



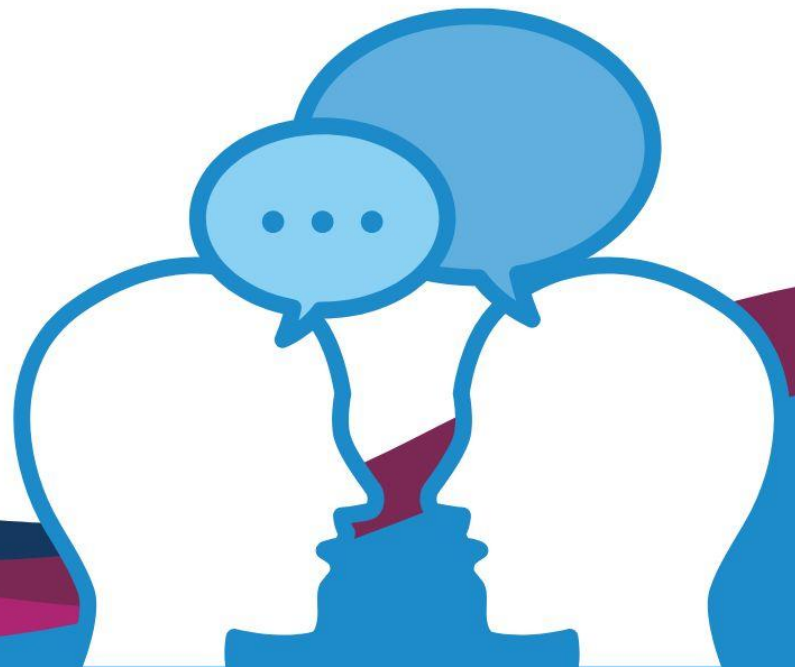
Lancashire and  
South Cumbria  
Integrated Care Board



# ARG Healthcare branches closure proposal Listening to communities report

May 2026

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## Introduction

ARG Healthcare is currently under the caretaker management of Pendle View Medical Centre. The contract currently includes two branch practices – at Great Harwood Health Centre in Water Street and at 32 High Street in Rishton.

The branches have been sparingly utilised in recent years and only a very small number of patients registered with ARG are registered with one of the branches as their nearest practices. The current caretaker arrangement does not include the two branch sites, so they are currently closed with notices in the doors advising patients to contact the main site in Blackburn Road, Accrington.

Additionally, the Great Harwood branch is co-located in a health centre with two other GP practices, while Weavers Practice is 100 yards from the Rishton branch site. All practices in the area have open lists and so any patients who do not wish to travel to the Accrington site could register at a practice in Great Harwood or Rishton.

The ICB's primary medical services group (PMSG) meeting on 3 June 2026 will receive a paper regarding this. To support the decision-making process, an engagement exercise was carried out to seek the views of patients registered with the practice.

The following is a report of the key findings from the engagement.

## Executive summary

This report summarises feedback gathered from patients registered with ARG Healthcare on the proposed permanent closure of the Great Harwood and Rishton branch sites.

The engagement was undertaken to inform consideration of the proposal by the ICB's Primary Medical Services Group.

Feedback was collected through two drop-in sessions and a questionnaire distributed to patients, with 50 survey responses received and five people attending the in-person sessions.

The feedback shows that the main concerns relate to increased travel to Accrington, particularly for older people, disabled people, carers and those with long-term conditions, alongside worries about continuity of care, familiarity of location, waiting times and pressure on other local practices. Respondents also expressed concern about fairness and the rationale for closure, with some comments reflecting confusion or misunderstanding about the proposals.

While these concerns are significant and reflect the importance of local access and trusted services, the report concludes that many issues raised were linked to perception and incomplete information rather than evidence of a loss of access to GP services overall.

Alternative provision remains available locally in both Great Harwood and Rishton for patients who do not wish to travel to the main Accrington site.

## Who have we heard from and how?



### Deciding who to talk to

We wanted to hear specifically from patients registered at ARG Healthcare, as these are the people directly affected by the proposed changes. Ideally these would be those who have historically made use of the two branch sites.

### How did we speak to people?

To ensure feedback opportunities were as accessible as possible a range of engagement techniques were adopted.

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#### Drop-in sessions

Two drop-in sessions were arranged to allow patients to speak directly to members of the ICB team, to gain a better understanding of the situation and to voice concerns or seek support as necessary.

