# Support

# HCP02 ‘Iris’ - Interview transcript

## Friday 24th November 2023 by Teams

0:0:19.950 --> 0:0:28.630  
Catherine Beresford  
Lovely. OK, thank you. So just before we start the questions, can you just confirm to me your age please?

0:0:30.590 --> 0:0:31.70  
Catherine Beresford  
Mm hmm mm hmm.

0:0:28.880 --> 0:0:31.200  
HCP02

Yeah, I'm good. I'm just thinking about this.

0:0:32.840 --> 0:0:33.680  
HCP02  
I'm [confirms age].

0:0:34.160 --> 0:0:38.240  
Catherine Beresford  
Thank you. And what ethnicity do you consider yourself to be?

0:0:37.910 --> 0:0:39.190  
HCP02  
I'm [confirms ethnicity].

0:0:39.510 --> 0:0:53.30  
Catherine Beresford  
Thank you. Lovely. Alright. So, to start off with please can you tell me about your role in working with individuals who've got decompensated advanced liver disease?

0:0:53.940 --> 0:1:0.60  
HCP02  
I'm so I have worked in liver disease for the last I wanna say nine years.

0:1:0.460 --> 0:1:1.20  
Catherine Beresford  
Yes.

0:1:9.60 --> 0:1:9.420  
Catherine Beresford  
Yeah.

0:1:13.530 --> 0:1:14.90  
Catherine Beresford  
Oh.

0:1:15.270 --> 0:1:15.910  
Catherine Beresford  
OK.

0:1:20.930 --> 0:1:21.610  
Catherine Beresford  
Yes.

0:1:1.660 --> 0:1:23.780  
HCP02  
I initially well 10 years 'cause I came over. So, I moved from Ireland to the UK 10 years ago and I started working in a hospice at the time and I met a few patients who came across in the local hospital and to the hospice for some end-stage management. Some of them were in the last days/ two weeks of life, some weren't and managed to obviously get home.

0:1:26.70 --> 0:1:26.390  
Catherine Beresford  
Yeah.

0:1:32.320 --> 0:1:32.960  
Catherine Beresford  
Yes.

0:1:27.740 --> 0:1:43.580  
HCP02  
There was the, is actually, the liver nurse who used to actually come over and see them. And so, she kind of sparked a bit of an interest [in me]. When I worked in Ireland, I worked in a big liver centre as well. And I worked in some liver transplant units on the intensive care end, but not the ward end of it.

0:1:46.800 --> 0:1:47.920  
Catherine Beresford  
Yeah, yeah.

0:1:44.980 --> 0:1:48.180  
HCP02  
So obviously have a bit of liver following me around for a long time.

0:1:49.580 --> 0:1:54.380  
HCP02  
And then I was in the hospice, decided I kind of want to go back into more acute clinical work.

0:1:54.860 --> 0:1:55.580  
Catherine Beresford  
I see.

0:1:55.380 --> 0:1:58.620  
HCP02  
I don't know about 2 1/2 years in the Hospice.

0:2:2.720 --> 0:2:3.240  
Catherine Beresford  
Yes.

0:1:58.660 --> 0:2:30.900  
HCP02  
And I went on to the liver unit at the local hospital and I enjoyed it, but it was a band 6 role. I didn't enjoy management. Let's just put it that way. It's not my fit. It's not my not my, but it's not my love. And I decided maybe clinical nurse specialist role might be more my thing. And so I then went to another Hospital in London and worked in the Liver Day unit where I saw a lot of people. It was end-stage liver disease coming in for drains, referring from palliative care, arranging long term drains.

0:2:31.360 --> 0:2:34.600  
HCP02  
People coming just for their bloods from the clinic.

0:2:34.640 --> 0:2:45.80  
HCP02  
So lots of kind of interaction with those patients and supporting them. Some have families and didn't have family. So you know when they're coming in for the drain every three weeks, it's kind of their day out really sometimes.

0:2:44.800 --> 0:2:46.120  
Catherine Beresford  
Yeah, yeah.

0:2:53.710 --> 0:2:54.430  
Catherine Beresford  
I see.

0:2:58.350 --> 0:3:0.390  
Catherine Beresford  
Yeah, yeah, yeah.

0:2:46.800 --> 0:3:1.80  
HCP02  
And then I got an e-mail to say that they're putting out a clinical nurse specialist role at the previous job - previous place I was at in London. And then I went for that, and I was there for about five years. And I now have just recently moved jobs because I've gone closer to home so I've worked with the people who've been on the wards in outpatients, in our intensive care units with decompensated liver disease, advanced liver disease, who've needed lots of supportive care and trying to access supportive care for them - that’s been the biggest challenge that they have.

0:3:16.820 --> 0:3:17.580  
Catherine Beresford  
Really.

0:3:18.580 --> 0:3:22.340  
HCP02  
Well it’s not really understood because they don't have necessarily-

0:3:23.780 --> 0:3:24.540  
HCP02  
I suppose.

0:3:29.670 --> 0:3:29.790  
Catherine Beresford  
Hmm.

0:3:26.580 --> 0:3:33.140  
HCP02  
-the exact symptoms of other patients would have with advanced diseases such as-

0:3:35.650 --> 0:3:35.770  
Catherine Beresford  
Hmm.

0:3:42.670 --> 0:3:43.230  
Catherine Beresford  
Yes.

0:3:49.180 --> 0:3:49.300  
Catherine Beresford  
Hmm.

0:3:33.700 --> 0:3:57.380  
HCP02  
-COPD with breathlessness and cancer, patients with pain and nausea and M.S patients with huge difficulties with their mobility and you know, kind of crisis like neurology. But you know, you know kind of anxieties and stuff so don't always fit the same that big picture, but they are in need of good supportive care really so. So yes, what I've been doing.

0:3:55.160 --> 0:4:10.280  
Catherine Beresford  
Yeah. Yeah, that that's really helpful. Yeah, you've obviously got a lot of experience. So, in, in the area where you're sort of now working, what services do people with advanced liver disease sort of typically access then?

0:4:15.260 --> 0:4:15.820  
Catherine Beresford  
Yeah.

0:4:12.510 --> 0:4:46.950  
HCP02  
GPs, then the clinical nurse specialists tend to be their biggest thing, trying to get, so they ring me saying ‘their needs are this and this’. So, I'll be referring them to district nurses for things like you know, if they need a bed. But if I can get them out to the palliative care team I’m usually doing really well. Usually, I do refer and then I usually ring up to try and basically follow that with a more of a bigger conversation with somebody to rather than just pick it up going no or get an e-mail saying no we can't see this patient. I like to try and call, I mean actually really explain what's going on here because what's the form as basic as it is and as informed as they want to be it doesn't always get across what's actually needed for the patient [follows-up palliative care referral form with a phone call to explain in more detail].

0:4:51.30 --> 0:4:51.790  
Catherine Beresford  
Yes.

0:5:5.710 --> 0:5:7.430  
Catherine Beresford  
Yeah. OK.

0:4:47.770 --> 0:5:18.290

HCP02  
Especially you mean things like mobility and stuff are easy enough to get across [on the form], but the real nooks and cranny, why they need to see them to support them and for their ongoing care. Plus, they're on assist and they can be the ambulances can be logged where to take them, that kind of stuff and how to support stay at home or go to a Hospice or whatever it is they need to do. But yeah, someone's obviously entitled to follow the form up [from palliative care] with a good call and a good chat with somebody who can't have them. The right idea of how to support these patients, we’ve got some really good palliative care nurses in the community.

0:5:20.610 --> 0:5:21.10  
Catherine Beresford  
Yeah.

0:5:19.400 --> 0:5:26.240  
HCP02  
In London and we were lucky enough to employ a specialist palliative care nurse in my last job in liver disease, yeah.

0:5:24.260 --> 0:5:28.100  
Catherine Beresford  
Oh, OK. Yeah, yeah, yeah, so.

0:5:27.390 --> 0:5:29.190  
HCP02  
I think she's one of the first in the country.

0:5:29.190 --> 0:5:41.230  
Catherine Beresford  
Oh, really? OK, that's interesting. So, from your point of view, then what do you think is working well? What does work well for people who've got decompensated advanced liver disease?

0:5:43.230 --> 0:5:45.350  
HCP02)  
I think their access to -

0:5:53.850 --> 0:5:54.50  
Catherine Beresford  
Mm hmm.

0:5:56.780 --> 0:5:57.420  
Catherine Beresford  
Yeah.

0:5:46.630 --> 0:6:9.550  
HCP02  
- care can be good if they've got the right team, the right GP, the right hospital. I think when they don't have those things, typical postcode lotteries, they end up in A&E alot. They end up in the GP a lot, and there's not much they can do or there's lots of people involved, but not actually getting anything done, which is a real challenge for them as patients.

0:6:15.620 --> 0:6:16.140  
Catherine Beresford  
Yeah.

0:6:17.840 --> 0:6:17.880  
Catherine Beresford  
I.

0:6:10.910 --> 0:6:17.990  
HCP02

And then they end up relying on a lot of the time people like myself, or their specialist, try and sort things out, like even basic things like transport -

0:6:24.0 --> 0:6:24.800  
Catherine Beresford  
Right.

0:6:19.230 --> 0:6:42.350  
HCP02  
I mean, they should be able to do that themselves. It's a case of ring up and get in there like, ‘no, I'm not entitled to it’, so I have to do a letter to transport saying ‘yes, they are. They're palliative. They've this’ and it's like, ‘OK, yeah, fine. No problem’. Right, well, they already answered the questions to say they got all these things, they're just not a cancer patient, they're not a renal patient needing dialysis – it doesn't mean they don't need all these things.

