

## Learning Disabilities & Autism (LDA) update for Northamptonshire Primary Care – March 2026

Dear Colleagues,

I am writing to you all, to update you on several LDA issues. This is going to be a lengthy update, deliberately comprehensive, so that I can hopefully answer many questions that you or your colleagues have.

**The key message is that the ICB is providing OMMT on all the PLT afternoons to enable your staff to access training without compromising patient care or leading to back-fill costs for the Practices.**

**Contact [olivermcgowantraining@nhf.nhs.uk](mailto:olivermcgowantraining@nhf.nhs.uk) to book training or for any enquiries.**

**This PLT training is entirely separate and additional to the training academy PLT sessions – in different locations – please do not contact the training academy regarding OMMT.**

It is also important to note that the funding of OMMT is only assured for tax year 26/27.

### Topics

1. Oliver McGowan Mandatory Training (OMMT), also known as Oliver’s training.
  - a. The ICB offer of free training
  - b. Frequently asked questions
2. Reasonable Adjustments Digital Flag (RADF)
3. Learning Disabilities Annual Health Checks (LD AHCs)
4. Electronic Palliative Care Coordination System (EPaCCS)
5. The Learning Disabilities Star Award

### 1. OMMT

- a. The ICB gets some central NHSE funding to supply free LDA training to NHS staff, but only if it is OMMT. This has recently been confirmed for the financial year 26/27, beyond that is not assured. The training is inflexible and must be carried out in small groups (30-40). This funding does not cover backfill.

The training is expected to be repeated every 3 years for Tier 1 and Tier 2.

Recognising that many of you will need to do your 3yr repeat, we have increased our local offer this year to make it as convenient as possible, within the limitations of OMMT.

- ✓ We have increased the number of sessions accessible to book.
- ✓ We have increased the number of locations.
- ✓ We have ensured that there is a session available to book onto for each PLT afternoon.

PLT Sessions	West Northants	North Northants	Key
15th April 26	Moulton LD	Haylock House	Those in <b>amber</b> are awaiting final confirmation.
13th May 26	Sixfields Autism	Thrapston LD	
10th June 26	Sixfields LD	Thrapston Autism	
8th July 26	Moulton Autism	Thrapston LD	<b>Locations</b>
9th Sept 26	Moulton LD	Thrapston Autism	<ul style="list-style-type: none"> <li>• Moulton Community Centre</li> <li>• Northampton Town Stadium, Sixfields</li> <li>• Corby Cube Council Chamber</li> <li>• East Northants (Thrapston) Council Chamber</li> <li>• ICB, Haylock House, Kettering</li> </ul>
7th Oct 26	Moulton Autism	Kettering Rugby/Football LD	
11th Nov 26	Moulton LD	Kettering Rugby/Football Autism	
13th Jan 27	Moulton Autism	Kettering Rugby/Football LD	
10th Feb 27	Moulton LD	Corby Autism	
10th Mar 27	Moulton Autism	Kettering Rugby/Football LD	

- ✚ Please note however that you should attend earlier in the year if you can and not leave it to the last few months of the year, as the risk is there will be a rush, and we may not have spaces available. We also don't know whether there will be any funding, and hence free training available until April 2027.

**Everyone** must do the e-learning module **PLUS** either an online webinar or face to face sessions:

Whether you need to do Tier 1 or Tier 2 is the choice of your Practice.

**Tier 1 = e-learning + webinar**

**Tier 2 = e-learning + face to face half-day sessions (one LD and one Autism)**

- b. **The FAQ section at the end of this document, will hopefully answer more of your questions,** for further clarification please feel free to contact us on [olivermcgowantraining@nhft.nhs.uk](mailto:olivermcgowantraining@nhft.nhs.uk)

## 2. RADF

This section is to provide a quick overview of the National project, and explain that there are national resources available:

- The **RADF** is a mandated NHS information standard (published December 2025) requiring all health and social care services to record, share, and view patient-specific reasonable adjustments via the [National Care Records Service \(NCRS\)](#) by 30 September 2026. It ensures accessibility for disabled patients by highlighting needs like specific communication methods or environment adjustments across different care settings.
- [Reasonable Adjustment Digital Flag - elearning for healthcare](#)
- [The reasonable adjustment digital flag action checklist](#)
- While crucial for people with a learning disability or who are autistic, it serves anyone requiring adjustments to avoid health inequalities. It is legally required adjustments for patients with a wide range of disabilities or impairments. An impairment (physical or mental) is considered long-term if it has lasted, or is likely to last, at least 12 months, or for the rest of the person's life.

Provide the local resource produced with a step-by-step guide as to how implement the recommendations:



Reasonable  
Adjustments Flag.ppt

## 3. LD AHCs

It is great to report that we are currently ahead of trajectory as a county, and hope that we will surpass even last year's excellent result.