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#### Questionnaire

A questionnaire was also produced which was distributed digitally via a letter sent to all patients via the practice's internal mechanism. The link was also shared in a media release which was sent to the local press.

### How many people got involved?

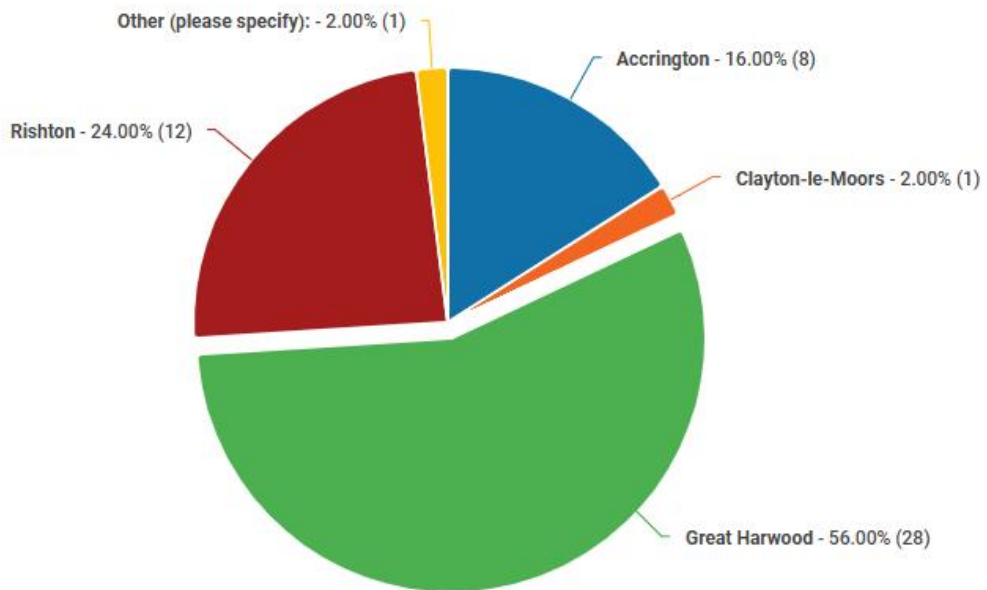
Only **five** people attended across the two drop-in sessions. All were elderly and white. Two were women and three were men. One of the men was Italian while all other attendees were English.

**50** completed responses to the survey were received.

As part of the survey, demographic data was captured. 78 per cent (39) of respondents agreed to provide this data. The responses, detailing who responded to the survey, are below:

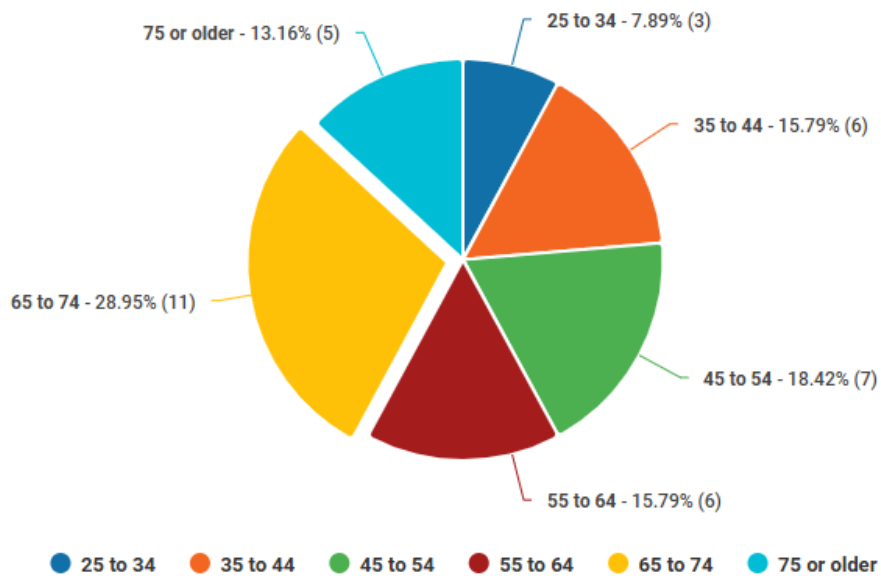
## Area

All respondents were asked to provide a response to this question.

