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CASE STUDY · MARLUC SYNOPSIS

Limbic Access self-referral chatbot in NHS Talking Therapies

IMPLEMENTED 2024–2025 · HEALTH AND LIFE SCIENCES · UK · BAND C · PARTLY PROVED

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A chatbot on NHS Talking Therapies websites collects a patient's referral details and passes a structured report to the service's record system. A peer-reviewed study by company-employed authors found referrals rose faster where it was used. NICE says evidence on time saved and clinical impact is limited.

ABOUT THIS SYNOPSIS

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Facts and figures are as reported by the sources listed below, which may be incomplete, self-reported or out of date. Check the original source before relying on any figure.

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NOTICE WORDING LAST UPDATED 16 NOVEMBER 2026

AT A GLANCE

AI used: AI chatbot for patient self-referral: natural language processing plus probabilistic models that tailor questions and classify eight common mental health problems.

Implemented: 2024–2025. Grade: band C, Process change, Partly proved.

Headline result, as reported: In a peer-reviewed study of 28 NHS Talking Therapies services, referrals rose 15% where Limbic Access was used against 6% in comparison services; NICE allowed its use in July 2025 while evidence is generated

1 · The case

The facts, as reported by the 5 sources listed at the end. Where a source is silent, the field says "Not reported".

Organisation

Limbic, with NHS Talking Therapies services in England. Limbic is a UK company that supplies Limbic Access, a UKCA Class IIa AI chatbot for NHS Talking Therapies for anxiety and depression. NICE reported use in about 40% of services in July 2025. Canvas block: 3. Customers and proposition. Also 4. Operations and process.

Business challenge

The challenge. Per MIT Technology Review, mental health referrals in England reached a record 4.6 million in 2022 and neither funding nor staffing matched demand. The study's authors set out to test whether AI could lower the barrier to care.

How it was addressed. Services added the Limbic Access chatbot to their self-referral web page. A pop-up tells visitors it is a robotic assistant. It asks about long-term conditions, prior diagnoses and symptoms, tailors its questions to the patient's likely problem and creates a referral that goes into the service's electronic record system for a human professional to review. Per NICE, it also collects standard questionnaire scores (PHQ-9, GAD-7 and WSAS) and produces a clinical report. [1] [2] [3] [4] [5]

Who implemented it

Limbic (Software vendor): Supplies and operates the Limbic Access chatbot..
In-house (In-house): NHS Talking Therapies services: Added the chatbot to their self-referral pages and review the referrals..
NICE names the technology as Limbic Access; no systems integrator is named in the sources opened.

Technology (SEAM pillar E)

SEAM types: T8 Predictive / ML models. Deployment: Not reported. Vendors and products: Limbic, Limbic Access.

Where it was built in: A chatbot on each Talking Therapies service's self-referral web page. It sends a structured referral and clinical report into the service's electronic record system for clinicians (NICE; MIT Technology Review).

What changed

Before: patients referred themselves through static web forms or other routes. After: in 14 services the chatbot gathered the referral information and passed a structured report to clinicians, who then contacted the patient. Other referral routes remain available, per NICE. [1] [2] [3] [4] [5]

What it cost

Limbic Access has no fixed costs; the licence fee is charged per referral at £6.59 to £4.20 including VAT, falling as volume rises (NICE, July 2025). NICE said the data on benefits was too uncertain to offset against the costs.

What it saved

Not reported. NICE says clinical evidence suggests time saved on collecting routine information but that evidence on clinical impact is limited, and it did not quantify savings. [1] [2] [3] [4] [5]

Governance and control

The tool holds UKCA Class IIa status, per NICE. A human professional reviews each referral and, per NICE, the tool does not make a clinical judgement independently. NICE allows use only while evidence is generated over three years, with regulatory and NHS England digital technology approvals in place.

S2 · Accountable owner · Not reported
Not reported.

A1 · Safe use · Evidenced
NICE records UKCA Class IIa status; the chatbot opens with a pop-up saying it is a robotic assistant. [2] [4]

A2 · Human in the loop · Evidenced
MIT Technology Review reports that a human professional accesses each referral; NICE notes the tool does not make a clinical judgement independently. [2] [5]

A3 · Monitoring and assurance · Evidenced
NICE allows use only while evidence is generated over three years and says the companies must confirm evidence agreements annually. [3]

A4 · Vendor AI · Evidenced
NICE says the technologies can be used only with appropriate regulatory approval including NHS England's Digital Technology Assessment Criteria approval. [3]

A5 · Agent controls · Not reported
No agents described.

A6 · Standards and regulation · Outside scrutiny (a regulator, court, auditor or similar body acted)
NICE issued early value assessment guidance HTG756 on digital front door technologies in July 2025, and records Limbic Access as UKCA Class IIa. [3] [4]

What worked, what did not, what is unproven

WORKED

– Referrals rose 15% in services using the chatbot against 6% in comparison services over a three-month period (Nature Medicine; MIT Technology Review).

