# HCP04 ‘Ivy’ Interview transcript. 10/04/2024 17:30 by Teams.

0:0:0.0 --> 0:0:6.760  
Catherine Beresford  
And then I'm gonna turn off the transcription 'cause. It's annoying if it's transcribing while we're going along.

0:0:9.920 --> 0:0:12.280  
HCP04  
Yeah. Yeah, got it.

0:0:8.300 --> 0:0:18.460  
Catherine Beresford  
So, you should get a message up to say that it's recording great and you know if I ask you anything and you don't want to answer or you know you want to move on, that's absolutely fine. Just say at any point.

0:0:19.110 --> 0:0:19.470  
HCP04  
OK.

0:0:28.50 --> 0:0:28.330  
HCP04  
Yeah.

0:0:20.270 --> 0:0:30.110  
Catherine Beresford  
So, oh, just a few things about you actually, because it's helpful for the context of the research to understand exactly who's taking part in interview. Would you mind confirming your age?

0:0:30.630 --> 0:0:32.70  
HCP04  
Yeah, I'm [confirms age].

0:0:32.630 --> 0:0:35.670  
Catherine Beresford  
And what ethnicity do you consider yourself to be?

0:0:35.810 --> 0:0:36.770  
HCP04  
[confirms ethnicity].

0:0:37.450 --> 0:0:39.730  
Catherine Beresford  
And how long have you been in your role?

0:0:40.780 --> 0:0:47.580  
HCP04  
So, I've been working as a dietician for about when did I graduate?

0:0:51.140 --> 0:0:51.420  
Catherine Beresford  
Yeah.

0:0:49.100 --> 0:0:56.260  
HCP04  
So, coming down to 12 years now, I've been working specifically in liver disease for the last eight years.

0:0:56.590 --> 0:1:14.430  
Catherine Beresford  
OK. That's really helpful. Thank you. Right. So, to start off with then, could you tell me a bit about your role in working with individuals who have advanced liver disease? And as I mentioned, I'm specifically focusing on those individuals that have decompensated disease.

0:1:14.740 --> 0:1:19.20  
HCP04  
Yep, my role is purely focused on.

0:1:20.660 --> 0:1:25.420  
HCP04  
Assessing and looking at putting in a treatment plan for their nutrition support.

0:1:25.820 --> 0:1:26.340  
Catherine Beresford  
Yes.

0:1:27.20 --> 0:1:35.900  
HCP04  
So, I do work in a liver transplant centre, but we see a broad range of patients who come for transplant or not for transplant.

0:1:45.870 --> 0:1:46.310  
Catherine Beresford  
Yeah.

0:1:37.980 --> 0:1:47.180  
HCP04  
So, it's a really big centre in [City name], So, we have quite a wide referral criteria. I would say we don't really have.

0:1:54.530 --> 0:1:55.50  
Catherine Beresford  
Right.

0:1:56.810 --> 0:1:57.370  
Catherine Beresford  
Yeah.

0:2:0.840 --> 0:2:1.240  
Catherine Beresford  
Mm hmm mm hmm.

0:2:7.360 --> 0:2:7.840  
Catherine Beresford  
Yeah.

0:2:16.10 --> 0:2:16.650  
Catherine Beresford  
Yes.

0:1:47.900 --> 0:2:17.860  
HCP04  
You know we we pretty much accept anybody who's referred to us as long as they're under a consultant with us. So, it means we get a wide variety of patients come through with all types of reasons for their liver disease. So, which is a bit different from working in smaller centres that I've worked in before. We kind of get a very broad range, which alSo, means that we get a range of people on in terms of where they're at with their liver disease diagnosis and symptoms and.

0:2:20.320 --> 0:2:20.440  
Catherine Beresford  
Hmm.

0:2:18.100 --> 0:2:35.500  
HCP04  
They are in their management plan as well. So, we get, you know patients who are quite who have recently been diagnosed and they're referred early to the Centre for Transplant or all the way through to patients who have quite advanced disease and they've been referred a bit too late from their referral centres.

