# HCP03 ‘Kelly’- Interview transcript 07/11/2023 by Teams

0:0:15.150 --> 0:0:22.910  
Catherine Beresford  
It's recording now. Did you get a message to say that it was recording? Brilliant. OK, so once again, just thanks ever so much for for taking part.

0:0:31.50 --> 0:0:31.410  
HCP03  
Yeah.

0:0:32.890 --> 0:0:33.90  
HCP03

Mm hmm.

0:0:36.40 --> 0:0:37.800  
HCP03  
Anything, yeah.

0:0:39.710 --> 0:0:41.430  
HCP03  
Mm hmm, that's great.

0:0:24.270 --> 0:0:42.750  
Catherine Beresford  
One thing that I didn't mention before I started the video was, if possible, try and avoid saying the names of people or places in terms of confidentiality. If you forget, I will be removing anything like that from the transcription anyway, so yeah, OK, thank you. All right.

0:0:43.610 --> 0:0:45.770  
Catherine Beresford  
Let me just get my paperwork so.

0:0:47.430 --> 0:0:55.350  
Catherine Beresford  
If it's OK with you again, all of this information is completely voluntary. Would you mind just confirming your age and your ethnicity before we start?

0:0:55.820 --> 0:0:58.860  
HCP03  
Yep, [confirms age and ethnicity].

0:0:59.30 --> 0:1:11.710  
Catherine Beresford  
Thank you. And to start off with please can you just tell me a bit about your role in working with individuals who've got advanced decompensated liver disease?

0:1:24.190 --> 0:1:24.830  
Catherine Beresford  
Right.

0:1:11.870 --> 0:1:25.670  
HCP03  
Of course. So I've been. I liver specialist nurse for four years now, and the majority really, of my face-to-face clinics. I do three face-to-face clinics a week is with decompensated liver disease patients. Yeah, yeah.

0:1:27.290 --> 0:1:27.890  
HCP03  
And the ma.

0:1:27.170 --> 0:1:29.650  
Catherine Beresford  
Yeah, yeah. And how long have you been in that role?

0:1:29.510 --> 0:1:31.110  
HCP03  
Four years, four years.

0:1:31.130 --> 0:1:32.410  
Catherine Beresford  
Yeah, yeah.

0:1:32.270 --> 0:1:43.630  
HCP03  
Prior to that, I've done well. Crikey, 20 years, 20 years as a nurse, probably 15 of those on an actual gastro ward. So, on a liver ward.

0:1:44.20 --> 0:1:44.60  
Catherine Beresford  
I see.

0:1:47.750 --> 0:1:48.470  
Catherine Beresford  
Yes.

0:1:45.50 --> 0:1:50.10  
HCP03  
Yeah. So seeing the patients in a different perspective, obviously seeing them while they're in the hospital in that sense, yeah, yeah.

0:1:50.910 --> 0:1:58.590  
Catherine Beresford  
So in the area where you work, what what services do people who've got advanced liver disease sort of typically access?

0:2:6.800 --> 0:2:7.160  
Catherine Beresford  
Yeah.

0:1:58.800 --> 0:2:12.0  
HCP03  
So there is the same day emergency care department, which is based at one of the sites we have. The hospital has two sites. So, one of the sites is the is the daycare case unit if you will for ascites drainage.

0:2:12.360 --> 0:2:13.520  
Catherine Beresford  
Right. OK.

0:2:13.360 --> 0:2:27.520  
HCP03  
So, so, when, when they've got, yeah, refractory as or particularly if they're waiting for [transplant centre], you know, referring them through to [transplant centre]. If that's if they're eligible for that, they do get the ascites drained at the daycare unit there.

0:2:27.990 --> 0:2:30.70  
Catherine Beresford  
So if they're referring them for what, sorry?

0:2:33.90 --> 0:2:33.730  
Catherine Beresford  
Yes.

0:2:37.380 --> 0:2:37.740  
Catherine Beresford  
Yeah.

0:2:41.740 --> 0:2:41.940  
Catherine Beresford  
Mm hmm.

0:2:30.80 --> 0:2:46.640  
HCP03  
So, if, if the patients fit into two categories, you've got the ones that the ones that are are are fit enough to be referred for transplant or you're waiting to hear. If if you know [transplant centre] is sorry it's it's the have a transplant centre that that we refer to. Sorry. Yeah.

