# HCP01 ‘Dawn’ - Interview Transcript by Teams 17/11/2023.

0:0:34.970 --> 0:0:52.170  
Catherine Beresford  
And so to start off with, please can you tell me about your role in working with individuals who've got advanced liver disease? And I'm specifically talking about people who were in the sort of decompensated stage of liver disease. So, the more advanced stage.

0:0:52.630 --> 0:1:11.950  
**HCP01**  
OK, so I I'm a psychologist and I work in a clinical health psychology team in [name of city], so we work with the specialties under medicine, which includes hepatology.

0:1:12.70 --> 0:1:12.670  
Catherine Beresford  
Yes.

0:1:17.720 --> 0:1:17.920  
Catherine Beresford  
Mm hmm.

0:1:13.230 --> 0:1:23.630  
**HCP01**  
And people refer themselves to our team. We meet with them for an initial appointment and then if it's.

0:1:24.110 --> 0:1:28.70  
**HCP01**  
Helpful. Then we can offer them up to 12 sessions.

0:1:31.630 --> 0:1:31.670  
Catherine Beresford  
I.

0:1:29.390 --> 0:1:43.430  
**HCP01**  
We also see people on the wards, so there's there's been times when I've gone up to see people and they've been in hospital due to their liver conditions.

0:1:43.200 --> 0:1:43.880  
Catherine Beresford  
Yes.

0:1:44.710 --> 0:1:48.990  
**HCP01**  
And some of the outpatients that I've worked with have.

0:1:50.510 --> 0:1:51.350  
**HCP01**  
Are living with long term liver conditions and also end stage -

0:1:57.110 --> 0:1:57.630  
Catherine Beresford  
Yeah.

0:1:56.830 --> 0:1:58.350  
**HCP01**  
- liver conditions as well.

0:1:58.790 --> 0:2:1.510  
Catherine Beresford  
OK. And how long have you worked in your role?

0:2:2.660 --> 0:2:5.820  
**HCP01**  
So this role I've been in for two years.

0:2:6.330 --> 0:2:15.370  
Catherine Beresford  
And so you mentioned that people can refer themselves, how? How would they find out about your service to do that?

0:2:16.240 --> 0:2:19.560  
**HCP01**  
Well, usually the people -

0:2:34.680 --> 0:2:35.760  
Catherine Beresford  
Oh, I see.

0:2:21.600 --> 0:2:37.280  
**HCP01**  
- get the information from the team that they're working with, so I attend the hepatology MDT every month. I mean, it meets weekly, but I go along once a month and if there's people that come up that the team think it would be helpful then -

0:2:48.950 --> 0:2:49.630  
Catherine Beresford  
I see.

0:2:50.600 --> 0:2:51.280  
Catherine Beresford  
Yes.

0:2:45.400 --> 0:2:55.800  
**HCP01**  
Then I will say, well, it might be worth flagging our service to them and they can refer themselves. We always we only accept self referral.

0:2:56.180 --> 0:2:56.900  
Catherine Beresford  
Do you?

0:3:6.480 --> 0:3:7.200  
Catherine Beresford  
I see.

0:3:8.970 --> 0:3:9.450  
Catherine Beresford  
Yeah.

0:3:16.200 --> 0:3:16.960  
Catherine Beresford  
I see.

0:2:57.40 --> 0:3:18.0  
**HCP01**  
Because that feels part of the the the process really that it's it's about the person themselves making that initial step to engage with psychology and and that it's important that it's not done on their behalf and they're kind of taking-

0:3:24.660 --> 0:3:25.100  
Catherine Beresford  
Yeah.

0:3:19.520 --> 0:3:26.160  
**HCP01**  
Responsibility for for that work. And and yeah. Embarking on their journey themselves.

0:3:26.650 --> 0:3:31.890  
Catherine Beresford  
And does that apply to the individuals that you might see who are actually in hospital?

0:3:32.650 --> 0:3:35.90  
**HCP01**  
No. So that would be the ward staff who contacted us.

0:3:38.810 --> 0:3:39.450  
Catherine Beresford  
Yes.