0:2:41.470 --> 0:2:42.30  
Catherine Beresford  
Yes.

0:2:36.860 --> 0:2:45.620  
HCP04  
So, by then we you know that they're not put through the transplant pathway, but they'll be they'll have an opportunity to see us in one of our non-transplant clinics.

0:2:46.230 --> 0:2:46.350  
Catherine Beresford  
Hmm.

0:2:47.100 --> 0:2:51.340  
HCP04  
You know, as an inpatient or an outpatient, it depends where they're at in that process as well.

0:2:58.860 --> 0:2:59.620  
Catherine Beresford  
I see.

0:3:12.380 --> 0:3:13.20  
Catherine Beresford  
Yes.

0:2:51.920 --> 0:3:24.200  
HCP04  
But ultimately, we give the patient the same assessment and we aim for the same sort of treatment goals to a degree, but obviously the end point will be different. So, just I guess to explain how nutrition from a Dietetic point of view works, nutrition is is seen as one of the main treatments for liver disease, particularly when you, you know a patient has decompensated liver disease. And the reason for that is because of the link between the liver and muscle and how nutrition can support the liver to function.

0:3:31.840 --> 0:3:33.40  
Catherine Beresford  
Yeah, yeah.

0:3:25.770 --> 0:3:34.50  
HCP04  
So, we I would if if it's helpful to know kind of how I would assess a patient, maybe what I would look for is that helpful?

0:3:52.400 --> 0:3:53.40  
Catherine Beresford  
Right.

0:3:34.90 --> 0:3:54.970  
HCP04  
So, we would obviously be looking at, you know, obvious things like appetite, you know, how how much they're eating and has that changed. That's really important to look at. And often we find most patients when they've got decompensated liver disease are quite impacted by the symptoms. So, mainly things like ascites that can cause a big challenge with society, So, their appetite reduces. They get full very quickly, which means naturally they reduce the amount that they're eating.

0:4:14.180 --> 0:4:14.660  
Catherine Beresford  
Yeah.

0:4:7.810 --> 0:4:15.730  
HCP04  
And a big consequence of that is if you patients aren't getting enough calories and enough protein in.

0:4:19.620 --> 0:4:20.340  
Catherine Beresford  
Yes.

0:4:16.10 --> 0:4:25.850  
HCP04  
They will essentially then muscle their liver, will waste their muscle because it will use them. The energy from their muscle, the amino acids, the protein as a secondary form of energy.

0:4:27.350 --> 0:4:28.550  
Catherine Beresford  
Yeah, I see.

0:4:30.0 --> 0:4:30.600  
Catherine Beresford  
Yeah.

0:4:26.190 --> 0:4:40.470  
HCP04  
And it's as a temporary measure. And now obviously then depletes the muscle. So, that's a big, big challenge. Also, if patients don't eat frequently enough, that same thing happens because they'd, they'll have that lack of glycogen storage.

0:4:41.750 --> 0:4:54.910  
HCP04  
So, they need to be eating regularly and they need to be eating lots of calories and protein, and that's the main thing that patients who have symptom burden of liver disease. They're the kind of first things that, that disappear and they're the biggest challenge for them.

0:4:55.140 --> 0:4:55.660  
Catherine Beresford  
Yeah.

0:5:10.10 --> 0:5:10.610  
Catherine Beresford  
Yeah.

0:5:21.0 --> 0:5:21.520  
Catherine Beresford  
Yeah.

0:4:56.210 --> 0:5:25.210  
HCP04  
So, we would assess how much they're eating, how what's normal for them. So, has that changed because it's always really, it's really important to compare it to the patient and not just as a a broad: Well, that doesn't sound like they're eating very much or actually that sounds OK you know, that's reasonable. It's actually well, that's true. That's quite different from from what's normal for them. Obviously, you know, take information on looking at their weight, we need to take into account is their current weight, a dry weight or does it-

0:5:36.520 --> 0:5:37.280  
Catherine Beresford  
Yes.