0:6:41.400 --> 0:6:43.40  
Catherine Beresford  
Yeah, yeah.

0:6:43.750 --> 0:6:52.270  
HCP02  
I've met some really good GPs, I've got some really good community teams obviously don't know much about my new area, but in in London I've met some really good areas.

0:6:51.970 --> 0:6:52.650  
Catherine Beresford  
Yes.

0:6:52.660 --> 0:7:9.460  
HCP02  
Really it on it and trying to support patients with staying at home, particularly drugs and alcohol services and things like that, that know the patients really well, who've been involved with their care for longer than I have and actually support them to stay at home or in the hostel or wherever it is, they need to be, [inaudible] alcohol problems.

0:7:13.250 --> 0:7:23.930  
Catherine Beresford  
Yeah. Yeah. So, I mean, you've already said that you you've mentioned some of them, but what? What are what other professionals are involved in in care for these individuals then?

0:7:27.70 --> 0:7:29.270  
HCP02  
Trying to think who else is involved in their care really…

0:7:33.970 --> 0:7:34.90  
Catherine Beresford  
Hmm.

0:7:30.910 --> 0:7:35.670  
HCP02  
Often they end up with needing extra carers and things like that. Family are usually pretty good if they've got some, obviously not everybody does. And then the doctors have always been really good. Helpful. See them in clinics where they help sort of thing as well and usually very receptive to getting things arranged.

0:7:53.570 --> 0:7:54.130  
Catherine Beresford  
Yeah.

0:7:51.910 --> 0:7:54.910  
HCP02

I think, yeah, that's lots of who I’ve seen really.

0:7:55.460 --> 0:7:55.940  
Catherine Beresford  
Yeah.

0:8:0.720 --> 0:8:1.440  
Catherine Beresford  
Sure.

0:7:56.730 --> 0:8:4.730  
HCP02  
and obviously then when we know they come into hospital, we're all on it and ready to go and help them sort it out. Try and get them out as quickly as possible. Or if they're staying, they're staying and that's fine.

0:8:5.260 --> 0:8:17.860  
Catherine Beresford  
I see. Yeah. So, if the people who've got advanced decompensated liver disease or their carers need support, advice or information, where do they tend to go for that?

0:8:24.400 --> 0:8:24.960  
Catherine Beresford  
Oh yeah.

0:8:27.340 --> 0:8:27.460  
Catherine Beresford  
Hmm.

0:8:29.230 --> 0:8:29.910  
Catherine Beresford  
Yes.

0:8:18.470 --> 0:8:30.950  
HCP02

Sometimes, a lot of the time they come to me, but I do point them signpost them. A lot of the time to the British Liver Trust for extra advice and guidance 'cause they're really good with booklets and information. They also have a helpline. Other diseases do have helplines, too, so hemochromatosis UK, obviously people don't tend to be dying for hemochromatosis [UK], sadly, but it is there as an advice and guidance. And you know, just somebody to chat to you sometimes. Obviously, the cancer network, I’m trying to think – does the HCC one have one.

0:8:48.470 --> 0:8:48.870  
Catherine Beresford  
Mm hmm mm.

0:8:55.550 --> 0:8:56.150  
Catherine Beresford  
Yeah.

0:8:49.100 --> 0:8:58.100  
HCP02  
Or they're put in HCC nurses since the British Liver Trust, I think for support for those patients, which is really good as well. 'cause, once that might be more around, you know, trying to sort out wills or things like that that are more important sometimes to sort out than what I'm doing. That was always really good, I always find the British Liver Trust really helpful and really supportive.

0:9:12.40 --> 0:9:12.520  
Catherine Beresford  
Yeah.

0:9:13.580 --> 0:9:19.380  
HCP02  
Then obviously there is ourselves and then obviously clinics trying to help get them in and get them sorted, even if it's just telephone.

0:9:20.240 --> 0:9:23.120  
Catherine Beresford  
How do they access? How do they access you then?

0:9:23.170 --> 0:9:23.810  
HCP02  
Mobile phone -in my old job.

0:9:24.230 --> 0:9:29.190  
Catherine Beresford  
Oh, yeah, so you had to work phone that they could call you on, yeah.

0:9:27.760 --> 0:9:29.360  
HCP02

I did. Yeah. Yeah, yeah, yeah.

0:9:30.570 --> 0:9:31.250  
Catherine Beresford  
I see.

0:9:31.380 --> 0:9:34.380  
HCP02

I was, yes, bane of my life, but also really handy.

0:9:35.410 --> 0:9:36.570  
Catherine Beresford  
Sure. Yeah.

0:9:44.410 --> 0:9:45.250  
Catherine Beresford  
Sure.

0:9:48.20 --> 0:9:48.820  
Catherine Beresford  
Course.

0:9:55.10 --> 0:9:55.650  
Catherine Beresford  
Yes.

0:9:36.800 --> 0:9:57.360  
HCP02  
But it was handy 'cause you could - if the if the patients just needed the number for transport, I could, the, the family would ring me and leave a message and I could just text them the phone number. So, it was just really easy instead of another call or having to wait two days for me to get back to them. So, in one way it was really good. In one way it wasn't. It also meant palliative care nurses and stuff like that could easily get hold of me instead of having to go through switch[board] or bleep me, wait for me to answer things like that. At least if if I didn't have the phone on me, or if I was in clinic or something, you know, they know I could get back some fairly soon.

0:10:8.610 --> 0:10:8.970  
Catherine Beresford  
Yeah.

0:10:8.310 --> 0:10:13.710  
HCP02

The same with palliative care community doctors as well as the nurses, so at least then we overall kind of tied in together. But yeah, it was. It was. That was quite handy.

0:10:22.980 --> 0:10:23.460  
Catherine Beresford  
Yeah.

0:10:18.590 --> 0:10:38.350  
HCP02  
And that it benefits the patients to just be able to be contactable really rather than kind of half around half not around and wait waiting for things to be done because when you needed social services or adult social care to do carers or get a bed in and things like that, it's just handy that those people had phone numbers to get hold of people.

0:10:39.90 --> 0:10:40.50  
Catherine Beresford  
Yeah, yeah.

0:10:39.900 --> 0:10:41.260  
HCP02  
And ask questions so.

0:10:42.120 --> 0:10:58.960  
Catherine Beresford  
And so sort of thinking about, I mean obviously you've got loads of experience, but have you got any specific examples of when you think that the care provided for an individual who had advanced decompensated liver disease was particularly positive? So, are there any sort of examples that stand out in your mind?

0:10:59.260 --> 0:11:8.20  
HCP02  
Yeah, I had a few. So, I had a good think about this the other day in the car driving to work 'cause it's like this is gonna come out.

0:11:22.300 --> 0:11:22.620  
Catherine Beresford  
Yeah.

0:11:8.60 --> 0:11:26.540  
HCP02  
So, I had a patient who had fatty liver disease for years. An older gentleman in his 70s and he developed a cancer in his liver. Went through the MDT and he wasn't for anything. It was palliative care.

0:11:26.710 --> 0:11:26.790  
Catherine Beresford  
Mm.

0:11:33.0 --> 0:11:33.640  
Catherine Beresford  
Yes.

0:11:40.410 --> 0:11:40.530  
Catherine Beresford  
Hmm.

0:11:49.560 --> 0:11:50.40  
Catherine Beresford  
Yeah.

0:11:27.90 --> 0:11:52.930  
HCP02  
And that was a really difficult conversation with the family from the consultant when we had to go and explain all this to them, and it his wife is he was Italian and his wife was Japanese. So, quite an anxious person. She's been younger than him. And boy, I think it's about 10 or 15 years. So obviously she felt like they're going to live their lives together. And that was. But he was. He was a good few years older and, but he he deteriorated quite quickly, and decompensated quite quickly with his cancer.

0:12:8.920 --> 0:12:9.960  
Catherine Beresford  
Yeah, yeah.

0:12:3.700 --> 0:12:15.620  
HCP02  
And he needed quite a lot of appointments with me. Just more from a support - it was more the partner that needed it more than he did and trying to manage his diuretics and because he knew he had some ascites.

0:12:16.80 --> 0:12:16.440  
Catherine Beresford  
Yeah.

0:12:17.180 --> 0:12:20.620  
HCP02  
Didn't need any drains. Thankfully he didn't need - did need? Oh no, he did need some drains in the end.

0:12:29.480 --> 0:12:30.160  
Catherine Beresford  
OK.

0:12:27.150 --> 0:12:31.710  
HCP02  
And then we put a long-term drain in for supportive management for him. And then he got a bit better for a while. I think he's able to eat and drink much better, and he's a bit more comfortable and we took it out and his his kidney function wasn't great. And then we got him home again.

0:12:53.280 --> 0:12:53.400  
Catherine Beresford  
Hmm.

0:12:47.750 --> 0:12:56.870  
HCP02  
And had a few more appointments. And then he or he came to an appointment to see me, and he just looked really awful. And I turned around to his wife at the time. And I said, ‘look, listen, I don't think it's going to be long’.

0:12:57.260 --> 0:12:57.700  
Catherine Beresford  
Yeah.

0:13:5.370 --> 0:13:6.10  
Catherine Beresford  
Yes.

0:12:57.510 --> 0:13:9.430  
HCP02  
I said the palliative care team been in and then this is the thing, that he'd been referred to palliative care. This is going into like 7-8 months after his diagnosis of cancer. And of course, he'd been been OK.

0:13:11.700 --> 0:13:12.100  
Catherine Beresford  
Yeah.

