

Report into access to healthcare for residents of Ilfracombe and surrounding areas who are reliant on public transport

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Introduction

This report focuses on the difficulties many Ilfracombe residents face accessing healthcare who have no means of private transport. The situation is similar for those who use public transport to get to work or for further education. In recent years with the removal of the Minor Injuries Service at the Tyrrell Hospital, the cessation of the Link mental health service in Ilfracombe, the permanent closure of in-patient beds at the Tyrrell, the closure of the Gables NHS mental health unit, the cessation of x-ray at the Tyrrell and the loss of consultant led outpatients clinics at the Tyrrell, patients are expected to travel to Barnstaple or further afield to access treatment and health services. This report highlights the difficulties that people face who are dependent on public transport, many of whom are on a low income.

Background

Ilfracombe is a remote coastal and rural location in North Devon. There is no direct train link with the nearest available station being in Barnstaple approximately 12 and a half miles away by car. The rail line from Barnstaple is single track and the only main station it connects with is Exeter where you can change to catch trains to London, Bristol and other destinations. There is a District Hospital in Barnstaple run by the Royal Devon University Foundation Healthcare NHS Trust but many medical departments and consultants are based at the Royal Devon and Exeter Hospital which is 56 miles away and approximately 1 hour and 25 minutes or 1 hour 45 by car depending on traffic and the route taken. Patients report that the car parking at Exeter hospital is completely inadequate for the population it serves, especially as many people attend from outlying areas. Some patients from Ilfracombe are referred to Plymouth hospital (especially for heart conditions) which is 70 miles away and takes approximately 2 hours and 5

minutes by car if the traffic and road conditions are good. Other patients are referred to Bristol, especially the children's hospital, which is 108 miles away and takes approximately 2 hours 20 minutes by car. There is an accident and emergency department at North Devon District Barnstaple Hospital and maternity services, diagnostics, outpatients clinics and some surgical services. Ilfracombe has a GP practice and a cottage hospital (The Tyrrell) however the latter lost its acute MIU service in September 2025, its in-patient beds and supporting services in 2015 and its x-ray department has not functioned for some years although ultrasound (not pregnancy) is offered at the hospital. The main services available currently are low level clinics and rehabilitation, for example physio, as well as some treatments. The GP practice has a contract currently to offer minor injuries treatment but it is unable to meet demand due to limited capacity of available and qualified staff. It is also not a walk-in service meaning that a person with a minor injury would require an appointment and telephone assessment to ascertain if they could be treated and if there is someone available to do so. Consequently the majority of minor injuries patients are now referred to A&E at North Devon District Hospital Barnstaple for assessment and treatment. The practice does offer the normal range of GP appointment led services. There is currently a Community Mental Health Team operating out of Ilfracombe Town Council offices but their future is uncertain. There is an NHS dentist with a long waiting list and a private dental practice. Devon Mind runs a once a week mental health drop in at the Salvation Army building and a peer to peer mental well-being group. Children accessing the CAMHs service (Children and Adolescent Mental Health) are expected to travel to Barnstaple. There are three pharmacies in Ilfracombe however one has had periods of closure and been without a pharmacy service.

Ilfracombe has some of the worst health inequality in Devon and England. This is compounded by high levels of deprivation in central Ilfracombe. Recent figures released by the Office of National Statistics (2025) show that levels of deprivation and health inequality in central Ilfracombe are some of the highest in England.

(<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025/english-indices-of-deprivation-2025-statistical-release>)

This is similar for many coastal areas in England, however in Ilfracombe this is compounded by its rural remoteness and poor public transport links meaning that access to healthcare for many people on low incomes without cars is extremely difficult and in some cases, impossible. Low wages, higher levels of benefit claimants and more people experiencing chronic disease mean that many people struggle with the costs of attending healthcare.

Many people in Ilfracombe anecdotally report issues with the 999 service and the time it takes for an ambulance to attend. This is due to the limitations of the service and the crews available as well as the geographical vastness of the area they have to cover. It's important to recognise, however, that an urgent response is sometimes difficult to achieve and callers are asked if the patient can be safely transported in a private vehicle to A&E as this may be a quicker option. Except of course that many people in Ilfracombe are without private transport.