0:5:43.100 --> 0:5:43.860  
Catherine Beresford  
I see.

0:5:25.780 --> 0:6:0.580  
HCP04  
-you know, are they carrying ascites or oedema on board. Because that will be influencing their weight and actually often that can be missed, particularly if they're not being seen by a dietician or somebody who isn't trained in having that awareness that actually their weight on the scales often doesn't really mean a lot because a lot of the time it's fluid on board and particularly if that can fluctuate. So, you know, if somebody's gains ascidic fluid, even if it's just small volume and that isn't really deemed by a medical professional as anything that really needs much medical intervention at that time.

0:6:0.600 --> 0:6:1.360  
Catherine Beresford  
Yes.

0:6:1.160 --> 0:6:5.560  
HCP04  
From a nutrition point of view, it means that it's likely that they're losing weight.

0:6:5.920 --> 0:6:6.760  
Catherine Beresford  
Right.

0:6:9.330 --> 0:6:9.970  
Catherine Beresford  
Yeah.

0:6:7.0 --> 0:6:18.720  
HCP04  
That they're probably not eating as much, and actually their need for calories and protein has increased. And if they've not been able to adjust or they're not informed to adjust that nutritional intake.

0:6:28.580 --> 0:6:29.180  
Catherine Beresford  
Yes.

0:6:20.160 --> 0:6:31.640  
HCP04  
That can have a big impact on their muscle mass, So, if you if a patient is seen by a dietitian in a specialist centre where they have dedicated hepatology dietitians, it’s likely that they'll alSo, get an assessment of their muscle mass.

0:6:35.760 --> 0:6:36.480  
Catherine Beresford  
Right.

0:6:42.90 --> 0:6:43.210  
Catherine Beresford  
Oh yeah, yeah.

0:6:44.70 --> 0:6:44.470  
Catherine Beresford  
Yeah.

0:6:47.830 --> 0:6:48.310  
Catherine Beresford  
Yeah.

0:6:36.560 --> 0:7:1.760  
HCP04  
So, routinely that's completed by doing a mid-arm muscle circumference with the tape measure of the upper arm, but alSo, with skin fold callipers. Some centres will do that as well. So, looking at the skeletal fat mass in the upper arm and then you can work out the circumference of the muscle mass and there are there are centaurs that we use as a guidance.

0:7:2.460 --> 0:7:3.20  
Catherine Beresford  
Yeah.

0:7:2.900 --> 0:7:15.940  
HCP04  
Which we can then track their muscle mass. So, that's really important. But often you will find a lot of patients with decompensated liver disease who are referred to a non-specialist centre won't get that assessment.

0:7:16.220 --> 0:7:17.540  
Catherine Beresford  
Alright, OK.

0:7:17.500 --> 0:7:25.300  
HCP04  
Mainly because the dieticians, if they're referred to a dietician, then they're likely to not be specialist hepatology dieticians.

0:7:24.690 --> 0:7:25.690  
Catherine Beresford  
Right.

0:7:26.780 --> 0:7:33.740  
HCP04  
Because there aren't actually very many hepatology dieticians in the country, a lot of them are seen through a gastro, a gastro referral.

0:7:33.640 --> 0:7:33.840  
Catherine Beresford  
Mm hmm.

0:7:34.90 --> 0:7:36.690  
HCP04  
Admitted to a gastro ward or a general medicine ward.

0:7:36.940 --> 0:7:37.540  
Catherine Beresford  
Yes.

0:7:41.500 --> 0:7:42.300  
Catherine Beresford  
Yes.

0:7:57.200 --> 0:7:57.800  
Catherine Beresford  
Right.

0:7:38.210 --> 0:8:7.170  
HCP04  
And you do need to be trained in in make, taking those measurements and analysing them and interpreting them So, often that gets missed, which is where I find a lot of patients with decompensated liver disease will miss out on having perhaps the right nutritional treatment plan in place for them because often you know they might you have reduced their intake a little, you know a little bit for them and you know they might be prescribed a couple of nutritional supplements.