0:13:10.710 --> 0:13:17.950  
HCP02  
But not great. And he was really immobile when he came in. He was in a wheelchair. Whereas the other times he'd come in with a stick.

0:13:17.730 --> 0:13:18.90  
Catherine Beresford  
Yeah.

0:13:18.110 --> 0:13:29.550  
HCP02  
So I was like, ‘OK, hold on. What's changed?’ And he goes ‘I just feel a lot worse and a lot more tired’. And I was like, ‘OK, I really think now you're going to be at home. We're not going to see - I'm not going to see him in clinical unless you can really make it in’.

0:13:30.60 --> 0:13:30.580  
Catherine Beresford  
Sure.

0:13:30.760 --> 0:13:36.80  
HCP02  
‘I really think you could benefit from, you know, how's the bed? How's the chair you're using those?’ ‘Yes’. Because they were set up, we've gotten everything set up. When we'd found out he wasn't. He's can't, he had a cancer, and he was getting frailer. Given he was 76 anyway, he was getting frailer in general and his wife. She goes: ‘I'll come and see you next week’.

0:13:55.270 --> 0:13:56.150  
Catherine Beresford  
Alright.

0:13:57.360 --> 0:13:57.960  
Catherine Beresford  
Yeah, yeah.

0:13:55.680 --> 0:13:59.160  
HCP02  
And I was like, ‘OK, you can come and see me next week. I'll book him in for an appointment. But you can come and see me’.

0:13:59.690 --> 0:13:59.810  
Catherine Beresford  
Hmm.

0:14:19.410 --> 0:14:20.210  
Catherine Beresford  
Yes.

0:14:26.960 --> 0:14:27.40  
Catherine Beresford  
Mm.

0:13:59.820 --> 0:14:30.740  
HCP02  
She was really upset, she said. She was really struggling at home. She was really couldn't manage him, like getting him up and out. But I said, ‘why didn't you ring me? Why'd you ring the palliative care team?’ She goes. ‘I can't find their number. They haven't been for a while to see me’. I said ‘OK. when was the last time [palliative care came?’ If she goes ‘about three months ago’. So, things fall off the books in terms of - they probably just had a call going: ‘Everything's fine’. And that was it. I said ‘OK. But you should have the phone number on the fridge’. They, you know, kind of took for them, you know, when things were getting worse, we discussed this already.

0:14:34.550 --> 0:14:34.910  
Catherine Beresford  
Yeah.

0:14:49.540 --> 0:14:50.260  
Catherine Beresford  
Yes.

0:14:56.250 --> 0:14:56.890  
Catherine Beresford  
Yes.

0:14:31.60 --> 0:14:58.860  
HCP02  
They'd forgotten. And you know things got lost. And so we did, so, anyway, I I said. I said, ‘I'll call them now’. So, I rang them [palliative care]. And they're like, ‘oh, yeah, yeah, we're just going to take him off the books’. I said ‘no, you're not, you’re going to go and see him tomorrow or the day after please’. And then I got a call 2 days later, say, yeah, they'd set him up with everything that he needed. And that the wife was much happier now there because they got some carers in twice a day. So, a lot of things moved very fast. Then because he was there now-

0:15:5.710 --> 0:15:6.910  
Catherine Beresford  
Yeah, yeah.

0:15:12.740 --> 0:15:12.940  
Catherine Beresford  
Mm hmm.

0:14:59.620 --> 0:15:13.860  
HCP02  
-physically frailer so they could actually see, and then he passed away, probably about two or three weeks later at home, and with his with his wife and some family were able to get over that from Italy and stuff like that.

0:15:17.800 --> 0:15:18.160  
Catherine Beresford  
Yeah.

0:15:22.130 --> 0:15:22.610  
Catherine Beresford  
Yeah.

0:15:25.440 --> 0:15:25.560  
Catherine Beresford  
Hmm.

0:15:13.900 --> 0:15:31.100  
HCP02  
And then she came in to see us. After a few weeks because she once she rang me. So, she came in on the clinic day because the consultants, they are the same day. So, we had a good chat and all the rest of it she goes: ‘I'm really glad he was at home. I’m really glad that we're able to do everything’. And I was like ‘no, that's why we're here’. She goes: ‘I should have rang them when he wasn't great’. And I said ‘that's fine’.

0:15:31.550 --> 0:15:31.670  
Catherine Beresford  
Hmm.

0:15:36.730 --> 0:15:36.850  
Catherine Beresford  
Hmm.

0:15:49.630 --> 0:15:50.30  
Catherine Beresford  
Yeah.

0:15:54.120 --> 0:15:54.720  
Catherine Beresford  
Yes.

0:15:58.650 --> 0:15:59.890  
Catherine Beresford  
Yeah, yeah.

0:15:32.150 --> 0:16:4.70  
HCP02  
And the palliative care team then did ring me. We had it just to catch up as well. So and they were like, ‘oh, we should have been seeing him a bit sooner and often’, I said, ‘I know you guys get busy with people who are much sicker and much got a lot more complex problems and symptoms and family and difficulties, need to go to the hospice and really agitated, you know, all those kinds of things going on at home are, you know, he's kind of the least of your worries in a way. But these things do need to be kept on top because they are really frail and can go very quickly because-

0:16:8.220 --> 0:16:8.860  
Catherine Beresford  
Yes.

0:16:4.350 --> 0:16:11.70  
HCP02  
-that's the problem with liver patients, they go up and down, up and down and they don't follow a single line of just going down.

0:16:11.610 --> 0:16:12.770  
Catherine Beresford  
Yeah, yeah.

0:16:20.290 --> 0:16:20.410  
Catherine Beresford  
Hmm.

0:16:31.490 --> 0:16:32.90  
Catherine Beresford  
Yes.

0:16:12.510 --> 0:16:41.230  
HCP02  
You can draw a line through it. You can see it, but initially it looks like they're just up and down. So yeah, that was a really good one so that he was he was quite good. As I said, he was up and down 'cause he was had drains and fluid. And then he put a long-term one and he actually took it out. So, you know, he could think he was getting a bit better, not worse. But he just had no fluid anymore and his kidney function had gone really bad. So. But he managed to – his ascites had settled down, but he wasn't eating and drinking. So, it was all-

0:16:41.900 --> 0:16:42.900  
Catherine Beresford  
Yeah, yeah.

0:16:43.170 --> 0:16:45.250  
HCP02  
-everything just deteriorating in general, so.

0:16:46.690 --> 0:16:59.90  
Catherine Beresford  
Thank you. Yeah, that's helpful to understand. And I suppose on the other side of the coin then, have you got any specific examples of when you think the care provided for an individual was was negative?

0:17:1.940 --> 0:17:3.820  
HCP02  
We’ve - I've definitely had a few. Some. There's definitely two or three which, I was, I'd referred and they were declined because they didn't meet the needs and for palliative care, there was one that does stand out to me and he he was a young man. He was only about 45.

0:17:14.980 --> 0:17:17.20  
Catherine Beresford  
Mm hmm. What for palliative care do you mean?

0:17:23.330 --> 0:17:23.450  
Catherine Beresford  
Hmm.

0:17:24.180 --> 0:17:25.540  
HCP02  
And sadly, it was alcohol. And he had a lot of emotional issues, he'd no - like there was no concern about his house or hidden self, but obviously he was in a self-destructive pattern. But he didn't have much in the way of, like, ascites.

0:17:44.250 --> 0:17:44.690  
Catherine Beresford  
Yeah.

0:17:49.670 --> 0:17:50.350  
Catherine Beresford  
Yes.

0:17:45.150 --> 0:17:50.910  
HCP02  
He didn't have much in the way, but he had quite a bad encephalopathy. So, that's that brain confusion people get. And he needed some district nurse support with bowels, and he was accepting of that, funnily enough, weirdly out of everything else. But I've done the palliative care referral because he didn't wish to stop drinking.

0:18:4.640 --> 0:18:5.80  
Catherine Beresford  
Yeah.

0:18:5.30 --> 0:18:8.990  
HCP02  
and was seen in clinic and was always going to be seen in clinic, and had the contact details for us. Umm, he sadly went a bit missing.

0:18:12.620 --> 0:18:13.100  
Catherine Beresford  
Right.

0:18:13.190 --> 0:18:15.910  
HCP02  
Which they do. You know, they return to alcohol, not to clinic.

0:18:20.40 --> 0:18:20.240  
Catherine Beresford  
Mm hmm.

0:18:17.710 --> 0:18:35.230  
HCP02  
So he kind of slightly fell off my radar as well. And then I got a call from the the district nurses to say he looks really unwell and what should they do? And I was like,’ oh, what does he look like?’ Obviously over a phone, can't quite see him. ‘Oh like he’s a bit yellow. He's a bit this. He's a bit confused, like his tummy's a bit big. We don't know if we should give him an enema’. I said ‘give him his enema. That's fine. But I think he needs to come into A&E to be reviewed’. And it when he came in, he was really, really, really decompensated.

0:18:56.580 --> 0:18:57.380  
Catherine Beresford  
OK.

0:19:1.760 --> 0:19:2.320  
Catherine Beresford  
Yeah.

0:19:5.20 --> 0:19:5.460  
Catherine Beresford  
Yeah.

0:18:51.20 --> 0:19:7.300  
HCP02  
He was not made fit for intensive care on his last admission. It was quite a while ago. It was about four or five months previously, so he done all right at home, but not great, but just had stopped coming and nobody would let me know that he'd stop coming to outpatients. I wasn't seeing him in clinic.

0:19:13.950 --> 0:19:14.550  
Catherine Beresford  
Yes.

