section 42 of the Care Act) and there needs to be a specific decision (protective measure or measures) that are proposed, or in place, and the person has been assessed as lacking capacity to consent to these. If this is not the case, use the **Non-instructed Care Act Advocacy Service** which can begin at any time in the safeguarding process.

**Care (accommodation) reviews** are only accepted if these follow IMCA involvement after an accommodation move. You do not need an IMCA for an annual care review if the person is subject to a DoLS Authorisation and has a RPR. For all other situations annual care reviews are now provided by the **Non-instructed Care Act Advocacy Service**.

**Serious Medical Treatment** is when a clinician suggests providing, withdrawing or withholding treatment in circumstances where one or more of the following situations apply:

- a single treatment is being proposed and there is a fine balance between its benefits to the patient and the burdens and risks it is likely to entail for them
- where there is a choice of treatments, and the decision as to which one to use is finely balanced
- what is proposed would be likely to involve 'serious consequences' for the patient.

### When does the decision need to be made?

Please do not put 'as soon as possible'; an IMCA needs time to complete their investigations.

### Are there any key dates we need to be aware of?

This may include: planned best interests meetings, dates when key professionals are unavailable, dates or times when the client is unavailable due to activities, planned slots for medical interventions, etc.

### ARE THERE LIKELY TO BE ANY OTHER DECISIONS REQUIRING AN ADVOCATE THAT YOU ARE AWARE OF?

We ask this as this aids us in allocation. If they have no one involved they may need a Care Act Advocate involved in their social care planning prior to discharge, or as part of a safeguarding investigation. They may be detained under the MHA and be entitled to an IMHA. If we know in advance (if at all possible), it means we can appoint one advocate who is qualified in all roles. This offers the most person-centred and efficient service.



**Please provide details of the best interests decision**

This may include: what has led up to the need for this, has there been any historic issues, what steps you may have taken to involve the person and maximise their involvement/capacity, what are the range of options available, etc.  
You may include supporting information in addition to this referral if you wish if this helps us understand the situation.

Empty space for providing details of the best interests decision.



## **SIGNIFICANT PEOPLE INVOLVED (PROFESSIONALS)**

Names, contact details and relationships of any professionals who knows the person or may be able to provide information. *E.g. Care Manager, Doctor, manager of home, care staff, nurses, advocates, CPNs, Responsible Clinicians, etc.*

## **SIGNIFICANT PEOPLE INVOLVED (FRIENDS, FAMILY, ETC.)**

*Names of friends, family or any unpaid person who knows the person.  
Please include contact details and relationship to the person where possible.*

## **If you have included friends/family, you must explain why they are not appropriate to consult**

*Note: IMCAs are not there to replace family/friends but primarily for when people have no one else who is independent of paid/professional services who can assist in the best interests process. Family/friends should not be displaced just because they disagree with the decision maker or each other - try holding a best interests meeting before considering an IMCA. They do not need to be Next of Kin, a relative, hold a LPA, or be a court-appointed deputy to be consulted. The person being consulted does not make the decision, their role is to tell you more about the person you are making a best interests decision for.*



## SELF-DETERMINATION

*People have a right to choose what happens to them, where they live, what support they receive or want, etc. The starting point in any Mental Capacity Act assessment is that the person has capacity until you can provide sufficient evidence that they do not. Before you remove this right to choose you must take all reasonable steps to maximise the person's capacity to make the decision for themselves. Only after you have done this, and then completed a Mental Capacity Act assessment that illustrates your compliance with the fundamental principles, and evidences both the four-stage test (Functional) and two-stage test (Diagnostic) can you then take decisions or undertake a process in their best interests. The more serious and life-changing the decision that needs to be taken, the more robust must be your process. The assessment must be contemporary, decision and context specific.*

**Has there been a Capacity Assessment regarding this decision that needs to be made (indicated on page 3)**

**What is the date of this MCA assessment?**

**Have you included a copy of this assessment?**

**Does the assessment relate specifically to the decision that needs to be made now?**

If you have not included a copy of the assessment, or you are going to rely on other capacity assessments, please indicate when we will receive this/can have sight of this (e.g. it may be written in medical notes and we can view when we visit), or explain how you can evidence that the person lacks the capacity to make this particular decision. **There must be a completed assessment to proceed.**

**What is the reason or cause of the person's lack of capacity?**

*Do not put unknown, the diagnostic aspect of the capacity test requires that you identify an impairment of the functioning of the mind or brain that directly affects the ability of someone to make the decision required e.g. understand a decision needs to be made, be able to retain the salient information for long enough to weight the various factors in the balance, and finally communicate this decision.*

**Are there any Advance Directives, Lasting Power of Attorneys, Court-appointed Deputies or Court Orders that you are aware of?**

*Please confirm if this has been checked (it is registered with the Office of the Public Guardian or you have seen a copy with the seal). If there is a registered LPA that covers this decision, then the LPA is the proxy for the incapacitated individual and speaks on their behalf, you do not require an IMCA initially and they may be the 'decision maker'.*