0:2:44.380 --> 0:2:48.500  
Catherine Beresford  
I'm with you. Yeah. Yeah, I'm with you. That's alright, that's OK. Yeah.

0:2:53.810 --> 0:2:54.530  
Catherine Beresford  
I see.

0:2:48.440 --> 0:3:1.600  
HCP03  
Or, or you've got the patients who unfortunately you know that there isn't much we can do. And so, we're managing the symptoms the the main symptom that to manage always is harder work to manage. I feel is the ascites.

0:3:1.980 --> 0:3:2.700  
Catherine Beresford  
I see.

0:3:3.350 --> 0:3:13.70  
Catherine Beresford  
Yeah. OK. So I suppose like from your point of view then when you're thinking about those services that people can access, what what works well?

0:3:14.390 --> 0:3:17.750  
Catherine Beresford  
Yeah. What works well at the moment from from what you you know from your view?

0:3:27.20 --> 0:3:27.700  
Catherine Beresford  
I see.

0:3:18.170 --> 0:3:33.250  
HCP03  
So what works well is if the patient is able and well enough to come into the hospital the day case unit is fantastic because there's a self-referral service. The patients are well known to the, to the staff who work on the day case unit.

0:3:41.810 --> 0:3:42.530  
Catherine Beresford  
Yes.

0:3:33.290 --> 0:3:47.210  
HCP03  
So so basically they can they can ring up and they can say I feel like I need a drain and then literally they get booked in either that week or the week after depending on, you know, a slot being available. So that's that's really reassuring and good for them. They don't need to go through anybody else.

0:3:47.610 --> 0:3:48.250  
Catherine Beresford  
Right.

0:3:48.200 --> 0:3:51.760  
HCP03  
You know, they've got that that access to that service straight away.

0:3:51.940 --> 0:3:56.900  
Catherine Beresford  
Yeah, yeah. OK. And any, anything else that you feel works particularly well?

0:4:0.960 --> 0:4:2.520  
Catherine Beresford  
Right. OK.

0:4:11.0 --> 0:4:11.480  
Catherine Beresford  
Yeah.

0:3:57.640 --> 0:4:13.160  
HCP03  
I suppose that they've got access to me as well, you know, as a specialist liver nurse, you know that that we, we we have like a close relationship with the day case unit. So, if there's anything that that we need to discuss at the time you know I can be there to do that you know particularly while they're having the drain.

0:4:26.790 --> 0:4:27.470  
Catherine Beresford  
OK.

0:4:14.600 --> 0:4:29.760  
HCP03  
Or they can be booked on to a clinic at a later date if they're, you know if they're well enough to come in and we can. You know, we can discuss anything that they want to do. It's kind of all about trying to keep them out, you know, out of hospital. We don't want them to be in hospital. But, you know, we know that they're going to develop these symptoms.

0:4:33.110 --> 0:4:33.590  
Catherine Beresford  
Yeah.

0:4:30.240 --> 0:4:35.920  
HCP03  
So it's it's kind of how we can manage that out. You know, out outside of of of an inpatient setting.

0:4:36.460 --> 0:4:41.860  
Catherine Beresford  
I see. And so, on the other side of the coin, from your point of view, what doesn't work so well then?

0:4:50.300 --> 0:4:50.700  
Catherine Beresford  
Yeah.

0:5:2.220 --> 0:5:2.580  
Catherine Beresford  
Right.

0:4:41.980 --> 0:5:4.420  
HCP03  
So it doesn't work so well is when the patients become more unwell, more fatigued, more, you know, more down the line of of the disease where they can't physically, they're not able to get to the hospital by their self. The same day emerg - you know, the same day emergency care departments great at at for able-bodied people but unfortunately there's not really a provision.

0:5:9.520 --> 0:5:10.240  
Catherine Beresford  
OK.

0:5:5.780 --> 0:5:12.580  
HCP03  
In that kind of service, for anybody who's bed bound, anybody who's you know who, who struggles with mobility.

0:5:13.180 --> 0:5:19.300  
HCP03  
That kind of thing. So that's where I feel we fall down at the minute. We've not got a provision for those kind - you know - those type of people.

0:5:19.590 --> 0:5:31.110  
Catherine Beresford  
I see. And which professionals, so apart from yourself, which other professionals are involved, involved in care for, for individuals who've got like the advanced decompensated liver disease in your area?