0:19:8.830 --> 0:19:16.590  
HCP02  
But he didn't need drains, so he wasn't on my radar too much. But he had my phone number to contact me if there's any worries, concerns. And he did initially. And-

0:19:34.990 --> 0:19:36.350  
Catherine Beresford  
Yeah, yeah.

0:19:20.750 --> 0:19:38.150  
HCP02

The palliative care - so then palliative care saw him on the ward and supported him, and he managed to get home and *then* palliative care saw him at home in the community. He ended up sadly coming back in and being readmitted and died on the ward that was probably going to happen anyway.

0:19:43.130 --> 0:19:43.530  
Catherine Beresford  
Yeah.

0:19:38.860 --> 0:19:44.260  
HCP02  
Because he'd no family support. He’d little in the community to support him.

0:19:46.470 --> 0:19:46.590  
Catherine Beresford  
Hmm.

0:19:44.300 --> 0:19:47.180  
HCP02  
Didn't quite get him in enough time to get him to a hospice. I think overall his death was fine in where it happened, but it was just a bit frustrating. So, I remember speaking to our palliative care nurse for for liver disease at the time. I said ‘can we chat to the community palliative care team because I referred him initially 5 months ago, because he's had multiple admissions, he hit the criteria for referral, from our point of view’.

0:20:9.540 --> 0:20:10.180  
Catherine Beresford  
Yes.

0:20:16.760 --> 0:20:17.480  
Catherine Beresford  
Sure.

0:20:20.210 --> 0:20:20.970  
Catherine Beresford  
Yes.

0:20:11.350 --> 0:20:21.790  
HCP02  
And we knew he wasn't for any additional care unless he stopped drinking. He didn't stop drinking, but he was amenable to community care and having whatever he needed.

0:20:27.130 --> 0:20:27.730  
Catherine Beresford  
Yeah.

0:20:31.390 --> 0:20:31.830  
Catherine Beresford  
Yeah.

0:20:23.270 --> 0:20:39.190  
HCP02  
And could we learn anything. And so, we did, we sat down with them and just said, ‘listen, you rejected [liver nurse’s] referral. Why? Because we've already said he's not for anything’. I should have followed up with a call with somebody, and that's where I learned to call people and actually have conversations.

0:20:37.990 --> 0:20:39.990  
Catherine Beresford  
Yeah, I see. Yeah.

0:20:47.580 --> 0:20:47.780  
Catherine Beresford  
Mm hmm.

0:20:55.870 --> 0:20:56.510  
Catherine Beresford  
Yes.

0:20:59.400 --> 0:20:59.880  
Catherine Beresford  
Yeah.

0:21:2.650 --> 0:21:2.770  
Catherine Beresford  
Hmm.

0:20:40.0 --> 0:21:4.640  
HCP02  
It's like anything, you learn from things that could have been done better. And I said ‘he could have had everything at home. He he did get everything at home through the district nurses, but he didn't get carers, he didn't get fast track-care when he needed it. He wasn't getting reviewed by anybody at home bar the district nurses who are limited in what they do, and they just go in and do the task and then are heading out the door again. They may have added extra, but they weren't adding in carers. They weren't adding anything else in for him.

0:21:4.530 --> 0:21:4.930  
Catherine Beresford  
Hmm hmm.

0:21:5.540 --> 0:21:16.820  
HCP02

So actually, if he'd already had palliative care checking on him along with clinic, then at least they would have matched up, and then we would have had a place where he would have been maybe passed away at home or in hospicel rather than coming into hospital.

0:21:17.190 --> 0:21:18.830  
Catherine Beresford  
I see, yeah.

0:21:20.850 --> 0:21:21.570  
Catherine Beresford  
Hmm. MMM.

0:21:18.150 --> 0:21:24.750  
HCP02  
So, it wasn't a great one. It's definitely and and I think a lot of it was they were like, ‘oh, but he was so young’. So? it doesn't make any difference.

0:21:24.720 --> 0:21:26.360  
Catherine Beresford  
Yeah. OK.

0:21:25.820 --> 0:21:28.300  
HCP02  
If he's 80, if he was 18, does it make a difference?

0:21:28.50 --> 0:21:29.370  
Catherine Beresford  
Yeah, yeah.

0:21:29.900 --> 0:21:33.620  
HCP02)  
Said ‘I can't tell when alcohol is going to affect somebody's liver and make them really, really sick’.

0:21:34.900 --> 0:21:42.980  
HCP02  
So they were understanding of that and they kind of learned from it as well and that I think that's where we kind of came up with if I do make referrals, we'll probably call you to actually properly discuss -

0:21:42.850 --> 0:21:43.690  
Catherine Beresford  
Yes.

0:21:44.230 --> 0:21:52.110  
HCP02  
- the referral to go through it, so at least it makes more sense of what we're trying to achieve here rather than it's a point blank refusal.

0:21:51.620 --> 0:21:53.300  
Catherine Beresford  
Yeah, yeah.

0:21:53.710 --> 0:22:0.270  
HCP02  
So they tried to have to change their policy a little bit of not refusing, just asking for more information kind of questions.

0:22:6.210 --> 0:22:6.610  
HCP02  
Yeah.

0:22:1.210 --> 0:22:6.730  
Catherine Beresford  
Yeah, that makes sense. Yeah, I can see. I can see what you're explaining there. That's helpful.

0:22:8.90 --> 0:22:18.850  
Catherine Beresford  
So I suppose I mean, based on all your experiences, what advice might you give to other professionals that perhaps are new to working with individuals who've got advanced liver disease?

0:22:31.310 --> 0:22:31.710  
Catherine Beresford  
Sure.

0:22:35.30 --> 0:22:35.150  
Catherine Beresford  
Hmm.

0:22:20.280 --> 0:22:37.800  
HCP02  
I think a lot for me is parallel planning with people who've got decompensated liver disease. People have got a liver disease that's quite stable quite well, there's no worries. It's when they come through the decompensation and it's it's parallel planning. So planning, if you were to get better, but also planning if you'd get worse.

0:22:38.30 --> 0:22:38.510  
Catherine Beresford  
Yeah.

HCP02  
It's a big thing 'cause people do. Even people go on to, you know, they meet the criteria for a transplants. They get on the transplant list, they still die before it even hits a transplant.

0:22:47.190 --> 0:22:50.510  
Catherine Beresford  
Yeah, I see. Yeah.

0:22:50.820 --> 0:22:53.460  
HCP02

I think it's is it 5 to 10% of people die on the list.

0:22:57.440 --> 0:22:58.80  
Catherine Beresford  
I see.

0:23:1.900 --> 0:23:2.380  
Catherine Beresford  
Yeah.

0:22:54.780 --> 0:23:2.700  
HCP02  
Because something else happens, an infection become, rendered them very -you know they can't have it anymore. A clot happens.

0:23:11.530 --> 0:23:11.650  
Catherine Beresford  
Hmm.

0:23:4.180 --> 0:23:13.100  
HCP02  
Something happens that they're no longer fit for a liver transplant. They return to alcohol because they're waiting long enough. Something happens, and they sadly - one patient, he had Wilson's, which is a type of liver disease of copper malabsorption, also had an alcohol issue which was resolved. He went through some therapy and he-

0:23:36.620 --> 0:23:37.140  
Catherine Beresford  
Yeah.

0:23:52.610 --> 0:23:53.410  
Catherine Beresford  
Right.

0:23:26.170 --> 0:23:56.450  
HCP02  
[inaudible] but he decompensated and needed a liver transplant, and he actually eventually was made fit for it - it took a while because he didn't like to take his medications. He was a bit non-compliant and that was his Wilson's more than it was alcohol and he went on the list and the team transplant coordinators, tried to contact him for a liver, couldn't contact him. And then if they're non contactable, that they're allowed to call - I think it's alright to call the police, they call the next-of-kin, but if not, they’re allowed to call the police to go to their house. They called the next-of-kin. The, the next-of-kin came, went in. Couldn't get in. Had to get the door broken and the man had died.

0:24:4.350 --> 0:24:4.750  
Catherine Beresford  
Yeah.

0:24:4.580 --> 0:24:5.740  
HCP02  
He'd had a massive heart attack.

0:24:6.180 --> 0:24:6.580  
Catherine Beresford  
Yeah.

0:24:7.550 --> 0:24:25.470  
HCP02  
So you know, there's even though you might get to a liver transplant. Yes. That's, like, amazing. You might not actually get there. So, people still need still need to be prepared. What if it doesn't happen? You know, what if your liver gets worse? What if you get worse if you lose your fitness, where you've been quite-

0:24:24.970 --> 0:24:28.530  
Catherine Beresford  
Who, who do you think it has those conversations with people?

0:24:28.960 --> 0:24:34.160  
HCP02  
If you've got a really good liver doctor, they do, along with liver nurses.

0:24:54.730 --> 0:24:54.850  
Catherine Beresford  
Hmm.

0:24:57.530 --> 0:24:57.650  
Catherine Beresford  
Hmm.

0:24:35.520 --> 0:24:59.440  
HCP02  
Mainly, the nurses are better at those conversations in terms of – and they also have more time to have those pa[inaudible] conversations. The team I worked with before, I don't know about the new team because I haven't watched them that much, but my old team, some of the consultants were very good because they work in transplant. Often found people were never great at talking about palliative care and end of life care, supportive care, whatever you want to call it. I always call it supportive care.

0:24:59.710 --> 0:25:0.150  
Catherine Beresford  
Yeah.

0:25:0.630 --> 0:25:1.990  
HCP02  
I think it sounds a bit better.

0:25:2.520 --> 0:25:2.960  
Catherine Beresford  
Yeah.