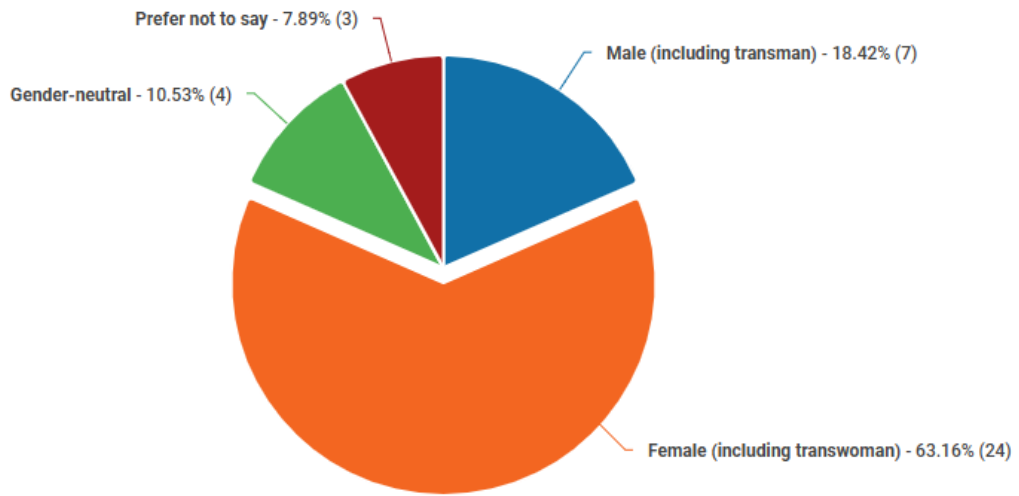


The single 'other' response came from Oswaldtwistle.

## Age

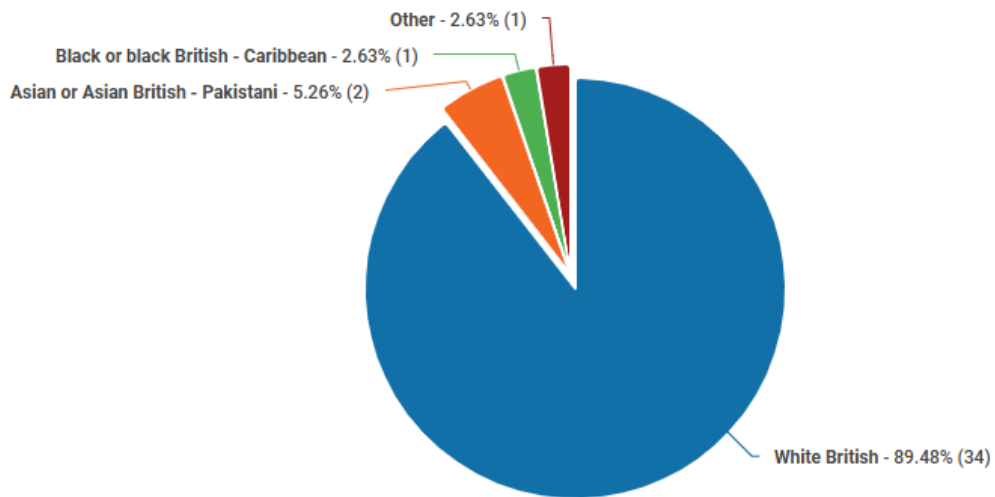


## Gender



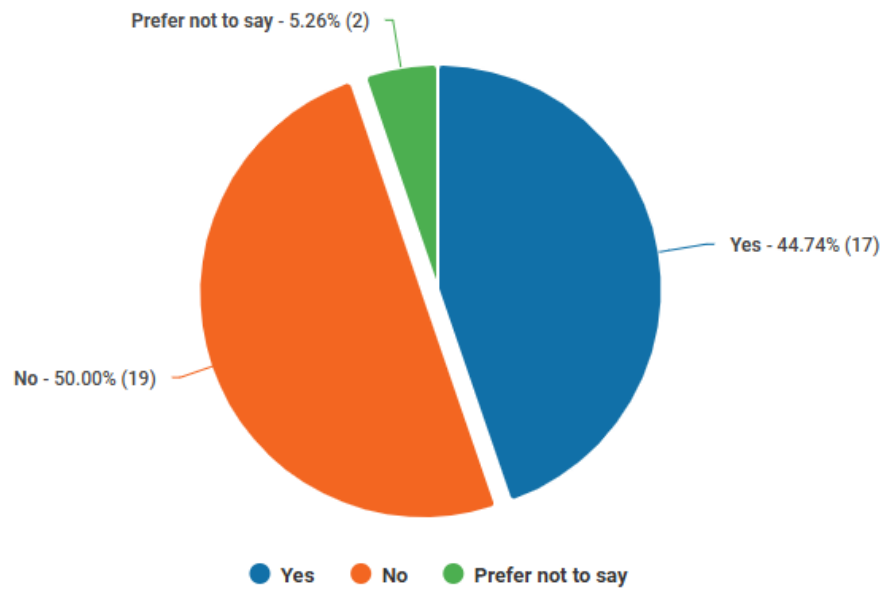
● Male (including transman) ● Female (including transwoman) ● Gender-neutral ● Prefer not to say

