How Living Well Consortium used clinical AI to increase capacity & reduce workloads

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Background

Living Well Consortium (LWC) comprises more than 40 mental healthcare organisations, charities, and social enterprises in the UK. They are the leading provider of NHS Talking Therapies in Birmingham and Solihull. Given the breadth of their services, by 2023 Living Well Consortium was processing more than 11,000 referrals a year—a 400 percent increase over 2019.

To help manage growing demand alongside existing phone and professional referral systems, Living Well Consortium introduced Limbic in October 2023. Thanks to more comprehensive and reliable patient data, Living Well Consortium could better tailor their services to Birmingham's diverse population.

200 approx.
Clinical staff

11,000+
Patients assessed annually
Oct 2023–24

> " *[Limbic Access]* **saves triage time and gets clients the help they need sooner**. *[And with] the data being gathered… we have a much better idea of who is accessing our service.*

Mabel Newman
Clinical Project Officer

What is Limbic Access?

Limbic Access is a clinical AI assistant for self-referrals and assessments with 92% diagnostic reliability. It is the first AI chatbot to be designated as a UKCA Class IIa medical device and has supported hundreds of thousands of patients in the UK and the US.
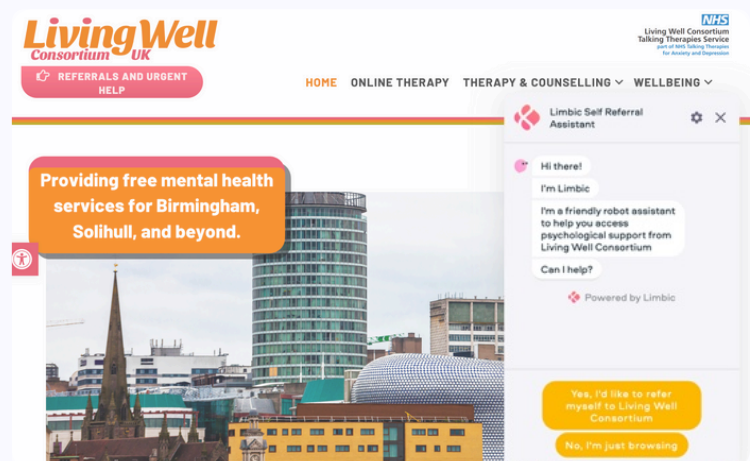
The Limbic Access chatbot greets patients on the Living Well website.

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The Challenges

Living Well Consortium needed to increase capacity without overburdening their workforce. In reviewing their intake pathways and feedback from patients and staff, they found four key focus areas:

Increase capacity for demand

Swelling patient volume was resulting in longer and longer waitlists. Meanwhile, clinical staff were reporting that they felt rushed during assessments. In short, patients and staff alike were growing increasingly frustrated.

Optimise data collection

LWC wanted to improve the quality and scope of data collection across all of their services, since only 35% of new patients on average responded to key demographic questions at intake.

Assess risk at self–referral

Administrative staff did not have clinical training and, thus, were not taking risk assessments at the point of self referral. As a result, there was a chance of at–risk patients sitting on waiting lists.

Improve client experience

Clients were frustrated with the long wait times to self refer via the telephone, and the inconvenience of calling during work hours. LWC aimed to make the self referral process easy and accessible, making clients feel supported from the start.

> "There have been concerns with AI that you're losing a sort of personal connection with the client or with the clinician. But we found very much the opposite; because we have more information about patients, **we can focus our approaches in a more personalised way**.

Samuel Perry
Clinical Referrals and Admin Lead

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The Results

Reduced clinician workload

In their first year of activation, Limbic Access **processed 42% of Living Well Consortium's self referrals**. This enabled LWC to increase capacity while reducing demand on frontline staff.

Before Limbic, LWC weren't able to offer self–referrals outside of working hours. Now, **40% of Limbic referrals happen after hours**—indicating that LWC are meeting patients where they are, and lowering barriers to access.

Richer patient data

Where only 35% of new patients responded to key demographic questions prior to the rollout of Limbic Access, that figure now stands at **98%**. Clinicians have a more complete picture of each individual before their first session. And LWC now better understand the communities they serve.

Faster and more appropriate care

Together, Limbic and LWC developed a tailored screening and signposting process that **flags 12%** of incoming Limbic patients for risk, prioritising them in the system, while also **directing ineligible patients to suitable services much earlier** to ensure they are on the right care pathway.

Improved patient experience

Shorter waitlists, earlier prioritisation of at–risk patients, better data capture, faster and more personal clinical assessments, after–hours pathways into care. No surprise, then, that in just the first six months, LWC has seen a **14% decrease in patient dropouts**.

14%
reduction in patient dropouts

2.7x
increase in number of new patients identifying as LGBTQ+

40%
of self–referrals now taking place outside of working hours

98%
of patients found Limbic Access helpful

Learn more about Limbic Access at limbic.ai/access

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