– Referrals rose by 179% among nonbinary patients and 29% among ethnic minority patients, against smaller rises in the comparison services (Nature Medicine abstract).

– Per the study's authors, as relayed by MIT Technology Review, the extra referrals did not increase waiting times or reduce the number of clinical assessments.

– NICE judged the technology low risk to use with further evidence generation and allowed its use in the NHS.

DID NOT

– NICE found the clinical evidence on time saved and impact limited. Most information came from the companies or from published data whose authors were mostly company affiliated.

– NICE says digital front door technologies are not expected to directly affect service user outcomes, and that costs could not be set against benefits.

– All of the Nature Medicine authors are employed by, consult for or hold shares in Limbic.

UNPROVEN

– Whether better access leads to better treatment and recovery: NICE describes the clinical evidence as limited and says digital front doors are not expected to affect outcomes directly.

– Time saved per assessment and cost effectiveness: NICE says more evidence is needed.

– Effects on people who cannot use the chatbot or who are referred elsewhere: NICE noted a lack of evidence.

– Whether results hold across services: NICE says generalisability is unclear because referral processes vary.

Timeline

Feb 2024 Study reports referrals up 15% with the chatbot against 6% without [1]

Jul 2025 NICE publishes early value assessment guidance allowing use during a three-year evidence generation period [3]

2 · Grade and SEAM assessment

MarLuc's opinion, made on the evidence above. How cases are graded: marluc.co.uk/case-studies/how-we-rate

Level of change and impact

Claimed: Not applicable. Grade: C, Process change. Proof: Partly proved. Level of change: Process change.

Process change (Level 2, band C, lower end). The referral intake step was redesigned and its effect on access was compared against matched services. Effects on clinician time, outcomes and cost are not yet proved.

Graded C at the lower end, partly proved. The self-referral and intake step was redesigned and a matched comparison showed higher referral volume and diversity. NICE found the evidence on time saved, clinical impact and cost limited, so benefit beyond access is not proved.

The SEAM view and lessons learnt

The result is a measured gain at the front door of a public service: more people, and more from groups that use it less, started a referral. The evidence is thinner behind the door. The main study was written by the supplier's staff, and NICE says independent research is needed on time saved, assessment quality and outcomes. The regulator's route is a useful pattern for larger organisations: permit use, set evidence conditions and review after three years. The tool collects information and a clinician decides.

1. Compare against similar sites, not only against before, when measuring access.
2. Commission independent evaluation of time saved and outcomes, not only referral counts.
3. Keep every automated referral reviewed by a clinician and keep other routes open.

Evidence

Score 3 of 4. Partly independent: a peer-reviewed study by vendor-employed authors, plus NICE guidance that reviews the wider evidence. NICE rates the clinical evidence as limited.

Evaluation method. Observational study with matched comparison services (Nature Medicine 2024), plus a NICE early value assessment (HTG756, July 2025).

Sources disagree. The Nature Medicine abstract reports a 29% rise for ethnic minority patients; MIT Technology Review reports 39% for Asian and 40% for Black patients, which are subgroups. The paper's Extended Data Fig. 1, in an analysis by sexual orientation, reports no difference against comparison services for non-binary individuals (odds ratio 1.12, p=0.053), while the

3 · Original sources

Read these in full. To challenge a fact or a grade, use the contact form at marluc.co.uk or the link on https://marluc.co.uk/case-studies/limbic-access-nhs-talking-therapies

[1] Nature Medicine: Closing the accessibility gap to mental health treatment with a personalized self-referral chatbot
https://www.nature.com/articles/s41591-023-02766-x

[2] MIT Technology Review: A chatbot helped more people access mental-health services
https://www.technologyreview.com/2024/02/05/1087690/a-chatbot-helped-more-people-access-mental-health-services/

[3] NICE: HTG756 digital front door technologies for NHS Talking Therapies, recommendations
https://www.nice.org.uk/guidance/htg756/chapter/1-Recommendations

[4] NICE: HTG756 information about the technologies
https://www.nice.org.uk/guidance/htg756/chapter/2-Information-about-the-technologies

[5] NICE: HTG756 committee discussion
https://www.nice.org.uk/guidance/htg756/chapter/3-Information-about-the-technologies

Limbic, with NHS Talking Therapies services in England website: https://www.limbic.ai

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VERSION HISTORY

v1.1 15 November 2026 Method update: standards and regulation (A6) relabelled "outside scrutiny" because the evidence is a regulator, court, auditor or similar body acting, not the organisation's own compliance.
v1.0 15 November 2026 First published