## Ethnicity

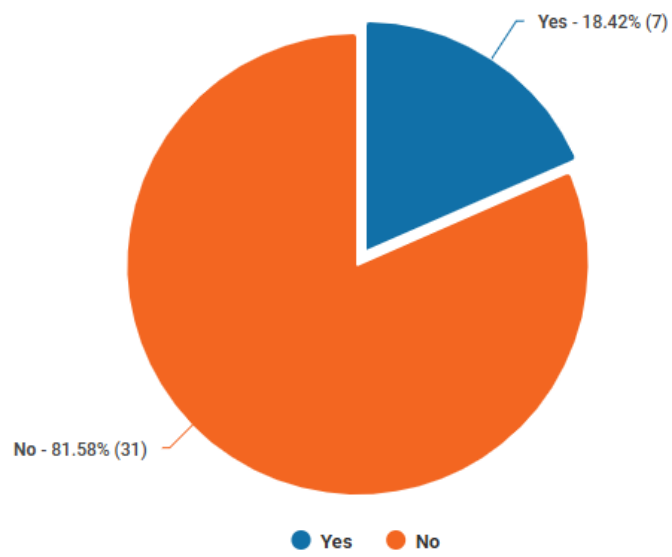


● White British ● Asian or Asian British - Pakistani ● Black or black British - Caribbean ● Other

## Disability



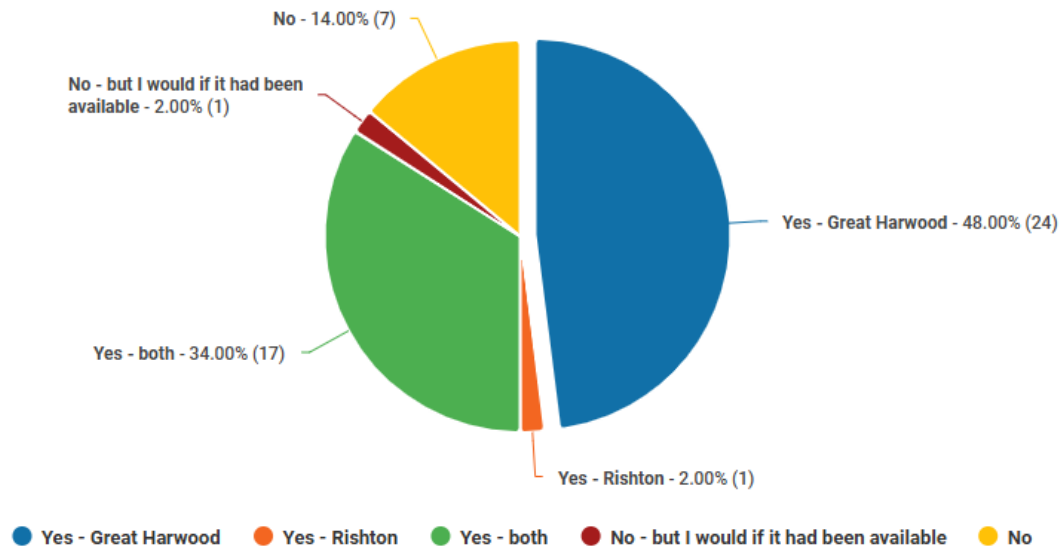
## Carer



## What did we hear?



**Within the last two years, have you used either the Great Harwood or Rishton branches of ARG Healthcare?**



**Please outline any impacts you feel the closure of the Great Harwood and Rishton branches may have on you below**

A summary of the key themes from the responses to this question is below.