75% is the National target, but as you know the aspirational IIF target is 80%.

Looking forward to April and onwards, we're pleased to report that NHFT are commissioned to continue to provide AHCs to your most complex or difficult to reach patients, for up to 7% of your total LD list. It would be very helpful if you could start the year by referring at least some of those, as this year the NHFT AHC ANP has received a very large proportion of the referrals in the last couple of months, which has made it very difficult to manage completion by the end of your financial year.

## 4. Electronic Palliative Care Coordination System (EPaCCS)

An Electronic Palliative Care Coordination System (EPaCCS) will be introduced from April/May 2026 and will be available through the Northamptonshire Care Record (NCR) as a live digital document to support people in the last year of life. As it rolls out across the county, there is a strong opportunity to explore how the system can be adapted for people with Learning Disabilities—for example, by highlighting key reasonable adjustments, communication needs, decision-making information and personalised care details to ensure their wishes are fully understood and respected. EPaCCS is designed to improve the sharing of essential information about a person's care, preferences and priorities, helping to reduce duplication, enhance clinical decision-making, strengthen multidisciplinary working and ensure that end-of-life care is more coordinated, responsive and aligned with what matters most to the individual. Further guidance, including videos and patient-friendly information, will be shared ahead of the launch.

## 5. The Learning Disabilities Star Award

This launched in March 2025, has continued to grow in success and impact across the county. The award recognises and celebrates primary care practices that demonstrate strong, inclusive and person-centred healthcare for people with learning disabilities, helping to reduce health inequalities and share good practice. So far, 18 practices have achieved accreditation, reflecting the programme's momentum and the commitment of teams across Northamptonshire. All practices are warmly invited to apply, whether you are just beginning your improvement journey or already delivering strong LD care. More information, including case studies and reflections from accredited practices, can be found on our blog [Northamptonshire GP practices awarded Learning Disabilities Star Award | Our latest updates | NHFT](#) . Practices can request application details and support via [ld.healthfacilitators@nhft.nhs.uk](mailto:ld.healthfacilitators@nhft.nhs.uk). A dedicated Microsoft Teams channel will also be launched soon, providing a shared space for learning, questions, and regular programme updates.

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## FAQ: Oliver McGowan Mandatory Training on Learning Disability and Autism, originally shortened to OMMT whereas now nationally known as “Oliver’s Training”

*(For General Practitioners within Northamptonshire ICB)*

### 1. What is the Oliver McGowan Mandatory Training?

The Oliver McGowan Mandatory Training on Learning Disability and Autism is the government’s preferred and standardised training for all health and social care staff. It equips staff with the right skills, knowledge, and confidence to provide safe, compassionate, and person-centred care for people with a learning disability and autistic people.

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### 2. Is it mandatory?

The training arose from the tragic death of Oliver McGowan in 2016 and the findings of the Learning Disability Mortality Review (LeDeR). Evidence highlighted the need for better understanding of learning disability and autism across healthcare. In 2022, the Health and Care Act made Learning Disabilities and Autism (LDA) awareness training (of a level at least equivalent to the Oliver McGowan Code of Practice), a legal requirement for all health and social care providers. It is important to note that OMMT is not (despite its name) mandatory, it is the awareness training of equivalent level that is mandatory. OMMT is the only nationally accredited LDA awareness training that the government advises is recommended.

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### 3. Who needs to complete it?

All GPs and practice staff (clinical and non-clinical) are required to undertake the training, regardless of role. The level and format of training depend on the degree of contact an individual has with patients (as of course some patients with hidden disabilities, may not be identified on the system as having disabilities).

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### 4. What levels of training are there?

- **Tier 1:** For staff who require general awareness (e.g., administrative staff).
- **Tier 2:** For staff who provide care and support (e.g., GPs, nurses, allied health professionals, HCAs).

For receptionists it is often considered that Tier 2 is necessary, as they will often be the first point of contact for patients to access their care. However, ultimately **it is for the Practice to determine which member of staff requires which Tier**, depending upon the structure and operation of their Practice.

Both tiers include an e-learning component and an interactive session co-delivered by trainers with lived experience.

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## 5. How long does the training take?

- **Tier 1:** Approx. 1.5 hour e-learning + 1-hour live online/in-person session.
  - **Tier 2:** Approx. 1.5 hours e-learning + 1 full-day (or 2x half-day) face-to-face session.
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## 6. How often do we need to repeat it?

Refresher requirements are Nationally indicated to be every 3 years. We have asked of the regional team, whether this is the full training again. They have said this is still being considered, but have specifically said that until we hear otherwise, we should assume it is the full training.

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## 7. How do we access the training?