0:8:9.970 --> 0:8:10.610  
Catherine Beresford  
Yeah.

0:8:13.470 --> 0:8:13.950  
Catherine Beresford  
Yeah.

0:8:19.590 --> 0:8:20.470  
Catherine Beresford  
Yes.

0:8:7.510 --> 0:8:20.750  
HCP04  
Well, you know, you need to eat six small meals a day, eat a bit more protein. Off you go. You'll be fine. Actually, there's a lot more to it than that, and I find that's where a lot of patients will miss out.

0:8:24.330 --> 0:8:25.90  
Catherine Beresford  
Yeah.

0:8:30.650 --> 0:8:30.850  
Catherine Beresford  
Mm hmm.

0:8:20.830 --> 0:8:40.550  
HCP04  
But actually it's a really, really, really important part of their their treatment. And often as I'm just, I'm just I'm sure you will know when they've got that decompensation of the of the liver disease, it's obviously quite advanced. So, whilst the nutrition at that point isn't likely to reverse.

0:8:40.800 --> 0:8:41.520  
Catherine Beresford  
Yes.

0:8:44.570 --> 0:8:45.290  
Catherine Beresford  
No.

0:8:48.800 --> 0:8:51.200  
Catherine Beresford  
Yeah, OK. Yeah.

0:8:41.780 --> 0:8:53.180  
HCP04  
You know, it's not gonna likely to repair the actual liver in itself. Actually, it can reverse manage some of the symptoms of the liver disease. So, it can help them to reverse their ascites.

0:8:54.740 --> 0:9:0.180  
HCP04  
A lot of the time, particularly if you then improve the muscle mass, it means that their liver is getting.

0:9:4.50 --> 0:9:4.610  
Catherine Beresford  
Yeah.

0:9:1.860 --> 0:9:16.380  
HCP04  
Nutrition. It doesn't need to take it from the muscle. So, if you're getting enough nutrition in, you can recover your muscle mass because your liver is. You're sparing the liver. Having to do that and it means the liver doesn't have to work as hard So, it can focus on trying to clear the acidic fluid, the oedema.

0:9:16.70 --> 0:9:16.630  
Catherine Beresford  
Yeah.

0:9:22.720 --> 0:9:22.920  
Catherine Beresford  
Mm hmm.

0:9:24.390 --> 0:9:24.790  
Catherine Beresford  
Yeah.

0:9:32.770 --> 0:9:33.490  
Catherine Beresford  
Yes.

0:9:16.990 --> 0:9:33.910  
HCP04  
You know, work with the medications, that kind of thing. So, they're the kind of things that we're aiming to achieve with patients. And the other thing that we will look at as well is managing any of the symptoms that they're having, which may be sort of secondary associated with their liver disease, so.

0:9:37.260 --> 0:9:37.660  
Catherine Beresford  
Yeah.

0:9:35.390 --> 0:9:44.950  
HCP04  
Patients have a lot of gut symptoms that aren't always screened for or managed appropriately, So, by that I'm talking about changes in their stool habits.

0:9:46.550 --> 0:9:47.750  
HCP04  
They might have diarrhoea.

0:9:48.330 --> 0:9:49.450  
HCP04  
Or malabsorption.

0:9:56.270 --> 0:9:57.910  
Catherine Beresford  
Yes. Yeah.

0:10:0.310 --> 0:10:1.30  
Catherine Beresford  
Yes.

0:10:7.940 --> 0:10:9.500  
Catherine Beresford  
Right. OK.

0:10:1.760 --> 0:10:9.960  
HCP04  
But often it isn't the lactulose that's doing it. Often, they have things like secondary pancreatic endocrine insufficiency that goes undiagnosed.

0:10:13.850 --> 0:10:13.970  
Catherine Beresford  
Hmm.