0:5:35.480 --> 0:5:36.200  
Catherine Beresford  
Yes.

0:5:44.390 --> 0:5:44.830  
Catherine Beresford  
Yeah.

0:5:46.180 --> 0:5:48.180  
Catherine Beresford  
Oh, OK, yeah.

0:5:49.320 --> 0:5:49.680  
Catherine Beresford  
Yeah.

0:5:31.370 --> 0:5:53.890  
HCP03  
So you've got the consultant who they're under. The liver consultant who's who - you know - the patient that's under. And also you've got the the ACP, the advanced clinical practitioner who works in the same day emergency care department. Who who does the drains - you know, she she actually physically does the drain and then myself who who will manage kind of medications, symptoms. Yeah.

0:5:54.440 --> 0:6:6.800  
Catherine Beresford  
Mm hmm. OK, thank you. And you, you kind of touched on it already a little bit, but if there's if individuals or their carers require support, information or advice where, where do they tend to go?

0:6:9.690 --> 0:6:10.410  
Catherine Beresford  
Right.

0:6:7.880 --> 0:6:11.480  
HCP03  
Generally tend to come to me generally, yeah, yeah.

0:6:11.610 --> 0:6:13.650  
Catherine Beresford  
How would they access you then?

0:6:16.750 --> 0:6:17.350  
Catherine Beresford  
Yeah, yeah.

0:6:13.850 --> 0:6:19.10  
HCP03  
So I've got a phone, you know, I've got my own personal work number. So, through that.

0:6:19.180 --> 0:6:20.180  
Catherine Beresford  
Yeah, yeah.

0:6:28.50 --> 0:6:29.690  
Catherine Beresford  
Yeah, yeah, yeah.

0:6:20.390 --> 0:6:34.350  
HCP03  
I do see these people quite often in clinic, you know, the clinics are quite busy but, but yeah, I do see them. I don't kind of send them away for three months, come back generally every couple of weeks really. You know, when they're when they're quite poorly like that. Yeah. Yeah.

0:6:34.150 --> 0:6:49.310  
Catherine Beresford  
Yeah, yeah. OK. And have you got any specific examples of when you think that care provided for an individual who's got advanced decompensated liver disease was particularly positive, you know, any sort of specific examples that you might have?

0:6:49.830 --> 0:7:0.190  
HCP03  
Is that where they - are we looking at where they getting potentially getting better or transplant or are we looking more down the the kind of palliative routes for that?

0:7:1.590 --> 0:7:3.230  
HCP03  
It's how it's been, isn't it? Yeah.

0:7:0.440 --> 0:7:7.880  
Catherine Beresford  
So for this research I am actually focusing on the individuals who who aren't accessing transplant. So, it would be specific to that.

0:7:7.990 --> 0:7:9.550  
HCP03  
Yeah, yeah, I think.

0:7:21.100 --> 0:7:21.140  
Catherine Beresford  
I.

0:7:24.160 --> 0:7:24.440  
Catherine Beresford  
Mm hmm mm.

0:7:28.180 --> 0:7:28.380  
Catherine Beresford  
Mm hmm.

0:7:11.350 --> 0:7:35.190  
HCP03  
Again, for the patients that have abled bodied and able to keep coming into the hospital, there's many many kind of examples there that patients do say it's a great service. They're able to ring up independently. They're able to get the access independently, they're not relying on you know us to to kind of ring for them. You know, you know we give them like a wait. You know we give them a target wait particularly for their ascites you know that they've got that service.

0:7:35.370 --> 0:7:36.50  
Catherine Beresford  
OK.

0:7:44.20 --> 0:7:44.220  
Catherine Beresford  
Mm hmm.

0:7:47.70 --> 0:7:47.190  
Catherine Beresford  
Hmm.

0:7:50.930 --> 0:7:51.410  
Catherine Beresford  
Yeah.

0:7:54.220 --> 0:7:54.420  
Catherine Beresford  
Mm hmm.

0:7:36.290 --> 0:7:56.650  
HCP03  
And then certainly for me, having like my own phone number, you know, personal number, they can text me, they can call me, you know, if basically for anything, anything. They're worried about anything that they feel or they just want to check on something, you know that they do feel having that knowing that someone's there that you know that that that's that's like a positive for them.

0:7:57.400 --> 0:8:7.320  
Catherine Beresford  
OK. And on the other side, have you got any examples of when you think the care provided for an individual in that situation was particularly negative?