0:25:3.630 --> 0:25:4.30  
HCP02  
It's easier.

0:25:16.360 --> 0:25:16.560  
Catherine Beresford  
Mm hmm.

0:25:6.270 --> 0:25:20.950  
HCP02  
To and if I put it if if I put a supportive care to plan if things would get worse and how we're going to manage that, how we're going to support you for that and what you want. And people are often a little bit surprised but also quite accepting of those words.

0:25:20.430 --> 0:25:21.990  
Catherine Beresford  
Right, I see.

0:25:24.790 --> 0:25:24.910  
Catherine Beresford  
Hmm.

0:25:22.470 --> 0:25:27.110  
HCP02  
Rather than, ‘I’m going to refer you to the palliative care team’, which sounds very - that's it.

0:25:27.530 --> 0:25:28.570  
Catherine Beresford  
Yeah, yeah.

0:25:30.670 --> 0:25:30.790  
Catherine Beresford  
Hmm.

0:25:29.20 --> 0:25:31.740  
HCP02  
So, that's all you've got.

0:25:34.590 --> 0:25:34.710  
Catherine Beresford  
Hmm.

0:25:31.780 --> 0:25:35.660  
HCP02  
'Cause, if you put in the word *if* things will get worse, they tend to respond to that better.

0:25:43.490 --> 0:25:44.10  
Catherine Beresford  
Mm hmm mm hmm.

0:25:57.640 --> 0:25:58.80  
Catherine Beresford  
Yeah.

0:25:37.700 --> 0:26:1.620  
HCP02  
And yeah, but I find the nurses are much better at having those conversations. They know the patients often. They see them in outpatients regularly. They see them on the wards regularly. The doctors I find are not great at those conversations. Some are, some are very good because that's their interest, and they want to do those things to help the patients they want to do it to make sure that there's good solid care plans and advice,

0:26:5.710 --> 0:26:6.230  
Catherine Beresford  
Yeah, yeah.

0:26:7.70 --> 0:26:7.430  
Catherine Beresford  
Yeah.

0:26:2.100 --> 0:26:10.300  
HCP02

-there is good solid conversations with the family as well, so that everybody's kind of clued in as to what's going on and how it's done.

0:26:12.650 --> 0:26:14.170  
Catherine Beresford  
Yeah, yeah.

0:26:15.30 --> 0:26:15.430  
Catherine Beresford  
Yeah.

0:26:11.580 --> 0:26:15.900  
HCP02  
Also, what the patient wants. Quite often, people forget to ask that bit. But yeah, they're always not the easiest to have conversations, but they have to be done.

0:26:20.470 --> 0:26:21.350  
Catherine Beresford  
Yeah, yeah.

0:26:21.580 --> 0:26:28.100  
HCP02  
There's nothing worse than somebody comes in and they're on their last legs and nobody's told them before.

0:26:28.650 --> 0:26:29.930  
Catherine Beresford  
Yeah, I see.

0:26:42.890 --> 0:26:43.10  
Catherine Beresford  
Hmm.

0:26:30.630 --> 0:26:47.70  
HCP02  
Like, ‘oh, nobody's told me before’. And like, really? You’ve sat in outpatients for the last two years. And nobody's told you that this could happen and that this is what was going to happen eventually. And you didn't listen. You didn't plan anything. I used to when I worked in the hospice, the amount of people that didn't have plans in place in terms of their, their items, their belongings or will. Nothing done-

0:26:54.950 --> 0:26:56.550  
Catherine Beresford  
Yeah, yeah.

0:26:54.690 --> 0:27:1.250  
HCP02  
-for when they passed away, they're sitting in front of me in a bed and they're like, I need to make a will. And I'm like, you're confused. You can't make a will.

0:27:1.700 --> 0:27:2.540  
Catherine Beresford  
Right.

0:27:22.250 --> 0:27:23.250  
Catherine Beresford  
Yeah, yeah.

0:27:3.210 --> 0:27:23.890  
HCP02

But you've a brain cancer - might be a bit too late, or you may have already done, but I don't know. It's not my business. But you know there is - or there's family giving out in the corridor ‘Are they giving everything to you?’ and you’re just like, how did you not only know this or you'd ask a family when they've passed away, kind of like, ‘so had you talked about any funeral plans? No. Oh, right. OK’.

0:27:26.430 --> 0:27:26.950  
Catherine Beresford  
Yeah.

0:27:30.30 --> 0:27:31.990  
Catherine Beresford  
Sure. Yeah, sure.

0:27:25.600 --> 0:27:40.600  
HCP02  
You know you're you're and this is just every background, not just liver background. You can have any be like with cancer and they've had cancer for five years. And sadly, these things do always end up this way. So, like, did they not make a plan or different

0:27:42.610 --> 0:27:43.570  
Catherine Beresford  
Yeah, yeah.

0:27:42.40 --> 0:27:56.800  
HCP02  
-Yeah, it's always fun and games. And you had those. You're like you've got nothing done. Nothing planned. And you're like what's just want to know if I can where I want to send them or what you want to do. If there's anything we need to be aware of. And, you know, cultural point of view. Religious point of view that we need to do next before we do anything.

0:27:57.270 --> 0:27:58.710  
Catherine Beresford  
Yes, of course.

0:27:58.80 --> 0:28:0.440  
HCP02

Yeah, like ‘no, I don't know’. And I'm like, ‘oh gosh. Your dad did not discuss it with you?’

0:28:4.500 --> 0:28:5.60  
Catherine Beresford  
So.

0:28:6.800 --> 0:28:14.0  
Catherine Beresford  
Sort of reflecting on everything we've been talking about in, in your opinion, what does good care in advanced liver disease look like then?

0:28:15.60 --> 0:28:16.220  
HCP02  
I think it's a good conversation - the patient knows where their liver disease is at in terms of how and well they could be. And well they're getting and what are their opportunities for treatment, if any at all.

0:28:29.950 --> 0:28:30.550  
Catherine Beresford  
Yes.

0:28:32.140 --> 0:28:45.340  
HCP02

And the opportunity might be to stop drinking, the opportunity might be transplanted. The opportunity might be drains and long-term drains or diuretics, but also to make the opportunity to make a plan.

0:28:52.660 --> 0:28:52.780  
Catherine Beresford  
Hmm.

0:28:46.230 --> 0:28:57.350  
HCP02  
About if things are not going to get better and they are deteriorating, what would they like to do and that might be some you must go do now. ‘I want to go back home to Ireland to live. That's where I'm from. That's where I wanna be’. It's like, ‘OK, let's try and do that’.

0:29:11.320 --> 0:29:12.80  
Catherine Beresford  
Yes.

0:29:17.860 --> 0:29:18.500  
Catherine Beresford  
Yes.

0:29:4.110 --> 0:29:18.670  
HCP02

Or, ‘I want to go to Italy and see my family’. Like ‘Umm, you may not be well enough to do that, but can we get them here instead?’ You know, whichever it is they're trying to get those things together or might be getting their cat or their dog into the hospital to see them. You know, those kind of things. But also, it's that conversation with family.

0:29:22.930 --> 0:29:23.370  
Catherine Beresford  
Yeah.

0:29:23.140 --> 0:29:27.420  
HCP02  
And friends and loved ones so that everybody's on the same page.

0:29:52.0 --> 0:29:52.120  
Catherine Beresford  
Hmm.

0:29:27.460 --> 0:29:57.60  
HCP02  
About where we're going, what we're doing, and also then and that obviously happens a lot as inpatient rather than outpatient work. So, I'd love to bring more of that to outpatient work. So, I'm seeing people in clinic who've got unwell livers and going like ‘listen, you know you need to know what we're doing, how we're doing’ and obviously having it all written done so the GPs aware as well, which is the other big problem. Sometimes when we discuss plans not everything's written down on that discharge summary which can be extensive as it is, to get through to the GP to make those amendments or update their records as well, so that's - can be quite frustrating for the family when they go home.

0:30:10.350 --> 0:30:11.910  
Catherine Beresford  
Yeah, yeah.

0:30:36.400 --> 0:30:37.0  
Catherine Beresford  
Yes.

0:30:12.430 --> 0:30:38.30  
HCP02  
And I have it - the problem is writing it all down, but there's a way to write it all down easier and then have that as one sheet too that would be copied to GPS district, nurses, family, whoever needs to know kind of thing. So that would be nicer for people to know what a plan might be and then obviously to understand that with liver disease they can go up and then down and then up and then down and that's quite normal. Some people might have a bleed, become really unwell but manage to get back from it.

0:30:43.670 --> 0:30:44.190  
Catherine Beresford  
Yeah.

0:30:50.880 --> 0:30:51.600  
Catherine Beresford  
OK.

0:30:43.580 --> 0:30:54.340  
HCP02  
And then they may have an infection in the fluid and be really unwell but manage to get back from it and they could sit there for another six months fine. We'd just - there's no way of knowing.

0:30:59.650 --> 0:31:0.370  
Catherine Beresford  
Yes.

0:31:12.950 --> 0:31:13.710  
Catherine Beresford  
Yeah.

0:30:55.860 --> 0:31:17.460  
HCP02  
But when they're quite advanced and quite decompensate, we know it's quite short. Weeks most of the time, and it's again it's and it's having this same people revisit the conversation. So having what - we were lucky at my last job was to have a special palliative care nurse that helped, particularly with the inpatient load, but would help us with some of the outpatient load when we're having difficult conversations or having contact with people.

0:31:20.830 --> 0:31:21.350  
Catherine Beresford  
Yeah.