0:10:11.480 --> 0:10:20.40  
HCP04  
Or they might have bacterial overgrowth, which can be quite common in these types of patients, and often particularly the patients with encephalopathy.

0:10:21.220 --> 0:10:22.20  
Catherine Beresford  
OK.

0:10:24.160 --> 0:10:24.280  
Catherine Beresford  
Hmm.

0:10:21.800 --> 0:10:25.480  
HCP04  
Their higher risk of having things like bacterial overgrowth because of the ammonia.

0:10:26.140 --> 0:10:26.740  
Catherine Beresford  
Yeah.

0:10:27.200 --> 0:10:31.760  
HCP04  
So, there's a lot of things that in specialist centres we would screen for, but often.

0:10:31.110 --> 0:10:31.910  
Catherine Beresford  
Yes.

0:10:35.300 --> 0:10:36.60  
Catherine Beresford  
Yeah.

0:10:49.120 --> 0:10:50.80  
Catherine Beresford  
Yes.

0:10:52.200 --> 0:10:53.80  
Catherine Beresford  
I see.

0:10:55.310 --> 0:10:56.270  
Catherine Beresford  
Yes.

0:10:32.320 --> 0:11:2.560  
HCP04  
In non-specialist centres a lot of this would go missed and they're the types of patients that we often struggle to get when they're referred to us. If they're referred quite late and advanced in their disease process from a nutrition point of view, it's really hard to actually claw anything back at that point. A lot of the time it's just trying to kind of get a happy medium and try and get that, you know, manage their symptoms through the nutrition to improve their quality of life rather than.

0:11:4.830 --> 0:11:7.590  
Catherine Beresford  
Yes, sure.

0:11:3.80 --> 0:11:14.880  
HCP04  
It by that point it's really difficult, particularly if they've lost a lot of muscle to claw that back and improve that So, often. That's where your end goal in your nutritional plan might might change slightly.

0:11:14.930 --> 0:11:16.970  
Catherine Beresford  
I miss you. Yeah.

0:11:17.450 --> 0:11:18.810  
HCP04  
Have I answered your question?

0:11:18.490 --> 0:11:31.530  
Catherine Beresford  
That you you that's actually. So, that's really thorough. Really, really So, helpful. It gives me a lot of insight actually and it kind of answers some of the questions you know that have arisen from speaking with people already.

0:11:31.70 --> 0:11:31.670  
HCP04  
OK.

0:11:32.430 --> 0:11:46.230  
Catherine Beresford  
There's a few things I just wouldn't mind unpicking from what you said, just to like a few things I'd like to check. So, you mentioned about referral. So, how how are people referred to you to the, the dieticians, the hepatology dieticians then?

0:11:53.190 --> 0:11:53.990  
Catherine Beresford  
OK.

0:11:56.420 --> 0:11:57.100  
Catherine Beresford  
Yeah.

0:11:46.615 --> 0:12:2.695  
HCP04  
So, we, as in our trust, we only take referrals from any patient who's under a consultant. We do have referral criteria, but ours is quite broad, which means we do get a lot of referrals. So, our waiting times are quite naturally quite long.

0:12:2.140 --> 0:12:6.420  
Catherine Beresford  
Yes. What sort of length of time would the waiting time be then?

0:12:5.135 --> 0:12:9.415  
HCP04  
So, in some clinics you're talking like four to six months.

0:12:10.795 --> 0:12:11.875  
HCP04  
Yeah, it, but.

0:12:9.790 --> 0:12:15.750  
Catherine Beresford  
Gosh, OK, yeah, which might be an issue for the ones for the individuals who are more advanced, I suppose.

0:12:24.580 --> 0:12:25.340  
Catherine Beresford  
Yes.

0:12:15.365 --> 0:12:29.445  
HCP04  
Yeah. So, we try and keep in our sort of non non transparent non non specialist clinic. So, if you're talking about you sort of just general decompensated patients, there are longest waiting times because the referral criteria is quite broad.