0:8:11.460 --> 0:8:12.220  
Catherine Beresford  
I see.

0:8:8.310 --> 0:8:21.670  
HCP03  
Again, it it's when they become not able bodied, when they become when they can't go to the daycare unit. Unfortunately, then with no provision at the moment to to have like a like a palliative care kind of-

0:8:24.980 --> 0:8:25.620  
Catherine Beresford  
I see.

0:8:23.750 --> 0:8:30.390  
HCP03  
-day case, if you will, to look after these people so so their experience is a lot different because they end up having to come into the hospital.

0:8:30.990 --> 0:8:31.750  
Catherine Beresford  
Oh is it?

0:8:35.910 --> 0:8:37.70  
Catherine Beresford  
Yeah, yeah.

0:8:32.150 --> 0:8:38.670  
HCP03  
Yeah. So so that's that's the that's where we are at the minute in our area unfortunately you know that you've got to admit them.

0:8:40.230 --> 0:8:40.510  
HCP03  
You know.

0:8:39.700 --> 0:8:46.420  
Catherine Beresford  
I see so that so that would be the general pathway would be a hospital admission. Would it? Yeah, yeah.

0:8:52.720 --> 0:8:53.400  
Catherine Beresford  
OK.

0:8:56.80 --> 0:8:56.880  
Catherine Beresford  
Right.

0:9:2.40 --> 0:9:2.720  
Catherine Beresford  
I see.

0:9:4.430 --> 0:9:5.150  
Catherine Beresford  
Right.

0:8:42.750 --> 0:9:15.910  
HCP03  
The hospital admission. Yeah. Yeah. If they don't necessarily always have to go through, like, like an, you know, emergency kind of admission. We we have a couple of patients who, like, be directly say to me, they need a bed and then I will go through the bed manager and the ward manager of the ward of the gastro wards, you know, the liver wards and and they kind of get through that way. So, you know, we're not expecting them to sit in A&E for hours. You know, we know, we know what they need. It's just, yeah. Unfortunately, they have to kind of wait for bed to become available as an inpatient and then they can come in as an inpatient.

0:9:16.450 --> 0:9:18.930  
Catherine Beresford  
So what, what sort of thing might they need then?

0:9:22.650 --> 0:9:23.810  
Catherine Beresford  
Right, I see.

0:9:27.300 --> 0:9:27.980  
Catherine Beresford  
I see.

0:9:37.540 --> 0:9:39.260  
Catherine Beresford  
Yeah, yeah.

0:9:48.420 --> 0:9:49.260  
Catherine Beresford  
OK.

0:9:19.120 --> 0:9:52.280  
HCP03  
So usually for them type of patients, it's usually ascitic drains. It's usually to drain off the ascites. That is the main reason for them to be in. Usually anything, anything outside of that, you know, jaundice is usually painless. You know that you're not looking at, you know, managing that really. And you expect that to get worse in end stage disease, pain, pain can be managed, you know, pain certainly can be managed by, you know me. Again, pain can be managed by palliative care referrals we have at local hospice who get involved with these patients. So, all that type of thing is really good.

0:9:51.500 --> 0:9:53.20  
Catherine Beresford  
Do you say yeah.

0:9:53.110 --> 0:10:0.750  
HCP03  
You know from that side of things it is, it is the main issue is is draining the ascites draining drain the fluid off.

0:10:0.830 --> 0:10:5.790  
Catherine Beresford  
You mentioned the hospice there. Tell me a bit about a bit more about how they might be involved.

0:10:21.660 --> 0:10:21.980  
Catherine Beresford  
Well.

0:10:30.150 --> 0:10:30.350  
Catherine Beresford  
Mm hmm.

0:10:5.960 --> 0:10:36.840  
HCP03  
So the Hospice is really good at if if we refer saying ‘listen this this patient is end stage liver disease, you know they're not being treated, we're managing symptoms,’ the Hospice will then prioritise to go out to see that patient and and have a full discussion about, yeah, they are very good preferred place of care, preferably place of death along with the GP as well. You know the local GPS are very good so. So yeah we try our best to kind of we're all on the same page that you know what the patient wants really.

0:10:36.710 --> 0:10:49.390  
Catherine Beresford  
Yeah. Yeah. So, thinking about all of that and obviously you've got a lot of experience yourself, what advice would you give to other professionals that were new to working with individuals who've got advanced liver disease, if any?