0:3:49.240 --> 0:3:49.320  
Catherine Beresford  
Mm.

0:3:55.940 --> 0:3:56.660  
Catherine Beresford  
Yes.

0:3:40.170 --> 0:4:1.730  
**HCP01**  
It's usually one of the the F ones or F twos [doctors] that that contact us, but on the instruction of the consultant. So that will be one of the initial questions that we would ask is, is the patient aware that they have been referred to psychology and then when I go up, I tend to-

0:4:5.210 --> 0:4:5.850  
Catherine Beresford  
Yes.

0:4:3.370 --> 0:4:8.570  
**HCP01**  
start the conversation by asking them you know how. How do you feel about someone from psychology coming to see you?

0:4:11.890 --> 0:4:12.610  
Catherine Beresford  
Yes.

0:4:30.970 --> 0:4:31.650  
Catherine Beresford  
Yes.

0:4:13.650 --> 0:4:35.530  
**HCP01**  
And yeah, that feels really important to have that conversation about their understanding of what it means. Sometimes people can think that if they're being referred to psychology, it means they're they're going mad or, you know, there's all sorts of concerns about it. So, we start the conversation.

0:4:36.20 --> 0:4:40.860  
**HCP01**  
We're talking about what their understanding and and and feelings about it are.

0:4:40.910 --> 0:5:1.750  
Catherine Beresford  
Yes, I see. And so, in the area where you work then, I mean you've already mentioned a few different professionals that might be working with individuals who've got the advanced liver disease. But so, from what you know then what sort of services might those individuals be accessing kind of more broadly as as well as your survey?

0:5:7.220 --> 0:5:7.660  
Catherine Beresford  
Yeah.

0:5:3.150 --> 0:5:12.70  
**HCP01**  
Well, they they're usually under the care of the hepatology team. They might also be under the the Gastro specialties as well.

0:5:13.430 --> 0:5:16.710  
**HCP01**  
There's there's an alcohol team as well.

0:5:16.300 --> 0:5:17.180  
Catherine Beresford  
OK.

0:5:18.590 --> 0:5:25.350  
**HCP01**  
And they [alcohol team] run a smart course. I'm not quite sure what smart stands for, to be honest, but.

0:5:25.160 --> 0:5:26.0  
Catherine Beresford  
OK.

0:5:26.910 --> 0:5:31.590  
**HCP01**  
So that is specifically for people with a liver condition as a result of their alcohol use.

0:5:34.600 --> 0:5:35.400  
Catherine Beresford  
Yes.

0:5:36.570 --> 0:5:39.50  
**HCP01**  
So they might be engaged with them as well.

0:5:39.290 --> 0:5:39.810  
Catherine Beresford  
Yeah.

0:5:46.710 --> 0:5:47.790  
Catherine Beresford  
Oh.

0:5:40.730 --> 0:5:49.410  
**HCP01**  
There have been occasions when the people that I've been working with have been under a lot of specialties because they have a lot of other conditions as well.

0:5:50.100 --> 0:5:51.100  
Catherine Beresford  
Do they? Yeah.

0:5:50.970 --> 0:5:57.210  
**HCP01**  
Yeah, and it can sometimes be that people are working towards transplants. Yeah. So, it's quite varied, really, yeah.

0:6:1.890 --> 0:6:18.570  
Catherine Beresford  
Yeah. So, thinking about the individuals where they're they're not going to be going for transplant. And so, they've got the advanced liver disease, but they're not on that pathway. What from your point of view, what do you think sort of works well about sort of existing services in your area?

0:6:20.300 --> 0:6:20.900  
**HCP01**  
I think having having a clear process, a clear pathway for people to understand and -

0:6:38.360 --> 0:6:38.840  
Catherine Beresford  
Yeah.

0:6:32.260 --> 0:6:46.260  
**HCP01**

that I think when there's a lot of people involved, it can often feel overwhelming and confusing. So having just one simple pathway can feel quite helpful. Or if there are a lot of different services involved -

0:6:56.490 --> 0:6:57.210  
Catherine Beresford  
Yes.