HCP02  
In terms of, so if I had somebody who was gonna go home and I wasn't expecting to see them back in clinic and if they were in our local area, some of our palliative care nurse would ring them and catch up with them, make sure how things were going to add that extra additional level of care and support as long as you expected just for the patient or family to ring you because their focus was being at home. And being with that patient, they're entering maybe the last few days to weeks of life. Obviously they’d ring me if they suddenly bounced back as well.

0:31:48.380 --> 0:31:49.460  
Catherine Beresford  
Yeah, yeah.

0:31:49.770 --> 0:31:53.810  
HCP02  
It's having contacts as well. I think that's the other thing - family and patients - who to ring, who to talk to, how to do things. Going home with two weeks of medications, make sure you order more. That's always the hard bit.

0:32:6.390 --> 0:32:7.670  
Catherine Beresford  
Yeah. Thank you.

0:32:9.110 --> 0:32:20.230  
Catherine Beresford  
So in some of my previous interviews, issues around sort of services being under pressure and the impact that that can have on staff well-being has emerged. And I'm just interested to hear your thoughts about that.

0:32:20.840 --> 0:32:25.80  
HCP02  
It's really hard 'cause I-

0:32:33.310 --> 0:32:33.390  
Catherine Beresford  
Mm.

0:32:37.70 --> 0:32:37.550  
Catherine Beresford  
Yes.

0:32:25.120 --> 0:32:46.920  
HCP02  
-Let's see. COVID was a nightmare. However, I was on top of everything COVID 'cause that was easy 'cause. I didn't have as much clinic work to do, and I went into, and I went to ITU to work. So, it was a bit of a mixture, and sadly, a lot of our patients, they did die anyway they were, and but they could access good care from a palliative care point of view. I have to say, a few went to hospice which was quite nice.

0:32:47.810 --> 0:32:48.210  
Catherine Beresford  
Yeah.

0:32:48.560 --> 0:32:50.400  
HCP02  
But then, as things reopened again, and it got a bit messy and it got a bit chaotic. That's always really hard to keep on top of.

0:32:56.700 --> 0:32:57.220  
Catherine Beresford  
Yeah.

0:33:13.990 --> 0:33:14.550  
Catherine Beresford  
Yes.

0:32:58.10 --> 0:33:19.370  
HCP02  
And to, you know, deliver that care the same for everybody when you're trying to catch up with lots of people that have been a bit messed about and a bit kind of shoved about and then trying to get them working in one way rather than lots of different things because during COVID we did it this way. But now we back to the way we used to do things, created quite a lot of challenges for people.

0:33:23.360 --> 0:33:23.560  
Catherine Beresford  
Mm hmm.

0:33:28.600 --> 0:33:29.0  
Catherine Beresford  
Yeah.

0:33:20.580 --> 0:33:33.660  
HCP02  
And I myself was off on stress leave for about four months at one point two years ago, after everything had died down because it was the stop-start of freeze of services that absolutely killed me.

0:33:33.500 --> 0:33:33.860  
Catherine Beresford  
Yeah.

0:33:33.700 --> 0:33:35.860  
HCP02  
Because that's messy. It's not related to advanced liver disease - I look after a group of patients that have got iron overload, they need to come in for a weekly pint of blood or for every three months, six months, depending on what that's going on with their disease.

0:33:46.470 --> 0:33:46.910  
Catherine Beresford  
Yeah.

0:33:47.420 --> 0:33:49.460  
HCP02  
And I'd stop-started that service four times.

0:33:50.230 --> 0:33:50.310  
Catherine Beresford  
Mm.

0:33:51.80 --> 0:33:52.960  
HCP02  
And there's 250 patients. So, it's a huge amount of people to move and to see, to not see, see, not see. They're ringing, they’re e-mailing and go: ‘I need to be done’. I'm like, ‘OK, actually, you're not a priority. The NHS doesn't see your care currently as a priority’, which is fine.

0:34:8.680 --> 0:34:9.120  
Catherine Beresford  
Yeah.

0:34:12.940 --> 0:34:13.380  
Catherine Beresford  
Yeah.

0:34:10.200 --> 0:34:19.560  
HCP02  
But it's that kind of stuff that's really frustrating and then you have to, then you've got your sicker patients who need your care, needs your attention, and you can't actually get in there.

0:34:19.800 --> 0:34:20.280  
Catherine Beresford  
Yeah.

0:34:23.220 --> 0:34:23.660  
Catherine Beresford  
Yeah.

0:34:20.960 --> 0:34:24.440  
HCP02  
Because you're just being pulled apart by everything else. And my boss at the time retired. And then there was all these policies needed updating, protocols needed updating. This need updating that needed - what do you want me to do?

0:34:35.110 --> 0:34:37.150  
Catherine Beresford  
Yeah, yeah.

0:34:38.590 --> 0:34:38.990  
Catherine Beresford  
Yeah.

0:34:36.200 --> 0:34:55.320  
HCP02

So, it is and it is quite frustrating. Then when you're trying to look after a group of patients who got decompensated disease, that need your care and attention, you're trying to go down and see them in there. If they're in the day unit for a drain and make sure they've got everything they need and then go off and do that. So, try and get that referral done for palliative care or district nurses, try and give them a call.

0:34:55.800 --> 0:34:56.280  
Catherine Beresford  
Yeah.

0:34:55.990 --> 0:35:2.870  
HCP02  
Because they are seeing them once a week for something else. But can they get a better commode or, you know, basic things?

0:35:8.960 --> 0:35:9.440  
Catherine Beresford  
Mm hmm mm hmm.

0:35:3.900 --> 0:35:14.460  
HCP02  
And I'm like, why didn't you ask the district nurse for a bed? Oh, they need a referral from you. And I'm like, do they really need a referral from me for a bed? And then they're like, oh, GPs meant to do it.

0:35:15.320 --> 0:35:19.840  
Catherine Beresford  
So if you know if you need support, what what what is there for you?

0:35:42.940 --> 0:35:43.60  
Catherine Beresford  
Hmm.

0:35:20.710 --> 0:35:53.550  
HCP02  
My old Trust um, there was mainly just the team and there was a little bit of a well-being team, but obviously my new job I don't know at the moment, but there seems to be quite a bit of support, so I didn't have any clinical supervision on my last job which I asked for. So, we'll see what's here. I don't know at the moment how many about three weeks in post so yeah, but yeah, there wasn't there, there was, but there wasn't much of it. And then it shrunk and then it hasn't. It didn't go back. So, you know some kind of things like I find it quite frustrating to get hold of there was the liver networks which were good again they slightly fell apart during COVID. Everybody got kind of stuck and rumbled and then I was on mat[ernity] leave for a year as well, so was a bit messy as well.

0:36:1.710 --> 0:36:3.390  
Catherine Beresford  
Yeah. So.

0:36:11.40 --> 0:36:11.560  
Catherine Beresford  
Yeah.

0:36:19.350 --> 0:36:19.790  
Catherine Beresford  
Oh.

0:36:30.230 --> 0:36:30.950  
Catherine Beresford  
Right.

0:36:2.630 --> 0:36:33.510  
HCP02  
But I have to say my old, in my old job, there wasn't a huge amount and there was your colleagues, there was the team. But beyond that it was a bit limited, which was a bit frustrating. It'd be nice, I know BLA are trying to bring back - the British Liver Nurses Association - trying to bring back the networks a little bit, so to try and help people because London was, it's a great place to be to other people, but when you live and work there, it's not. It's very high turnover. There isn't a liver network in terms of nurses – a network to support each other.

0:36:39.500 --> 0:36:40.420  
Catherine Beresford  
Oh I.

0:36:41.480 --> 0:36:43.560  
Catherine Beresford  
Yeah, it's a different, yeah.

0:36:34.610 --> 0:36:48.810  
HCP02

You kind of have your own team, whereas when you go down to place like the Southwest, they've got a liver network for nurses. You know what I mean? So, things I often find outside of London, some thing's work better. People think ‘London has everything is gold. It's shiny’. It doesn't. It doesn't.

0:36:51.520 --> 0:36:52.720  
Catherine Beresford  
Yeah, yeah.

0:36:50.170 --> 0:36:57.290  
HCP02  
Where backwards in different ways than other services that might think they don't have anything, we didn't have a nursing paracentesis service in my last job.

0:36:58.920 --> 0:36:59.40  
Catherine Beresford  
Hmm.

0:36:58.970 --> 0:37:4.650  
HCP02  
Whereas you go to places Cambridge, other places around the country they've been doing since 2017.

0:37:4.850 --> 0:37:6.450  
Catherine Beresford  
OK. Yeah, yeah.

0:37:19.480 --> 0:37:21.200  
Catherine Beresford  
So yeah.

0:37:6.870 --> 0:37:25.390  
HCP02  
So we know it's very. It is interesting when you go, when you, when you do get in a room together. Obviously, I've missed quite a lot of liver nurse meetings, a) COVID, and then we got to a couple and then obviously I went to mat[ernity] leave for a year, so trying to catch up and that sort of thing. But it's growing in terms of how many nurses are in the area and field.

0:37:26.40 --> 0:37:41.560  
Catherine Beresford  
Yeah, yeah. So, sort of obviously you've given me a lot of information and it's probably kind of got you thinking as well about everything. Is there anything that might not have occurred to you before that has sort of occurred to you while we've been having this discussion?

0:37:42.140 --> 0:37:45.700

HCP02  
I'm. I'm just trying to think.

0:38:1.370 --> 0:38:1.490  
Catherine Beresford  
Hmm.