0:10:50.260 --> 0:10:53.780  
HCP03  
Advice I suppose.

0:10:55.180 --> 0:10:55.580  
HCP03  
Not - well.

0:11:12.720 --> 0:11:12.920  
Catherine Beresford  
Mm hmm.

0:10:58.500 --> 0:11:17.780  
HCP03  
I guess they well, just kind of got to go through the main symptoms, which is like the jaundice potential bleeding, ascites, you know, fluid build-up. Just just talk to them about, you know that that's that's the main tends to be the main symptom, encephalopathy as well that that that is and then kind of how you manage that you know how how we manage that.

0:11:18.270 --> 0:11:19.190  
Catherine Beresford  
Mm hmm yeah.

0:11:19.380 --> 0:11:19.780  
HCP03  
You know.

0:11:38.930 --> 0:11:39.370  
Catherine Beresford  
Yeah.

0:11:41.580 --> 0:11:42.20  
Catherine Beresford  
Yeah.

0:11:47.780 --> 0:11:49.60  
Catherine Beresford  
Oh, I see.

0:11:20.470 --> 0:11:51.710  
HCP03  
And and and kind of tell them not to worry. Really. You know. Yeah, things can be managed. You know, you can keep patients as comfortable as you can. You know. And I think as long as you you kind of you're honest with it you know it is all about having that discussion I think you know if you can't do anything if they can't be treated if they can't have a transplant then it is about having that early discussion really, particularly if you're needing like drains every couple of weeks to have that discussion with the patient that they're not going to get better you know they're looking at yeah we you know we I try really hard to kind of-

0:11:53.810 --> 0:11:54.410  
Catherine Beresford  
Yeah.

0:11:52.300 --> 0:11:54.700  
HCP03  
-you know, do that rather than it being a shock for them.

0:11:59.380 --> 0:12:0.220  
Catherine Beresford  
OK.

0:11:56.340 --> 0:12:3.300  
HCP03  
But when they do become really, really poorly, you know it's not a shock. You know, we, we we were kind of expecting this does that does that make sense?

0:12:2.530 --> 0:12:15.10  
Catherine Beresford  
Yeah. Yeah, yeah, that. Thank you. That's helpful to understand. So, I mean it relates to this as well, really what you've just said, but in your opinion then what does good care in advanced liver disease look like?

0:12:29.430 --> 0:12:29.710  
Catherine Beresford  
Yeah.

0:12:35.90 --> 0:12:35.850  
Catherine Beresford  
OK.

0:12:43.410 --> 0:12:44.50  
Catherine Beresford  
OK.

0:12:15.810 --> 0:12:46.850  
HCP03  
So I think good care looks like, yes. Planning. Yeah, I think it's all about the planning. I think it's about being honest with the patient and saying that certainly when when they've got what we call refractory ascites where we can't control the ascites with medication and and we can't give them a transplant, they're going to you know these patients need drains every couple of weeks usually you know the ascites is built up. Once you kind of go down that route of needing a drain if a couple of weeks you are looking at one to two years at the most you know that that's kind of what around what we say.

0:12:59.720 --> 0:13:0.800  
Catherine Beresford  
Oh, I see.

0:12:47.290 --> 0:13:1.850  
HCP03  
Everybody's individual, obviously, you know, everybody's different, you know, but but kind of it, we do start having those conversations with with them that you know that this is kind of the beginning of the end really. You know that. Yeah, yeah.

0:13:2.620 --> 0:13:3.780  
Catherine Beresford  
Yeah. OK.

0:13:4.980 --> 0:13:25.740  
Catherine Beresford  
And so is there anything so in, you know, you've told me you've given me a lot of information and you've done it in a very concise way, a clear way. So, I feel quite clear about your role and what you do and and your view on it all. But in the course of of talking about it, is there anything that you might not have thought about before that's occurred to you while we're having this conversation?

0:13:26.850 --> 0:13:28.610  
HCP03  
I don't don't think so.

0:13:30.90 --> 0:13:57.970  
HCP03  
But my point, I mean personally for my point of view, I mean, there's not enough of me. There's not enough, you know, like, like anywhere in in the service. But I I I kind of really kind of wanted to look at how we manage the palliative care patients in an outpatient setting. So, it was there something we could do, you know, do the have a have a unit where we just have you know that's kind of where I want to be eventually at some point. Yeah. But we're not, you know we're not there yet. We're nowhere near there yet.