0:6:50.460 --> 0:6:57.620  
**HCP01**  
-having regular opportunities for those different services to to talk so that there's a clarity and a joint understanding of the the whole situation and not just the situation from that particular perspective.

0:7:12.690 --> 0:7:13.130  
Catherine Beresford  
Yeah.

0:7:20.170 --> 0:7:20.250  
Catherine Beresford  
Mm.

0:7:13.300 --> 0:7:21.220  
**HCP01**  
I think it's also really helpful if things are explained to people as well, I quite often work with people who are feeling really confused and uncertain about their care.

0:7:31.730 --> 0:7:32.530  
Catherine Beresford  
I see.

0:7:32.970 --> 0:7:33.530  
**HCP01**  
And, you know, things haven't been explained to them.

0:7:37.920 --> 0:7:38.0  
Catherine Beresford  
Mm.

0:7:45.410 --> 0:7:45.610  
Catherine Beresford  
Mm hmm.

0:7:47.190 --> 0:7:47.550  
Catherine Beresford  
Yeah.

0:7:39.210 --> 0:7:51.330  
**HCP01**  
Healthcare teams will come on to the ward and maybe do things to people you know, take blood or provide treatment, but it's not really explained why that's happening.

0:7:51.170 --> 0:7:51.970  
Catherine Beresford  
Right.

0:7:52.930 --> 0:7:55.250  
**HCP01**

And that can be really distressing for people.

0:7:54.970 --> 0:7:56.130  
Catherine Beresford  
Hmm hmm.

0:7:56.490 --> 0:7:59.930  
**HCP01**  
And I think just adds to that sense of loss of control and -

0:8:4.590 --> 0:8:5.310  
Catherine Beresford  
I see.

0:8:10.210 --> 0:8:10.730  
Catherine Beresford  
Yeah.

0:8:16.280 --> 0:8:16.960  
Catherine Beresford  
Yes.

0:8:6.820 --> 0:8:22.780  
**HCP01**  
- you know, kind of fear about what's happening to them in their situation. So that having the opportunities to ask those questions, have things explained to them can feel hugely empowering and-

0:8:22.470 --> 0:8:23.110  
Catherine Beresford  
Yes.

0:8:24.420 --> 0:8:25.180  
**HCP01**  
-important, yeah.

0:8:25.190 --> 0:8:49.190  
Catherine Beresford  
Yeah. Yeah. So, I mean, that actually leads nicely to my next question then, because if there the people who've got, you know, the sort of advanced liver disease, the decompensated stage and they're not having, they're not eligible for transplant, or their carers, if they do require additional sort of support advice or information, where do you think the people in your service go for that? How do they access that?

0:8:49.670 --> 0:8:57.790  
**HCP01**  
I think that's quite often one of the one of the issues is that people don't know where to to access it.

0:8:58.0 --> 0:8:58.560  
Catherine Beresford  
Right.

0:9:11.180 --> 0:9:12.20  
Catherine Beresford  
Yes.

0:8:59.350 --> 0:9:13.150  
**HCP01**  
There is a - each specialty in the trust has a helpline so they can leave questions on that helpline because it's it's a recorded. So it's a voicemail.

0:9:17.960 --> 0:9:18.720  
Catherine Beresford  
OK.

0:9:20.710 --> 0:9:20.910  
Catherine Beresford  
Mm hmm.

0:9:14.750 --> 0:9:22.950  
**HCP01**  
But quite often it can take a while for for people to get back to them because you know, understandably, they're completely snowed under.

0:9:32.850 --> 0:9:32.930  
Catherine Beresford  
Mm.

0:9:34.910 --> 0:9:35.350  
Catherine Beresford  
Yeah.

0:9:24.750 --> 0:9:39.390  
**HCP01**  
So, it's it can often be left that people are feeling, you know, they have concerns or questions about their medication or concerns about their care. And they don't know where to access it.

0:9:39.200 --> 0:9:40.40  
Catherine Beresford  
Hmm hmm.

0:9:43.790 --> 0:9:44.350  
Catherine Beresford  
Yeah.