0:37:47.180 --> 0:38:11.700  
HCP02  
No, I think there's been for quite a long time, there's been quite limited care for patients with liver disease for palliative care and end of life care support as they've all been, sadly all mislabelled as alcohol and not thinking of the wider picture of just just being a liver problem. I think I'd love to see more palliative care nurses involved in time and be you know, whoever becomes a palliative care nurse, OK. Well, it's not just cancer and a lot of the cancer nurses I know they're working oncology, haemology go into palliative care. But just be nice to see Trusts or some kind of national programme. Like anything for CNS’s is there's never a national programme. Unless you're lucky to work in - so, I think diabetes do have a programme and

0:38:33.760 --> 0:38:34.200  
Catherine Beresford  
Yeah.

0:38:40.830 --> 0:38:41.510  
Catherine Beresford  
Yes.

0:38:43.70 --> 0:38:43.990  
Catherine Beresford  
That's right.

0:38:45.400 --> 0:38:45.880  
Catherine Beresford  
Yeah.

0:38:35.900 --> 0:38:53.180  
HCP02  
-Crohn's and colitis doing things like that they do. They have a kind of a national programme to try and stick to, for their care, but also their guidance and also people get extra support as a group, but liver is behind in that. And so hopefully that might change over a few years.

0:38:53.510 --> 0:38:54.30  
Catherine Beresford  
Yeah.

0:38:58.270 --> 0:38:58.390  
Catherine Beresford  
Hmm.

0:39:3.110 --> 0:39:3.510  
Catherine Beresford  
Yeah.

0:38:54.900 --> 0:39:5.940  
HCP02  
And it's a bit like trying to link diabetes and fatty liver disease, trying to get our fatty liver patients seen and get them sorted and getting them screened from a diabetic clinic. That would be lovely.

0:39:5.690 --> 0:39:6.730  
Catherine Beresford  
Yeah, yeah.

0:39:7.490 --> 0:39:8.90  
HCP02  
Big link.

0:39:8.780 --> 0:39:9.780  
Catherine Beresford  
Yeah, exactly.

0:39:10.70 --> 0:39:15.790  
HCP02  
and then they go on to Decompensate, which is never easy 'cause they're not the easiest to manage patients, the poor buggers.

0:39:16.440 --> 0:39:27.680  
Catherine Beresford  
And is there anything else that you think that I should know to better understand care experiences in people who've got decompensated advanced liver disease? Better for me to understand.

0:39:31.600 --> 0:39:31.720  
Catherine Beresford  
Hmm.

0:39:28.340 --> 0:39:35.420  
HCP02

I think I mean, I know you’ve probably read a few things with the reports in terms of Lancet reports of the liver disease [rates] going up.

0:39:35.840 --> 0:39:36.40  
Catherine Beresford  
Mm hmm.

0:39:47.270 --> 0:39:47.790  
Catherine Beresford  
Sure, sure.

0:39:36.860 --> 0:39:55.20  
HCP02

And you know, obviously that means that organ pools and things like liver transplants are limited now, not limited, but there is a limitation. So, you know, it's looking at people who are working on parallel planning and improving clinics and services. But you know, it's definitely a minefield of how to interact with lots of different people.

0:39:59.750 --> 0:40:0.390  
Catherine Beresford  
Yes.

0:40:0.640 --> 0:40:8.200  
HCP02  
I think it's people a bit like myself, who know how hard it is. I've seen patients not being able to get access to care.

0:40:8.610 --> 0:40:9.10  
Catherine Beresford  
Yeah.

0:40:9.560 --> 0:40:13.160  
HCP02)  
Being around a long I've been around a long time compared to some people. Back home in Ireland, it was even worse, it wouldn't have been as good as what's going on here in terms of work of having specialist palliative care nurses come through that have got a liver background. I was just trying to support them then to push this drive through of like, if you're going to say you're specialist palliative care and you've lost the oncology badge.

0:40:36.520 --> 0:40:36.720  
Catherine Beresford  
Mm hmm.

HCP02  
Actually that needs to be improved.

0:40:45.30 --> 0:40:45.830  
Catherine Beresford  
Yes.

0:40:49.670 --> 0:40:51.510  
Catherine Beresford  
Absolutely, yeah, yeah.

0:40:40.810 --> 0:40:54.450  
HCP02  
I supposed it would be interesting to talk to some palliative care nurses, just mainly palliative care nurses, not anybody that's worked in liver disease. But ‘have you ever met a liver patient?’ The interview's might be different to try and understand, actually-

0:40:52.930 --> 0:40:54.930  
Catherine Beresford  
Yeah, that's a really good idea. Yeah.

0:40:59.140 --> 0:40:59.340  
Catherine Beresford  
Mm hmm.

0:40:55.590 --> 0:41:7.150  
HCP02  
- You know, ‘what do you think about liver patients?’ A bit like ‘how do you feel about respiratory, renal?’ ‘cause, renal did massive work for years and a lot of the liver nurse specialists with palliative care interest comes off the back of some of the renal model.

0:41:7.10 --> 0:41:7.370  
Catherine Beresford  
Yeah.

0:41:8.320 --> 0:41:9.520  
HCP02

And [name of person] she did a lot of work and that's where my colleague's job came out of.

0:41:15.560 --> 0:41:15.760  
Catherine Beresford  
Mm hmm.

0:41:16.490 --> 0:41:27.730  
HCP02  
trying to support, because there is a big need, but obviously not everywhere can afford to have somebody with - palliative care nurse with the liver disease interest. Haven't got enough liver nurses in the first place

0:41:28.190 --> 0:41:28.710  
Catherine Beresford  
Yeah.

0:41:30.130 --> 0:41:30.530  
Catherine Beresford  
Yeah.

0:41:28.870 --> 0:41:36.590  
HCP02  
never mind people [staff] on the ward. So yeah, it's just about trying to find the right, but I suppose interviewing some palliative care nurses always interesting they.

0:41:35.470 --> 0:41:39.230  
Catherine Beresford  
Yeah. Yeah. No, that's a really good idea. Yeah, definitely.

0:41:39.0 --> 0:41:43.800  
HCP02  
- Just to open up for them going ‘what do you think about liver’ like ‘oh, no, not the alcoholics’. And so it will actually hold.

0:41:46.940 --> 0:41:47.860  
Catherine Beresford  
Yeah, yeah.

0:41:45.360 --> 0:41:51.600  
HCP02  
That's not always true, and that's not all answer. I've had some very interesting characters. Don't get me wrong. But lots of them are big viral patients, and they've been also immune patients. There is there does not just all alcohol that have got the badges have been a bit strange or odd.

0:42:3.650 --> 0:42:3.730  
Catherine Beresford  
Mm.

0:42:4.900 --> 0:42:5.100  
Catherine Beresford  
Yeah.

0:42:6.450 --> 0:42:10.10  
HCP02  
But yeah, it's obviously the stigma. It's a lot of this, it's the stigma.

0:42:8.30 --> 0:42:12.470  
Catherine Beresford  
And yeah, there's a stigma about it.

0:42:12.290 --> 0:42:13.210  
HCP02  
massive stigma, yeah.

0:42:13.630 --> 0:42:14.30  
Catherine Beresford  
Yeah.

0:42:15.120 --> 0:42:21.560  
HCP02  
Even here on the ward: ‘do you all just see alcohol patients? and in outpatients?’ like, no, I don't. That's a small bit of my.

0:42:24.320 --> 0:42:25.0  
HCP02  
Yes.

0:42:21.50 --> 0:42:28.530  
Catherine Beresford  
Do you think that do you think that impacts on care then - do you think stigma has a role in in care that people receive?

0:42:46.580 --> 0:42:47.860  
Catherine Beresford  
Yes. Yeah.

0:42:52.940 --> 0:42:53.700  
Catherine Beresford  
Yes.

0:42:28.560 --> 0:43:0.600  
HCP02  
Yeah, I've had patients who've come in to me, they've got PBC, they sit in clinic. I've been chatting to them. I'll be like, ‘oh, so how you doing? Blah, blah’. And they're like, you know, we'll be chatting away. She goes. ‘Do you know my GP keeps telling me to stop drinking alcohol’. And I'm like, ‘why does your GP keep telling you to stop drinking alcohol’? But the blood tests are always off? I'm like. And they're sitting there with all sorts of, you know, PBC are autoimmune hepatitis. And I'm just like, ‘why do you keep [inaudible]’ He's like, ‘well, the blood test was abnormal, right?’ Because they do them with the GP practice as well because they live, they were living 30 miles away. And I'm like, ‘OK, so I'm going to put it in a letter and I'm going to absolutely give out’.

0:43:1.820 --> 0:43:6.180  
HCP02  
Being politely, you know, can you stop asking about alcohol?

0:43:7.900 --> 0:43:11.980  
HCP02  
And I had one GP 'cause. It got really annoyed. I actually rang them.

0:43:32.570 --> 0:43:32.690  
Catherine Beresford  
Hmm.

0:43:34.310 --> 0:43:34.430  
Catherine Beresford  
Hmm.

0:43:13.490 --> 0:43:43.290  
HCP02  
I'm and I I I said. I asked, rang through to the practice and I had a chat with the secretary and then I said ‘can I speak to this, this GP?’ And she was like, ‘Oh yeah, hold on’. So put me through. I said, ‘oh, I'm [name] the liver nurse’. She goes ‘OK. Yeah’. So, ‘thank you for doing the Bloods and for the –‘ because I had to obviously be very polite because they were doing the bloods kindly for me for this patient. I said ‘do you mind stop asking about alcohol?’ she goes ‘but you know, their liver tests?’ and I'm like ‘they don't drink alcohol, they're not an alcohol liver disease patient’. ‘Really?’ and I’m like ‘there's more than just alcohol to liver disease’.