0:12:29.640 --> 0:12:30.360  
Catherine Beresford  
I see.

0:12:38.620 --> 0:12:39.380  
Catherine Beresford  
Yes.

0:12:30.885 --> 0:12:40.845  
HCP04  
So, yeah, they might have a bit of a longer wait, but obviously being in a specialist referral centre, we are, we do have our consultants and registrars and our specialist nurses who

0:12:42.445 --> 0:12:45.765  
HCP04  
You know, they're they ask us a lot of questions that might drop us an e-mail.

0:12:50.540 --> 0:12:52.220  
Catherine Beresford  
Yes, I see. Yeah.

0:12:46.415 --> 0:12:54.215  
HCP04  
Check in about things So, they will often give patients some temporary advice and they're they're quite good at signposting to appropriate -

0:12:53.350 --> 0:12:54.350  
Catherine Beresford  
Sure.

0:12:56.970 --> 0:12:57.90  
Catherine Beresford  
Hmm.

0:12:59.210 --> 0:13:0.130  
Catherine Beresford  
OK.

0:12:56.15 --> 0:13:1.15  
HCP04  
- Forums to and you know to for the patients to read about things themselves.

0:13:11.700 --> 0:13:12.660  
Catherine Beresford  
Right.

0:13:1.535 --> 0:13:16.15  
HCP04  
So, that the patients that we see Will will try and in our non-specialist clinics will probably see probably two or three times and try and get them on the straight and narrow and then refer them back to if they're staying under our consultant at our Centre.

0:13:17.520 --> 0:13:18.280  
Catherine Beresford  
Yeah.

0:13:23.640 --> 0:13:24.400  
Catherine Beresford  
Yes.

0:13:30.200 --> 0:13:31.0  
Catherine Beresford  
Right.

0:13:34.50 --> 0:13:35.770  
Catherine Beresford  
I'm with you, yeah.

0:13:39.470 --> 0:13:40.310  
Catherine Beresford  
Sure.

0:13:16.585 --> 0:13:42.865  
HCP04  
Back to our consultant, but if often it's because I'm in a transplant centre, if they're then not for transplant and they're not local within the region, they'll then get re-referred back to their referring consultant. And So, then they're then back their care, their care is handed back over. So, we would then we would then liaise with the GP to refer back to the local centre if they needed ongoing Dietetic input.

0:13:43.210 --> 0:13:50.890  
Catherine Beresford  
And your, the consultations that you have, are they all in person? Would you speak to people on the phone or video call?

0:13:52.860 --> 0:13:53.580  
Catherine Beresford  
Yes.

0:13:58.140 --> 0:13:58.700  
Catherine Beresford  
Yeah.

0:13:50.625 --> 0:14:5.665  
HCP04  
So, all of ours are in person and we really, really strongly believe that that is really important. I know a lot of centres, transplant or non-transplant across the country, particularly since COVID.

0:14:10.850 --> 0:14:13.450  
Catherine Beresford  
Oh, OK. Oh, I see.

0:14:17.440 --> 0:14:18.120  
Catherine Beresford  
Yeah.

0:14:7.105 --> 0:14:20.105  
HCP04  
I've kept a lot of their clinics as virtual clinics, So, generally telephone clinics, but often the feedback I get from patients who have had that experience from their local centre before being referred to us.

0:14:20.505 --> 0:14:22.945  
HCP04  
Is that they don't find it very helpful.

0:14:23.460 --> 0:14:24.260  
Catherine Beresford  
Right.

0:14:26.620 --> 0:14:27.260  
Catherine Beresford  
Yeah.

0:14:47.420 --> 0:14:48.740  
Catherine Beresford  
I see, yes.

0:14:51.40 --> 0:14:52.360  
Catherine Beresford  
I understand, yeah.