### **Travel, transport and 'out of town' access is the dominant concern**

The most consistent message is that getting to Accrington is harder, more expensive, and sometimes not feasible, especially for people without a car, with limited mobility, or with caring responsibilities.

### **Disproportionate impact on older people, disabled people and people with long-term conditions**

A large share of comments explicitly reference age, disability, mobility limits, and chronic conditions (such as severe back problems, progressive MS, diabetic care, limited mobility, needing regular blood tests).

### **Mental health, anxiety and familiarity/safety of place**

Several responses (strongly and in detail) describe anxiety, depression, PTSD, and how familiar settings make healthcare possible. The proposed change is described as likely to worsen symptoms and reduce attendance.

### **Appointment capacity and knock-on pressure on other practices**

A repeated thread is that access is already difficult and closure would **increase waiting times, add strain** to remaining local practices at Great Harwood Health Centre and worsen existing frustrations about being directed between sites (e.g., vaccines here, blood tests there, GP appointments elsewhere). Some respondents explicitly challenge the premise that alternative local capacity will absorb demand smoothly.

### **Continuity of care, trust, and reluctance to change GP**

People emphasise being with the practice for decades, valuing continuity for themselves and children, and not wanting to start from scratch with medical history. Concerns are raised about being forced to register elsewhere, losing trusted clinicians who understand complex needs and having to re-explain history and rebuild trust. This is especially pronounced where respondents mention serious illness in the family or caring responsibilities.

### **Communication, fairness, and credibility of the rationale**

There are strong reactions to the stated rationale of low levels of use, including perception it's an excuse to close and save money. There were concerns that the branches were said to **be short-term closed** previously, creating distrust.

### **Practical life impacts, such as families with young children and carers**

Respondents describe juggling work/school/childcare and note that travelling further is not practical for working families. Managing two young children plus travel outside town is overwhelming. For carers, changing trusted arrangements is described as detrimental.

## **Any other comments**

A summary of the key themes from the responses to this question is below.

### **Access and waiting times will worsen**

People anticipate **longer waits for appointments and more difficulty seeing a GP**. Concerns were raised that other nearby sites will be unable to absorb additional patients.

### **Travel barriers, especially for older people and those with long-term conditions**

Elderly patients will be disproportionately affected, along with those with mobility issues, those who live alone and those with chronic illnesses. Closures could lead to an increased dependence on others or an inability to attend at all.

### **Continuity of care and trust in familiar clinicians / locations**

The GP team was praised as excellent and supportive. Concerns were raised at the loss of a community-based service and longstanding patient relationships in familiar settings, changes to which could cause anxiety.

### **Impact on wider system: knock-on to hospitals/urgent care**

One longer response explicitly frames closures as increasing **A&E / urgent care demand, causing** longer waiting times, delayed treatment and deterioration, posing a risk to **children and older people**.

### **Service scope questions (what will people lose?)**

People demonstrated a level of uncertainty, for example questioning whether they will continue to be able to see the on-site physiotherapist at Blackburn Road and what will happen to the staff and buildings.

### **Increased home visit demand**

Requests for a home visit would increase due to mobility issues and people unable to travel to the Accrington site.

## Conclusion

While a number of concerns have been raised regarding the distance people will need to travel to access the Accrington branch from Great Harwood and Rishton, there is a clear level of misinformation and/or misunderstanding in many responses. This was in part hindered by the framing of a newspaper article in the Lancashire Telegraph which suggested two GP practices were closing entirely, which is not the case.

The primary concerns being raised, in addition to the distance, is continuity of provision of a familiar service, which has already been disrupted by the ongoing situation at ARG Healthcare which has seen a recent change in management. Patients have primarily had to become familiar with a new team at the surgery and have, for some time, been unable to access services at Great Harwood or Rishton.

Throughout the face-to-face engagement sessions, once the team was able to fully explain the situation to the small number who attended, their concerns were generally calmed and the key issue was the inconvenience of having to decide which GP practice in Great Harwood to register with.

In conclusion, the findings of this engagement report do not provide any insights from patients that demonstrate they will be truly negatively impacted by the proposed closure of the two branch sites as services are readily available in both Great Harwood and Rishton for anyone who wishes to access them.