It should also be noted that throughout the winter North Devon District Hospital A&E has been on 'black alert' meaning that they advise only patients with life threatening conditions or incidents should attend. As NDDH is the main, and indeed only option for minor injuries for those without cars (bearing in mind also that North Devon now has no minor injuries units and the next nearest is Tiverton which has no direct bus or train connection and would involve public transport journeys over 3 hours) this means that they are unable to access minor injuries at these times. As said previously Combe Coastal is extremely limited in what it can provide as an alternative.

The issues; inadequate bus timetabling and services.

There is a bus which connects directly with North Devon District Hospital for those patients attending A&E, for some diagnostics, and some scheduled surgery, maternity or outpatients appointments. This is the 301 service running from Combe Martin through the village of Berrynarbour, Hele and then through Chambercombe and the High Street before serving the large estate on the outskirts of town then going on to Barnstaple and the hospital. However this service is fraught with timetable issues. It doesn't currently run on a Sunday which makes it difficult for the increasing number of people offered screening, diagnostics or procedures (such as ophthalmology) on a Sunday to get to or from the hospital. This also means that anyone with a

minor injury cannot go directly by bus on a Sunday to A&E for treatment. During the week the last bus returning from the hospital to Ilfracombe is at 5.54pm which means that anyone with a late appointment will have no direct way of returning home if their appointment runs past that time. The bus timetable shows an hourly service throughout the day weekdays and Saturday EXCEPT there is a 2 hour gap between 7.35am and 9.35am in the morning and a 2 hour 21 minute gap in the afternoon between 2.59pm (schooldays) and 5.15pm. This means that patients attending in the morning from Ilfracombe cannot schedule any early appointments unless they catch the very early 7.35am bus and wait in the hospital. In the afternoon patients who have attended an appointment or A&E have a long wait to get a direct bus home. The cost of a return journey is currently £6 per person. A taxi from Ilfracombe to Barnstaple hospital on a weekday costs between £24-£32 depending on the time of day. On Sundays, nighttime or Bank Holidays it could be considerably more. This means a cost of around £50 for a return journey. This is beyond the budget of many people in Ilfracombe who are on a low income.

Patients can get two buses to attend A&E or a hospital appointment at NDDH getting the 21B into Barnstaple bus station and then waiting for the 19 to take them up to the hospital. Although this bus is every half hour at peak times in the week (dropping to every hour after 7pm and only an hourly service on a Sunday) it still means patients, some of which have a minor injury, will have to wait and change buses prolonging their journey and increasing the cost to £12 return. A taxi from the bus station would cost around £10 on weekdays one way (£20 return).

Ilfracombe Town Council run a Volunteer Patient Transport Scheme for scheduled appointments however it is dependent on volunteer availability, the appointment being at least 48 hours in advance and affordability for the patient. The current cost is 50p a mile. Most journeys are to NDDH but some are further afield to Exeter and sometimes Bristol and Plymouth but those can be more difficult to arrange. The cost of this service to NDDH is around £10 return.

Patients needing to get to Exeter for an appointment by public transport will have to take either two buses and a train (the 30/21B to Barnstaple station, then the train to Exeter St Davids, then there are a number of bus services

to the hospital) or three buses. The estimated time the train/bus combination takes is around 3hrs and 11 minutes one way depending on connections and this combination costs around £26.60 off peak and this does involve having to walk between connections. Obviously this cost will be more for patients who have a morning appointment and need to travel at peak times. By taking 3 buses the cost is less at around £16-18 pounds but this depends on whether you travel off peak and get two 'day rider' tickets, however it will take up to 3 and a half hours one way. A taxi to Exeter one way starts around £100 depending on the time of day so the round trip can cost upwards of £200. It is not surprising that many Ilfracombe residents referred to Exeter who don't drive opt to stay overnight nearby so that they can use public transport which takes much longer but is considerably cheaper even with accommodation. The last train from Exeter to Barnstaple is at 9.29pm.