0:9:49.920 --> 0:9:50.120  
Catherine Beresford  
Mm hmm.

0:9:40.790 --> 0:9:51.630  
**HCP01**  
So yeah, that's that's that's often quite an issue. If I'm working with someone then it can be easier for for me to contact a particular person.

0:9:59.80 --> 0:9:59.880  
Catherine Beresford  
Yes.

0:10:8.650 --> 0:10:9.370  
Catherine Beresford  
No.

0:10:13.990 --> 0:10:14.110  
Catherine Beresford  
Hmm.

0:9:59.960 --> 0:10:15.560  
**HCP01**  
They can say ‘this is something that’s been worrying me’ and and and then, you know, I can I can e-mail, but obviously that that's not an option for everyone. So having those clear pathways or opportunities to ask -

0:10:17.570 --> 0:10:18.290  
Catherine Beresford  
Yes.

0:10:17.60 --> 0:10:19.660  
**HCP01**  
- questions or raise concerns I think is really helpful.

0:10:19.850 --> 0:10:35.610  
Catherine Beresford  
Yeah. Yeah. And it's so thinking about some of the individuals that you have worked with, can you think of any specific examples of when the care provided for an individual who has got them, the advanced decompensated liver disease was particularly positive?

0:10:36.910 --> 0:10:37.310  
**HCP01**  
Umm, think positive. I think when when they've had appointments that where they've felt -

0:10:53.370 --> 0:10:53.930  
Catherine Beresford  
Yes.

0:11:2.470 --> 0:11:2.550  
Catherine Beresford  
Mm.

0:10:52.490 --> 0:11:13.650  
**HCP01**  
-heard and that their concerns have really been listened to, even if even if there's been no definite conclusion or no, you know specific answer to a question, just having that experience of being really thought about and -

0:11:16.580 --> 0:11:16.980  
Catherine Beresford  
Yeah.

0:11:15.290 --> 0:11:17.690  
**HCP01**  
- space to ask questions, opportunities to let the healthcare professional understand how it is for them -

0:11:25.510 --> 0:11:26.190  
Catherine Beresford  
Yes.

0:11:42.480 --> 0:11:44.80  
Catherine Beresford  
I see. OK.

0:11:25.770 --> 0:11:45.370  
**HCP01**  
- living with this has has been really, really helpful. I think also it can - It doesn't happen very often, but if there's the opportunities to to share their experiences with other people in similar situations, that can be quite helpful as well.

0:11:45.540 --> 0:11:47.140  
Catherine Beresford  
So when might that happen?

0:11:48.410 --> 0:11:49.250  
**HCP01**  
Well, I think.

0:11:57.310 --> 0:11:58.350  
Catherine Beresford  
I get you. Yeah.

0:11:50.340 --> 0:12:5.180  
**HCP01**  
I think usually on the ward, if you know they just connect with someone else, that can be quite helpful, but it is one of the things that I'm working on at the moment is to try and set up some sort of – I’m not thinking so much a formal group, but just an opportunity for people to come together and -

0:12:14.250 --> 0:12:15.50  
Catherine Beresford  
Yes.

0:12:16.580 --> 0:12:20.340  
**HCP01**  
- and meet other people in in the same situation, because I think it can be -

0:12:22.910 --> 0:12:23.350  
Catherine Beresford  
Hmm mm hmm.

0:12:20.880 --> 0:12:24.240  
**HCP01**  
It can feel quite isolating and lonely and often people don't want to share or let let let family and friends know how they're feeling, because obviously they're living with it as well.

0:12:34.750 --> 0:12:35.910  
Catherine Beresford  
Yeah, yeah.

0:12:36.520 --> 0:12:41.120  
**HCP01**  
So meeting up with other people can be quite helpful, but yeah, it doesn't happen -

0:12:45.160 --> 0:12:45.920  
Catherine Beresford  
I see.

0:12:42.560 --> 0:12:47.600  
**HCP01**  
-terribly often at the moment, but yeah, something that we're something that I'm working on.