Training is delivered via e-learning (available on e-LfH or NHS Learning Hub) followed by booking onto a live session by contacting [olivermcgowantraining@nhft.nhs.uk](mailto:olivermcgowantraining@nhft.nhs.uk). She has been working incredibly hard arranging all the additional sessions and will be happy to help with any initial enquiries. She has been circulating details of booking links, available cohorts, and session dates. She will need:

- Is this first-time training or renewal
- Certificate of E-Learning
- Practice
- Email address
- Preferred dates and location.

A requirement of us receiving central funding to continue to offer free training requires us to have proof that a certain number of Northamptonshire's NHS staff have completed ALL components of the OMMT, and so everyone must sign in to the sessions, without proof of attendance by way of your signature, we are unable to supply a certificate of attendance – no signature : no certificate.

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## 8. Who delivers the training?

Sessions are delivered by accredited trainers, including people with a learning disability and autistic people, alongside experienced facilitators.

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## 9. How will compliance be monitored?

Practices will be expected to maintain internal training records. The ICB may request compliance data as part of assurance processes. CQC is also likely to review compliance at inspection.

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## 10. What are the benefits for GPs and practice teams?

- Improved confidence in consulting with autistic patients and people with learning disabilities.
- Better understanding of reasonable adjustments and communication strategies.
- Contribution to reducing health inequalities.

- Meets statutory requirement, protecting practices from non-compliance risk.
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### **11. Why can't the training be condensed so that less time is needed to complete it?**

- I have specifically asked, given that people have different learning styles and previous levels of education, why couldn't the length of sessions be altered, in particular, condensed for those used to assimilating knowledge more quickly than others. This was declined, despite me highlighting that the time taken away from patient-facing care is a risk in and of itself, and that condensing the training could be considered a reasonable mitigation of risk approach.
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### **12. Is the training free?**

- The funding that has been provided centrally to provide the training sessions, has been comparatively small and has significantly reduced this year. Despite this for 25/26 the ICB has found sufficient funding to continue to deliver OMMT sessions at no cost to the Practices.
  - There has not been any "back-fill" funding consideration within the nationally provided funding. We have highlighted this as a barrier to the success of the national programme. The response has been that this training, as with any mandatory training, is to be funded by the providers of care. However, the apparent compromise was that a reasonable number of sessions would be centrally or locally funded to minimise the impact on the organisations. This specifically does not take into account any back-fill costs.
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### **13. Can the face-to-face component of the Tier 2 training be done online instead as a Webinar?**

- No. Sadly, centrally it has been mandated that the OMMT training material must not be used in delivering training in any format that is not as directed by the central team. This is also stated within the Code of Practice.
  - We had training delivered online by the ICB about 2 years ago, was that not OMMT?
    - No, as was specifically described at the time, this was LDA awareness training, that was possible at the time, as the OMMT project was in its early days, and the rules were not fully agreed. We considered training most of General Practice over those two PLT sessions around November 2023, in something that was apparently at the same content level as Tier 2 OMMT would be sufficient and indeed a safe way to train a huge number of staff without incurring the risk to patients nor cost associated for Practices of taking their staff out of patient-facing time. Since this point in time, the guidance has been recurrently adjusted, and the rules apparently changed secondary to feedback received. However, the points of feedback highlighted above have not led to an easier deployment model and still carries the same level of challenge to providers of care as it did, in terms of time away from patient care, and the back-fill costs associated.
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### **14. Can OMMT be delivered on future PLT sessions? Yes and No...**

- Yes, we are now going to have sessions running within ALL of the PLT sessions of financial year 26/27. In various locations throughout Northamptonshire, to be as helpful as possible to you all, in terms of enabling you to access sessions without always having to take staff out of clinics.
- ...but no, we can't do county-wide PLTs with everyone together, for the reasons below:

- OMMT states and NHSE have confirmed, that the Tier 2 face-to-face component must only be carried out in groups, where the numbers are low enough to enable interactive discussion, 30 attendees is recommended with 50 being considered to be the maximum.
- However big or small the size of group it requires that there is a person with lived experience co-training for every 40 attendees. There is necessarily a limited number of people with lived experience, particularly with LD, that are able to be a co-trainer. It is very important that this small cohort of people be supported to not have to deliver more training sessions than they feel capable of providing. Thus, providing OMMT in a “whole county” PLT session for the very many hundred people we have attending, would be impossible.

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I really hope this has helped answer your questions, and we remain here to answer any further questions you may have on [olivermcgowantraining@nhft.nhs.uk](mailto:olivermcgowantraining@nhft.nhs.uk)

All the very best,



Dr Tom Howseman

Clinical Lead for the LDA commissioning functions of the ICB within the MHLDA Collaborative Programme