Obviously it is not hard to imagine how people who are frail elderly, who have mobility problems, have long term conditions which make it difficult to be without toilet facilities or who cannot sit for long periods, or for parents with very young children, these public transport travel times are difficult, if not impossible. Low wages and benefits mean that £200 for a taxi is completely unaffordable. Although some patients may qualify for hospital transport and others will be eligible for help with transport costs (NHS Low Income Scheme HC2/HC3) the threshold to qualify is high which still leaves many Ilfracombe residents struggling to afford access to healthcare.

Patients referred further away to Plymouth and Bristol face even more arduous journeys if they don't qualify for transport or financial help. It's only recently that the Government have agreed to pay for the costs of families travelling to see their children who are in hospital for prolonged treatment, although this won't happen until 2027. For most non drivers who have to travel further they have to hope that the Patient Community Transport scheme can take them, book overnight accommodation, beg a relative or friend to take them or take a taxi and find some way to pay. The estimated cost of a taxi one way to Plymouth is from £120 up to £250 one way depending on time of day and whether it is a pre-booked private hire. To Bristol the cost is between £120 to £230 private hire but around £220 one way in a normal taxi. The journey to Bristol City Hospital for example takes around 4 hours by train or bus, or 3 and half hours by National Express and

local buses. Cost vary depending on time of day and availability but can be up to around £60. Public transport to Plymouth can take up to 6 hours and either involves 2 buses and two trains or three buses costing up to approximately £50. Both are completely undoable for anyone with illness limiting conditions.

Some patients from Ilfracombe are also referred to South Molton for diagnostics and procedures taking around 1 hr 45 minutes and two buses with a walk at the end. This is not suitable for people with compromised mobility. Patients may also be referred to Bideford Hospital which is two buses taking an hour and half with a steep walk uphill at the end making it unsuitable for many patients.

Patients experiencing mental ill health requiring support can access the Moorings drop in which is held in Barnstaple in the evening near to the Bus Station (6pm - 11pm Thursday to Monday). There is no equivalent service in Ilfracombe despite high levels of mental ill health. It's difficult to imagine someone in mental distress travelling alone at night on a bus to and from this service for face to face support. This service does have an online and telephone alternative.

Patients without private transport would find it difficult to exercise NHS Right to Choose if the treatment centre is not accessible by public transport. For example waiting lists for knee and hip replacements are considerably shorter at Shepton Mallet Hospital but it's 102 miles away (2 hours 15 minute drive) but by public transport would require a considerable number of changes taking over 6 hours by various train and/or bus combinations. Of course private transport would be needed post op. Taxi costs range between £150-250 one way.

The issues; unreliable bus and train services.

Not only is travel to hospital for treatment difficult and expensive for patients without cars living in Ilfracombe and outlying areas, but public transport has become more and more unreliable post COVID. This is due in part to staff shortages and the age of vehicles as well as scheduled road works and adverse weather affecting travel conditions.

In the last 6 months public transport in Ilfracombe has been severely compromised. Due to engineering works in Combe Martin late 2025 half of the village was not served by the 301 bus which also affected Berryarbour, Hele and the Chambercombe area of Ilfracombe meaning that they were without any bus service. This situation persisted for almost 3 months. There have been road closures for resurfacing and other works (including flooding) from Two Potts, Ilfracombe High Street, Marlborough Road, Watermouth Road, from St Brannocks to Mullacott, from Woolacombe Village to Ilfracombe roundabout and planned works upcoming on the 361 to Braunton. All of these closures have affected bus routes into Barnstaple on some occasions making travel impossible. Although road improvements or upgrading of utilities are necessary and welcome in remote and more inaccessible areas these road closures severely compromise access for people dependent on public transport.

Passengers regularly report on local social media issues with buses failing to turn up on time or, more worryingly, buses being cut. This can mean a wait of over an hour for another bus or even longer. Bus replacement is also an issue with the normal double decker replaced by a hopper bus or a single decker so that it is unable to take the same capacity and is immediately full from Barnstaple, therefore unable to stop for any more passengers on the way. On these occasions the buses are beyond full to capacity with many people standing. I'm sure it's not hard to imagine that all of these circumstances (standing at a bus stop for over an hour in the cold or at night, having to stand on a bus, waiting in the rain for a bus that just drives past) are extremely detrimental to who are using public transport to access health appointments many of whom will have serious health conditions.