0:12:47.430 --> 0:13:0.430  
Catherine Beresford  
Yeah, OK. That's good to know. And so conversely then have you got any specific examples when you think that the care provided for somebody who was with decompensated advanced liver disease was actually particularly negative?

0:13:4.970 --> 0:13:9.50  
**HCP01**  
I think, I went up to see a man on the ward. Who -

0:13:19.850 --> 0:13:20.450  
Catherine Beresford  
Yes.

0:13:11.50 --> 0:13:20.490  
**HCP01**  
- who was, Yeah, he was very unwell and part of that was his cognitive functioning was impacted as well. So he he was really confused. You know, struggling with his memory.

0:13:32.270 --> 0:13:32.750  
Catherine Beresford  
Yeah.

0:13:28.410 --> 0:13:33.210  
**HCP01**  
And and because of those things was was quite distressed and usually, and most of the the beds on the wards are in individual rooms, but he was in a part of the ward that had several beds in it.

0:13:53.990 --> 0:13:54.550  
Catherine Beresford  
Yeah, yeah.

0:13:58.280 --> 0:13:58.400  
Catherine Beresford  
Hmm.

0:13:50.90 --> 0:14:6.770  
**HCP01**  
And I think there was quite a lot of distressed people on the ward at that time. So, it was it was adding to his confusion, adding to his distress. And I felt really difficult and I think because the the ward was so busy there wasn't the the opportunities for the team to sit with that person or help them when he was feeling distressed, it was it was literally meeting his health needs and and that was all that was happening.

0:14:30.820 --> 0:14:31.540  
Catherine Beresford  
Yeah.

0:14:33.180 --> 0:14:33.700  
Catherine Beresford  
Yeah.

0:14:32.250 --> 0:14:34.610  
**HCP01**  
So yeah, that was that was really difficult.

0:14:35.20 --> 0:14:36.540  
Catherine Beresford  
Yeah. So.

0:14:36.90 --> 0:14:38.450  
**HCP01**  
And he didn't have any family coming in or anything. Yes, it is very.

0:14:37.720 --> 0:14:41.320  
Catherine Beresford  
Right. OK. Yeah.

0:14:41.360 --> 0:14:53.40  
Catherine Beresford  
Yeah. Yeah. So thinking about all your experience, if you had the opportunity to tell people that were new to working in liver disease. What would you - would you have any sort of specific advice for them?

0:15:0.890 --> 0:15:8.930  
**HCP01**  
I think generally it be can be. It's really hard to do, but I think if it's possible,

0:15:15.280 --> 0:15:16.0  
Catherine Beresford  
Yes.

0:15:26.670 --> 0:15:26.790  
Catherine Beresford  
Hmm.

0:15:10.330 --> 0:15:27.330  
**HCP01**  
- to try and keep a quite holistic view of the person rather than just seeing them as somebody with a liver condition, remembering that they’re, you know a family member, a husband, a wife. All the other factors that they've got going on in their life and just-

0:15:37.660 --> 0:15:38.300  
Catherine Beresford  
Yes.

0:15:41.630 --> 0:15:42.350  
Catherine Beresford  
Yes.

0:15:53.380 --> 0:15:53.860  
Catherine Beresford  
Yeah.

0:15:34.390 --> 0:15:57.390  
**HCP01**  
Thinking about that experience in terms of their their liver condition as well, because I think quite often people feel that they're just seen for those 10 minutes as you know – ‘So and so with a liver condition’ and it's it's forgotten about the impact that that can have.

0:15:58.430 --> 0:15:59.150  
Catherine Beresford  
I see.

0:15:58.910 --> 0:16:2.950  
**HCP01**  
So I think that can be quite helpful to to bear in mind.

0:16:10.410 --> 0:16:10.610  
Catherine Beresford  
Mm hmm.

0:16:4.270 --> 0:16:11.630  
**HCP01**  
Also, providing the opportunity to ask questions. Explain what is going to be happening, what opportunities for support.

0:16:24.10 --> 0:16:25.10  
Catherine Beresford  
Yeah, yeah.

0:16:23.700 --> 0:16:26.940  
**HCP01**  
Yeah, I think I think they're the main things really.