0:43:49.40 --> 0:43:55.120  
Catherine Beresford  
Did you think there's a lack of knowledge about liver disease then amongst general professionals?

0:43:52.780 --> 0:43:59.300  
HCP02  
Yep, Lack of reading. Yeah, lack of reading the letters. I've seen the patient like every three weeks. With the heading of like besides their name and address and blah blah blah.

0:44:9.240 --> 0:44:9.720  
Catherine Beresford  
Yeah.

0:44:5.700 --> 0:44:12.420  
HCP02  
Liver diagnosis was one of the first things, and it was autoimmune hepatitis or whatever it was. Nothing to do with alcohol.

0:44:14.840 --> 0:44:15.240  
Catherine Beresford  
Yeah.

0:44:14.580 --> 0:44:20.900  
HCP02  
So I was like, you know, it’s really frustrating it’s like I was like to me if that was, if I was that patient, I'd make a complaint. 'Cause it's stigma and labelling, but yeah, I've got. I was a bit annoyed. I was quite frustrated, but yeah.

0:44:31.140 --> 0:44:45.300  
HCP02  
The genetic, I know it's nothing to do, but genetic haemochromatosis are doing trying to do massive work as well. So, the haemochromatosis society are trying to do massive work about, you know, stigma and unknown - people not knowing about the disease. Because people have got a liver problem, they've got haemochromatosis. So, it's an iron overload condition. Nothing to do with alcohol. Yes, if we drink alcohol, you're gonna have more iron. But you know it's. And then, like, and people will say they won't say what they've got or they don't know. So, they're trying to do an awareness campaign. Big one now. So, they are to try and make sure people are aware of the disease. Get tested. But also, it's not just alcohol.

0:45:12.220 --> 0:45:13.580  
Catherine Beresford  
Yeah, yeah.

0:45:13.190 --> 0:45:19.350  
HCP02  
There's a lot of the disease effects men and obviously most of the people who see a man whose got liver disease ‘ah, you’re just drinking too much.’ No.

0:45:21.770 --> 0:45:22.210  
Catherine Beresford  
Yeah.

0:45:22.880 --> 0:45:24.80  
HCP02  
Yeah, stigma's a big problem.

0:45:25.230 --> 0:45:29.470  
Catherine Beresford  
Thank you. And is there anything you'd want to ask me?

0:45:31.860 --> 0:45:36.380  
HCP02

No. So it's a maybe knows about who you've interviewed, but it's just me being nosy.

0:45:35.530 --> 0:45:45.850  
Catherine Beresford  
Yeah. No, that's, that's all right. You're allowed to be nosey. So, so far, I've interviewed somebody that was a carer for somebody that died with liver disease.

0:45:45.20 --> 0:45:47.980  
HCP02  
Lovely. That's nice to have that. It's nice to have that input. Yeah.

0:45:48.130 --> 0:46:2.130  
Catherine Beresford  
Yeah, and it was really insightful. And then I've interviewed 2 nurses, including you, and I've interviewed a counselling psychologist who works with people who've got advanced liver disease as part of her role.

0:46:3.0 --> 0:46:4.240  
HCP02  
Oh, very good, I probably know who that is.

0:46:5.150 --> 0:46:7.790  
Catherine Beresford  
No, you probably don't, actually because it's different area.

0:46:8.50 --> 0:46:10.570  
HCP02  
Oh, different area. OK. Right. That's. Yeah. No, I think, yeah.

0:46:11.190 --> 0:46:11.470  
Catherine Beresford  
Yeah.

0:46:11.510 --> 0:46:18.670  
Catherine Beresford  
But that's good that you say that because that tells me that there are that that you know that there are people doing that role because I didn't know that, you know.

0:46:22.990 --> 0:46:23.430  
Catherine Beresford  
Yeah.

0:46:26.130 --> 0:46:28.130  
Catherine Beresford  
Yeah, I see.

0:46:18.700 --> 0:46:28.660  
HCP02

Yeah, yeah, it's it. We've got limited in general hepatology in transplant medicine, you would find a clinical psychologist. A lot of the time and trying to support people.

0:46:32.760 --> 0:46:34.120  
Catherine Beresford  
Sure.

0:46:34.960 --> 0:46:36.80  
Catherine Beresford  
Of course, yeah.

0:46:40.370 --> 0:46:40.890  
Catherine Beresford  
Yeah.

0:46:43.870 --> 0:46:43.910  
Catherine Beresford  
I.

0:46:30.60 --> 0:46:47.420  
HCP02  
A) who’s, that's scared of needles. Never mind alcohol issues. So, you've got, you know, that mixture of people and what could we trigger them, if anything, for alcohol being your biggest worry or drug misuse? If they've had that as well as part of that, but also people who, you know, it's traumatic to have a liver transplant at the end of the day.

0:46:46.910 --> 0:46:48.190  
Catherine Beresford  
Yeah, yeah.

0:46:49.350 --> 0:46:53.790  
HCP02  
But yeah, there are. There's definitely loads of people out there. I hope people do more people come forward. Yeah.

0:46:52.980 --> 0:47:22.580  
Catherine Beresford  
Well, I think so. What I'm finding is that I'm not finding it difficult to recruit healthcare professionals, and that's probably partly because I'm a healthcare professional and I know how to reach out to other healthcare professionals, but especially perhaps because it's not my specialism. What I'm realising is I'm going to have to work very hard to recruit individuals who've got advanced liver disease that's going to be my biggest challenge because I didn't get anybody responding to my social media who actually has liver disease, which I was a bit surprised about. I thought that I would get some through that.

0:47:22.770 --> 0:47:23.770  
HCP02  
That's where I got you.

0:47:23.760 --> 0:47:27.400  
Catherine Beresford  
Yes, exactly. So, yeah, I mean.

0:47:30.300 --> 0:47:48.60  
Catherine Beresford  
Right. OK. Yeah. So, I mean basically what I would say is, you know you're more than welcome to promote the research study to people. I know you can't give me - you can't pass people on to me in the sense that you can't because I'm not under your Trust in terms of it as a research centre.

0:47:48.170 --> 0:47:49.490  
HCP02  
I did send - who did I - I sent it to the palliative care nurse that I worked with.

0:47:54.490 --> 0:47:56.90  
Catherine Beresford  
Oh yeah. OK.

0:47:57.960 --> 0:47:59.400  
Catherine Beresford  
Yeah, yeah.

0:47:55.550 --> 0:48:1.990  
HCP02  
You the leaflet that you'd printed out thing I'd sent that on to her. So, I don't want. I don't know if she'd do anything with it.

0:48:8.520 --> 0:48:9.400  
HCP02  
It's gonna be, yeah.

0:48:1.140 --> 0:48:28.500  
Catherine Beresford  
Yeah, but like likewise, even with patients, you can tell them about the study and then you can give them my e-mail and then it's completely up to them if they are. Yeah. So you're you're, you know, because I've gone through ethics and everything. And I've checked all this as well with my supervisors. If you have somebody you think they might like the opportunity to share their experiences, please do tell them and just give them my e-mail and then it's, you know, it's up to them then if they want to, I'll send you the flyer actually, because then you can print them out. Yeah.

0:48:29.830 --> 0:48:33.70  
Catherine Beresford  
That would be helpful. Yes, please. Thank you.

0:48:34.110 --> 0:48:37.230  
Catherine Beresford  
Yeah. Thank you.

0:48:38.930 --> 0:48:41.570  
Catherine Beresford  
That would be nice. Thanks. Yeah.

0:48:27.60 --> 0:48:42.860  
HCP02  
Do send it me again, 'cause I'll send it to my new colleagues here and then at least they have it. And then I'll resend it to the palliative care nurse I work with and the team down in back down my old job. Because get them trying to do and I'm trying to think whoever.

0:48:47.400 --> 0:48:48.200  
Catherine Beresford  
Alright.

0:48:44.500 --> 0:48:53.20  
HCP02)  
Our local big centre, I'll ask, I'll ask my new manager, maybe send it into our new local transplant centre because then it might help. We'll try to get, as you say, get people.

0:48:57.210 --> 0:48:57.450  
HCP02  
Yeah.

0:48:49.130 --> 0:48:58.930  
Catherine Beresford  
Oh, thank you. Thank you. Yeah, I think it's just I just so keen to obviously speak with people who have liver disease because that's the most important thing really.

0:49:0.190 --> 0:49:2.670  
Catherine Beresford  
Right now, are you? Thank you.

0:48:59.110 --> 0:49:8.790  
HCP02  
Yeah. Also, I'll send it on to a few people, 'cause, I don't. Yeah, I definitely know people. My old job. Because, I mean, I was one of part of a few people that helped create the palliative care CNS role.

0:49:8.950 --> 0:49:9.750  
Catherine Beresford  
Brilliant.

0:49:10.110 --> 0:49:16.270  
HCP02  
Out of a few things that we've done, I was working on the ward at the time and then I left and then came back and she was in post.

0:49:18.630 --> 0:49:22.710  
HCP02  
And she worked in liver, ITU and stuff. So, she's got a similar background to myself.

0:49:22.770 --> 0:49:23.930  
Catherine Beresford  
Sure. Yeah.

0:49:24.150 --> 0:49:30.950  
HCP02

But has worked with advanced disease patients and how to support them and their families, so definitely intriguing. It could be good to talk to her.

0:49:31.460 --> 0:49:32.780  
Catherine Beresford  
Oh, thank you. Right. So.

0:49:32.90 --> 0:49:34.810  
HCP02  
And people in and there are people up and down the country, so. Yeah.