## Who is the Decision Maker?

*This is the person acting on behalf of the state who is proposing to make the decision/perform the action in question on the basis that it is said to be in the person's best interests. This would be following an assessment that the person lacks capacity to make the particular decision at the time it needs to be made and that there is no one with the power to make this decision on their behalf (such as an LPA, a court-appointed deputy, or that the person has made a valid advance directive).*

*For **serious medical treatments** this will usually be the clinician proposing the act e.g. a consultant/dentist/doctor performing/withholding/withdrawing the medical treatment.*

*For **accommodation moves** to this will be an individual on behalf of the organisation that may fund/arrange the placement, so a social worker representing the Local Authority, or a person from the CHC/CCG if they are NHS funded. It will usually be the discharge coordinator if it is a move between hospitals.*

*For **safeguarding**, it will be the person responsible for the (Care Act) S42 enquiry.*

*For **care reviews** it will be a person representing the organisation that arranged (or is funding) the current placement following a planned accommodation move (that an IMCA was involved in).*

*You may be part of a MDT, but the decision maker should be a **named individual**.*

*We understand that in a hospital that doctors work on a rota basis, but put down a named individual in these circumstances and we will liaise with whomever is on duty when we visit.*

## Decision Maker Details (if this is blank we cannot accept the referral)

*By filling in this section you are confirming that you are legally entitled to make this best interests decision on behalf of the client. Only the decision maker can make an authorised instruction for an IMCA, and we cannot begin until they are identified.*

<b>Name</b>	
<b>Role/Profession</b>	
<b>Organisation</b>	
<b>Team/Department</b>	
<b>Telephone</b>	
<b>Mobile</b>	
<b>Email (required for report)</b>	
<b>Address</b>	
<b>How did you hear of us?</b>	

## Referrer Details (if different to decision maker)

*Leave this blank if you are the decision maker. Although anyone can make a referral, only the named decision maker can make an authorised instruction, and grant the IMCA their statutory powers.*

<b>Name</b>	
<b>Role/Profession</b>	
<b>Organisation</b>	
<b>Team/Department</b>	
<b>Telephone</b>	
<b>Mobile</b>	
<b>Email</b>	
<b>Address</b>	
<b>How did you hear of us?</b>	



## CHECKLIST

Please confirm that you have included all of the information below. Missing information will lead to either rejection of the referral or cause delays before an IMCA can be allocated.

Yes No NA

**1. ONE of the following decisions needs to be made;**

- a) – Accommodation Move
  - b) - Serious Medical Treatment
  - c) – Accommodation Review (following IMCA involvement in Accommodation Move)
  - d) – Safeguarding Adults (which is currently open as S42 and has protective measures in place/proposed)
- If none of the above apply the referral will not be accepted.

**2.A Capacity Assessment has taken place and the client has been assessed as lacking capacity regarding this specific decision?** If no, please do not send until this has taken place unless the delay could result in serious consequences for the client.

**3. The Client has been identified as having no family or friends to be consulted about the decision**

**4. If family or friends have been identified, you have stated why they are not appropriate to consult.**

**5. You have provided full contact details of a named Decision Maker, who will be responsible for making the decision regarding the issue?**

(usually a Doctor/ Medical practitioner for SMT and LA/CHC for Accommodation moves/reviews/ Safeguarding)

**6. The client is currently residing in, or receiving treatment in Surrey**

**7. The client is aged 16 or over**

**8. I recognise it is my responsibility to send this referral securely in line with GDPR requirements**

## WHAT HAPPENS NEXT?

Email securely to: [referral@matrixsdt.com](mailto:referral@matrixsdt.com)

### WHAT HAPPENS NEXT?

**Acknowledgement**—You will receive confirmation of receipt of the referral within a few hours. If you have not received this by the next working day please contact us.

**Review** - we will check that the referral includes all the information that we require, and the MCA is complete (if supplied).

**Clarify** - if there is any missing information, issues about eligibility, etc we will contact you and request this. We will place in **pending** for a maximum period of two weeks (14 days) while we await this information, unless agreed otherwise

**Allocate** - as soon as we have all the information we need, we will allocate and provide the contact details of who has been assigned and you can liaise with them directly when they will visit.

If you have included all the required information, the above four steps usually occurs within a few working hours.

## Data Protection Act 2018 and GDPR

In line with the Data Protection Act 2018 and GDPR, we would normally obtain consent from the client to store and record sensitive data. This sensitive data will be recorded, stored and protected by Matrix Advocacy and will only be shared on a need to know basis with other people or professionals. All information will be treated confidentially and used only for the purposes presented in the pursuit of our responsibilities, and will be deleted within the agreed timescales as outlined in GDPR. As this particular referral is being made on behalf of someone else in their best interests, by completing this form you will be indicating that you have a statutory role in making this referral and it is necessary and proportionate to share their data with Matrix in upholding their Human Rights and rights under the MCA05.