0:16:26.840 --> 0:16:34.360  
Catherine Beresford  
Yeah. And is there anything else that you think makes care good in advanced liver disease for people in this situation?

0:16:48.50 --> 0:16:48.130  
Catherine Beresford  
Mm.

0:16:42.190 --> 0:16:51.230  
**HCP01**  
I think I think living with uncertainty can be really difficult as well and and or if if it is -

0:16:54.860 --> 0:16:55.500  
Catherine Beresford  
Yes.

0:16:53.50 --> 0:16:56.170  
**HCP01**  
- end stage, you know, having the opportunity to understand exactly what that means. What what that what that means for that particular person and not just having an umbrella approach to it.

0:17:9.350 --> 0:17:9.990  
Catherine Beresford  
Right.

0:17:15.550 --> 0:17:16.270  
Catherine Beresford  
Yes.

0:17:10.790 --> 0:17:17.790  
**HCP01**  
But having the opportunities to individualise the support if possible, yeah.

0:17:29.320 --> 0:17:29.440  
**HCP01**  
Hmm.

0:17:17.720 --> 0:17:35.760  
Catherine Beresford  
Yeah, yeah, that makes sense. So, sort of reflecting upon everything that you've sort of thought about and said during this interview, is there anything that you might not have thought about before that sort of occurred to you while you're while you're sort of expressing all of this?

0:17:50.850 --> 0:17:51.490  
Catherine Beresford  
Yes.

0:17:43.60 --> 0:17:57.740  
**HCP01**  
I think I'm just really aware of all the challenges at the moment as well and you know on the the pressures on the, on the teams and the impact that that can have on patient care and and obviously -

0:18:2.590 --> 0:18:3.230  
Catherine Beresford  
I see.

0:17:59.580 --> 0:18:5.540  
**HCP01**  
 - the well-being of staff as well. One of the things that -

0:18:10.520 --> 0:18:11.200  
Catherine Beresford  
Right.

0:18:5.780 --> 0:18:13.660  
**HCP01**  
- that our team offers is reflective practise sessions and I think it can be really important for the healthcare teams to have those opportunities to think about the impact of the work on them.

0:18:30.590 --> 0:18:32.270  
Catherine Beresford  
Yes, yes.

0:18:23.280 --> 0:18:35.520  
**HCP01**  
But one of the barriers that we quite often come up against is that it's seen as a bit of a an add on and a luxury that teams will go to if something else drops off.

0:18:35.970 --> 0:18:36.410  
Catherine Beresford  
Yeah.

0:18:37.100 --> 0:18:39.540  
**HCP01**  
And and and it's not as seen as -

0:18:42.910 --> 0:18:43.30  
Catherine Beresford  
Hmm.

0:18:41.130 --> 0:18:53.570  
**HCP01**  
- you know, as important as you know, having a lunch break or, you know, it's it's all those fundamental needs that we have. But it's it's often pushed to the side.

0:18:53.860 --> 0:18:55.140  
Catherine Beresford  
Yeah, yeah.

0:18:55.10 --> 0:19:1.970  
**HCP01**  
And think it can be really important to think about the impacts of the work on on the the people working as well.

0:19:2.490 --> 0:19:7.850  
Catherine Beresford  
Yeah, yeah. What sort of what sort of impact do you think it has on on staff then?

0:19:9.870 --> 0:19:10.510  
**HCP01**  
I think being aware of of waiting lists and that there's people you know, they're they're actual people who are waiting for, for care can be really, really overwhelming at times.

0:19:24.340 --> 0:19:24.980  
Catherine Beresford  
Right.

0:19:34.800 --> 0:19:36.120  
Catherine Beresford  
Yeah, yeah.

0:19:25.680 --> 0:19:37.240  
**HCP01**  
That that need to to keep, you know, going one appointment after another when you're feeling overwhelmed and exhausted can be really difficult.

0:19:38.920 --> 0:19:44.160  
**HCP01**  
That the the trying to get that work life balance, and having the, and what what supports that so things like -

0:19:57.40 --> 0:19:57.640  
Catherine Beresford  
Yes.