In terms of train travel at the time of writing there is no train service to Exeter from Barnstaple due to flooding. This has been the situation for some weeks now (and sporadically prior to that) and passengers are told that this situation is unlikely to change any time soon due to the scale of engineering works. Initially there was no bus replacement although this is now in place taking over 2 hours and itself struggling with partially flooded roads. This means many patients who rely on public transport to attend Exeter or appointments further afield are currently unable to travel unless they take a long bus journey. Inadequate infrastructure and inclement weather

conditions in a remote location makes travelling in the winter months extremely difficult, if not impossible.

Discussion and conclusion.

The removal of the Tyrrell Hospital Minor Injuries Service in September 2025 was not accompanied by an impact assessment or a public consultation. The public did have their say through independent petitions, demonstrations, a public meeting and a report compiled from responses to a questionnaire. It was a resounding NO to the cessation of the service. The removal of the link centre did go through a consultation process with the majority of responses in Ilfracombe against its removal. The decision to remove in-patient beds in 2015 from the Tyrrell Hospital was consulted on and the public reaction was very firmly that they should remain. One of the main reasons given by the Ilfracombe public against the removal of local health services was the difficulties that many residents without cars face accessing health services. A local acute care service such as minor injuries meant that for lower level cuts, sprains, burns, knocks etc that needed to be seen people didn't need to struggle on public transport but could be seen close to home. Combe Coastal Practice has been unable to see the majority of minor injuries patients who require assessment and treatment. This is the same for all of the other health services which have been removed from the Town. More and more patients have to travel further to get the treatment and care they need. This includes the lack of consultant-led clinics at the Tyrrell. Sadly with the recent retirement of the 'older persons' consultant recently elderly people needing assessment will now have to travel to Barnstaple unless a replacement is found.

Recognition of the vast health inequality in parts of Ilfracombe from different agencies including local government (District and County), public health and the Integrated Care Board (One Devon), One Northern Devon, One Ilfracombe, Ilfracombe Town Council and the Royal Devon and Exeter University Healthcare Trust have led to initiatives like The Poverty Truth Commission or working groups such as the multi agency 'Closing the Gap' meetings. These initiatives are designed to tackle health inequality and

poverty but there is a lack of focus on how lower incomes affect the ability to attend appointments or seek urgent care which requires private transport.

Other initiatives such as the pilot delivered by Innovation South West have focused on vulnerable groups in Ilfracombe and specific conditions and diagnostics to improve health access. Bringing the service to the patient as it were. Despite indications of evident success this pilot has yet to be integrated or upscaled into a major project.

Improving access to routine healthcare among vulnerable communities in rural North Devon - The Health Innovation Network

<https://share.google/XPkPXorxEuhtVHdAv>

What is lacking is a comprehensive analysis of how the removal of a health service in Ilfracombe will impact those with the least ability to travel without private transport. This includes people with protected characteristics such as older people, younger people who cannot yet drive and people with disabilities including chronic conditions. Deprivation and ability to fund travel must be a consideration.

Recommendations

A transport impact assessment of any proposal to remove a health or well-being service from Ilfracombe. This should include currently the Minor injuries service which although removed is part of a wider review.

Bodies and initiatives tasked with tackling health inequality must take note of the issues of public transport in a remote location such as Ilfracombe.

The default position should be to keep as many health and preventative services within the Town and creative ways should be explored as to how this can be achieved. The onus must be on preventing the need to travel where expedient as for many people in poor health and on low incomes this will be a deciding factor as to whether they access treatment.

Greater enhancement and funding of the Patient Transport Scheme.

Collaborative working with public transport providers to improve the timetable to and from the District Hospital from Ilfracombe on the 301 service.

Collection and collation of accurate data on where MIU patients are being seen from Ilfracombe and their mode of travel to that destination.