0:13:58.410 --> 0:14:8.410  
Catherine Beresford  
Yeah, yeah. OK. And is there anything else that you think I should know to sort of better understand care experiences for people who've got advanced liver disease?

0:14:9.560 --> 0:14:13.320  
HCP03  
And don't think so. Nothing's jumping out to me.

0:14:13.290 --> 0:14:14.530  
Catherine Beresford  
No, that's OK.

0:14:15.970 --> 0:14:18.410  
Catherine Beresford  
And and is there anything that you'd like to ask me?

0:14:23.680 --> 0:14:23.880  
Catherine Beresford  
Mm hmm.

0:14:25.360 --> 0:14:25.920  
Catherine Beresford  
Yeah.

0:14:35.190 --> 0:14:35.310  
Catherine Beresford  
Hmm.

0:14:19.570 --> 0:14:42.530  
HCP03  
And I guess just obviously I was interested because it was kind of the palliative side of things - you know - and and I was interested to see actually I said what, what other areas kind of experience you know, because it should be, it should be the same, you know these people should be having the same experience. But I don't think people do, you know. Yeah. Yeah. So that's kind of what interested me.

0:14:42.530 --> 0:14:46.930  
Catherine Beresford  
Yeah. So you you say you say that you don't think people do [receive the same experience] tell me a bit more about that.

0:14:47.280 --> 0:14:49.240  
HCP03  
What about having the same experience?

0:14:48.770 --> 0:14:53.690  
Catherine Beresford  
Yeah. And about, like, what makes you think that it's different in different areas?

0:14:59.200 --> 0:15:0.840  
Catherine Beresford  
Right, I see.

0:14:53.850 --> 0:15:12.450  
HCP03  
I think, well, I think it's different in different areas from talking to other liver nurses in different areas. You know, there's obviously far more in a team in different areas. I think it depends kind of what [healthcare] trust you come from as to I guess it does depend on what money the trust has is what funding the trust has.

0:15:23.690 --> 0:15:23.730  
Catherine Beresford  
I see.

0:15:14.90 --> 0:15:25.210  
HCP03  
Yes. So that kind of that that really that that balance of I think all the areas do have provision for palliative patients in liver disease, particularly where the ascites is concerned.

0:15:25.580 --> 0:15:28.860  
HCP03  
We, you know, we don't. You know, we don't have that unfortunately just yet.

0:15:28.530 --> 0:15:35.730  
Catherine Beresford  
Yeah, I see. I see. And is there anything else you'd like to say about any of this before we start wrapping up?

0:15:37.530 --> 0:15:39.650  
HCP03  
No, I don't think so. I think that's yeah.

0:15:39.900 --> 0:15:44.540  
Catherine Beresford  
Yeah. OK, that's really helpful, everything you've explained to me.

0:15:54.590 --> 0:15:55.230  
HCP03  
Yeah, yeah.

0:15:44.580 --> 0:16:10.20  
Catherine Beresford  
So, well, just kind of in response to what you you said and the reason that you were interested in taking part in the research, I'm talking to people from different places across the UK and I I'm hearing different perspectives and and I am seeing that different. You know services are run in different ways and I know that on the consent form, you've ticked that you would like to receive follow up.

0:16:13.450 --> 0:16:14.610  
HCP03  
Yeah, lovely.

0:16:18.830 --> 0:16:20.830  
HCP03  
Oh yeah, of course. Yeah, of course.

0:16:10.420 --> 0:16:31.540  
Catherine Beresford  
About the information, so I definitely will keep you in the loop when the studies finish. It takes like I'm not due to finish it for like 2 years, but I'll make sure that I you know I do, but I'll be. I'm always contactable by e-mail. So if you have any queries or anything and you want to check in with me, that's fine and I'll I definitely will, you know be writing it up as well.

0:16:31.790 --> 0:16:31.870  
HCP03  
Mm.

0:16:32.940 --> 0:16:41.820  
Catherine Beresford  
So yeah, you know, I will. You know that that's exactly it's going to see what what is going on in other in different areas. What are people's perspectives on this.

0:16:41.930 --> 0:16:42.770  
HCP03  
Yeah, yeah.

0:16:43.170 --> 0:16:48.730  
Catherine Beresford  
Yeah, OK, well, I'll stop the recording then. If you're happy. Let me just do that.