0:19:53.730 --> 0:20:13.370  
**HCP01**  
Yeah, how possible it feels to switch off at the end of the day and and leave work behind, or if it stays with people, or if there's been particularly difficult situations that, you know where, where can people go to to think about that or have support for for those sorts of things.

0:20:13.560 --> 0:20:13.720  
Catherine Beresford  
Yeah.

0:20:22.760 --> 0:20:22.880  
Catherine Beresford  
Hmm.

0:20:13.450 --> 0:20:25.10  
**HCP01**  
And and obviously thinking about about their own health as well, whether it has an impact on on the lifestyle that they lead or the choices that they make. Yeah, I think it can have a really a really big impact. But there's also the the culture that can sometimes be around that - It's not [seen as] OK to let people, other people in the team know that you're finding things difficult or that something has been particularly challenging or upsetting. And it can, it can sometimes feel as a bit a bit of a weakness -

0:20:53.140 --> 0:20:53.740  
Catherine Beresford  
Yes.

0:20:54.100 --> 0:20:56.500  
**HCP01**  
to let other members of the team know that you're struggling.

0:21:2.410 --> 0:21:2.850  
Catherine Beresford  
Yeah.

0:21:0.480 --> 0:21:4.680  
**HCP01**  
So having that space to think about the impact of the work.

0:21:5.120 --> 0:21:5.560  
Catherine Beresford  
Yeah.

0:21:6.120 --> 0:21:11.160  
**HCP01**  
And also manage risk as well. I've I've run sessions for teams who -

0:21:28.190 --> 0:21:28.990  
Catherine Beresford  
Yes.

0:21:13.840 --> 0:21:34.640  
**HCP01**  
- who have been concerned about how they manage risk if someone's coming to their clinics, who you know is having a really difficult time or struggling with a diagnosis or, you know, whatever their situation is and they're talking about not wanting to continue living, then how they [staff] manage that.

0:21:37.170 --> 0:21:37.690  
Catherine Beresford  
Yeah.

0:21:38.720 --> 0:21:49.120  
**HCP01**  
And and having the opportunities to not be alone with it and to be supported, it can be really important as well.

0:21:50.700 --> 0:21:50.860  
**HCP01**  
Yeah.

0:21:49.690 --> 0:22:4.650  
Catherine Beresford  
Yeah. Thank you. Thanks. So, is there anything else you think that I should know to better understand care experiences in individuals who've got decompensated advanced liver disease better?

0:22:6.510 --> 0:22:6.630  
**HCP01**  
And

0:22:19.230 --> 0:22:20.590  
Catherine Beresford  
That's OK. Yeah.

0:22:26.180 --> 0:22:27.900  
Catherine Beresford  
Yes, yes.

0:22:15.970 --> 0:22:28.50  
**HCP01**  
I can't, I know I'm not really, I can't really think of anything. I guess my my, my understanding of it isn't from a a medical point of view necessarily, but more from -

0:22:31.50 --> 0:22:31.650  
Catherine Beresford  
Yes.

0:22:30.50 --> 0:22:33.90  
**HCP01**  
- a psychological point of view. So, I guess that you know that that's very much where my my thinking and and experiences has been. So yeah, no, I can't really think of anything else, sorry.

0:22:54.310 --> 0:22:54.990  
**HCP01**  
OK.

0:22:46.790 --> 0:23:0.750  
Catherine Beresford  
No, that's OK. No, that's still really helpful. 'cause, obviously you've got a different, you know, I'm trying to get a range of diverse perspectives and it's actually really helpful to speak to you because you're seeing it from, you know, from your unique point of view.

0:23:0.890 --> 0:23:2.210  
**HCP01**  
Right. OK.

0:23:2.270 --> 0:23:5.670  
Catherine Beresford  
And and is there anything else that anything you'd like to ask me?

0:23:12.330 --> 0:23:25.210  
**HCP01**  
What do you think, what would be, what would be your ideal outcome from from doing the research? Are you hoping to be able to put something in place for for patients?

0:23:41.460 --> 0:23:42.300  
**HCP01**  
Alright, yeah.

0:23:23.910 --> 0:23:58.230  
Catherine Beresford  
Well, yeah, that's a really good question. I mean, I guess I haven't thought that far ahead because you know it's going to take me over the next year. I'll be recruiting and interviewing people and analysing all the data. Then I have to write it all up in a thesis. I think one of, I don't know what the long-term outcome will be. I think you're you're right to ask that and it's something that I definitely should be thinking about as well. But what I am doing at this sort of stage and will continue to do throughout the next couple of years is make sure that I'm sort of continually taking opportunity to sort of disseminate what I'm doing and what I'm finding.

0:24:4.370 --> 0:24:4.490  
**HCP01**  
Hmm.

0:24:4.860 --> 0:24:8.860  
Catherine Beresford  
So that there's that kind of constant discussion around some of these issues.

0:24:21.620 --> 0:24:22.180  
**HCP01**  
OK.

0:24:30.680 --> 0:24:31.80  
**HCP01**  
Yeah.

0:24:10.300 --> 0:24:31.900  
Catherine Beresford  
So you know, I'm going - I'm doing talks at various things. You know, there's like a support group for people with liver disease. I'm doing a talk for them next week. I'm sort of liaising with couple of hospices and looking at what they have got in place and having discussions about that and sort of so sharing I guess a lot of it's around sharing what's going on and sharing good practice.

0:24:39.320 --> 0:24:41.720  
**HCP01**  
OK, alright.

0:24:46.500 --> 0:24:46.980  
**HCP01**  
OK.

0:24:33.0 --> 0:24:49.440  
Catherine Beresford  
There's there's something called - I don't know if you're aware of the British Society for the Study of the Liver – they have, like a special interest group in in relation to end-of-life care and they hold annual meetings. So, I've been to two of them and that they're made-up - it's it's in Bristol -

0:24:49.740 --> 0:24:51.100  
**HCP01**  
Oh, is it? OK.

0:24:50.960 --> 0:25:0.440  
Catherine Beresford  
Yeah, and, and so I went to that one in October and I said I could do a talk for them next October, and it's it, you know, it's all different professionals that work in this field.

0:25:13.460 --> 0:25:13.740  
**HCP01**  
Alright. Brilliant.

0:25:0.830 --> 0:25:30.590  
Catherine Beresford  
So I think yeah, it will be interesting to see what comes out of it. But definitely while I'm in the process, I think the key thing will be to make sure that I'm sharing what I'm finding and right, you know, I'm writing it up as well for like publication ideally so that people can see what you know, what is going on, where, where are they, where you know what is good practice, where could there be improvements and you know, because I am seeing some variation in different services and the ways -

0:25:30.370 --> 0:25:31.170  
**HCP01**  
OK.

0:25:44.270 --> 0:25:46.910  
**HCP01**  
Brilliant. Thank you. No, that's absolutely fine.

0:25:50.770 --> 0:25:51.650  
**HCP01**  
Yes.

0:25:31.30 --> 0:25:56.710  
Catherine Beresford  
- services are structured, but I know you ticked on the consent form that you'd like to be kept in the loop about the research, so I'll definitely make sure that you know - I do give you an update. It might not be for a while because as I said, it's going to be like, you know, two years to actually complete the the thesis. But part of that will be making sure that I update people on what I find.

0:25:57.20 --> 0:26:2.540  
**HCP01**  
OK. Oh, brilliant. That would be great. Yeah, I'd be really keen to to hear the outcome.

0:26:0.690 --> 0:26:5.850  
Catherine Beresford  
Yeah, definitely. Is there anything else you want to say before I stop recording?

0:26:7.60 --> 0:26:8.740  
**HCP01**  
No, I don't think so. Thank you.

0:26:8.800 --> 0:26:11.720  
Catherine Beresford  
All right, so I'm gonna. I'm gonna stop the recording now.

0:26:11.780 --> 0:26:12.420  
**HCP01**  
OK.

0:26:13.980 --> 0:26:14.340  
Catherine Beresford  
OK.