0:14:24.185 --> 0:14:55.465  
HCP04  
Because you don't get to know the person very well, and I think it's really important to be able to eyeball the patient. Even just simple things like I'm really. I'm a real strong advocate about and you might have to tell me to shut up because when you get me talking about this, I get really I can talk forever on it. But I think it's really, really important to see the patient even just walk them in from the clinic room, see how they move eyeball. You know, it gives you an opportunity to see how their muscles are moving, you know, do they have the strength to get up out of the seat?

0:15:4.440 --> 0:15:5.200  
Catherine Beresford  
Sure.

0:15:16.310 --> 0:15:16.990  
Catherine Beresford  
Yes.

0:14:56.85 --> 0:15:19.165  
HCP04  
Is their proportion of their muscle mass you know with, you know, within good proportion. So, do they, they might have a big belly, they might run lots of layer of clothes, but actually you need to get them into clinic, get the coat off to be able to take their muscle measurements, check their weight yourself. You know get your hands on them. Check how much oedema they've got, how far up the leg does it go.

0:15:19.205 --> 0:15:28.85  
HCP04  
And really, it gives you that chance to just have that eye-contact with the patient and just get to know them a little bit. And I think that's really important for the patients because often.

0:15:28.815 --> 0:15:29.575  
HCP04  
I find.

0:15:36.200 --> 0:15:37.40  
Catherine Beresford  
I see.

0:15:39.270 --> 0:15:40.270  
Catherine Beresford  
Yes.

0:15:45.660 --> 0:15:46.260  
Catherine Beresford  
Yeah.

0:15:52.660 --> 0:15:53.420  
Catherine Beresford  
Yes.

0:15:55.930 --> 0:15:56.490  
Catherine Beresford  
Yeah.

0:15:31.735 --> 0:15:59.95  
HCP04  
A lot of our consultations is spent actually talking about their symptoms and their experience of how their journey has been So, far in terms of getting getting to where they are now. And I think that's really you can't do that over the phone. I don't think often without meeting the patients you wouldn't get to that point. But for me that builds the trust with the patient and they feel it relaxes them. They feel more comfortable because you're getting to understand their journey.

0:16:10.100 --> 0:16:12.540  
Catherine Beresford  
Yeah, yeah, yeah.

0:16:17.630 --> 0:16:18.390  
Catherine Beresford  
Sure.

0:16:20.710 --> 0:16:21.390  
Catherine Beresford  
Yes.

0:15:59.735 --> 0:16:33.215  
HCP04  
And I think that surprises a lot of patients when they come to see us as dietitians because they expect us to just say, you know, well, stop eating chocolate, you know, don't eat the naughty things. You know, you need to eat really healthy. And actually, it's the complete opposite. We we really, really want to understand what their symptoms are, how they're impacting them and actually often then, you know, it builds that really good relationship because then I can turn around and say, would you know what I can tell you that that's been managed really well. That advice you've been given is really good, however.

0:16:33.410 --> 0:16:34.50  
Catherine Beresford  
Yeah.

0:16:37.240 --> 0:16:37.920  
Catherine Beresford  
Yeah.

0:16:45.680 --> 0:16:46.480  
Catherine Beresford  
Right.

0:16:47.440 --> 0:16:48.280  
Catherine Beresford  
OK.

0:16:34.175 --> 0:17:3.215  
HCP04  
I feel this has been missed and we probably need to unpick this a bit more and I can do this, this and this for you if you can tell me more about this I will then you know I'll get this, I'll get you started on this new tablet. I'll e-mail the consultant. I'll start you on these supplements. I know you'll you'll absorb these. Better have a go at this. And I'm pretty confident there in the next, you know, few weeks you'll start. This will start to improve. This is what you need to look out for and I find you wouldn't get that rapport necessarily So, much over the phone.

0:17:2.470 --> 0:17:3.670  
Catherine Beresford  
Yeah, yeah.

0:17:3.455 --> 0:17:9.95  
HCP04  
And I find it really hard as a dietitian to do assessments over the phone because.

0:17:15.820 --> 0:17:16.220  
Catherine Beresford  
Yeah.

0:17:10.815 --> 0:17:20.695  
HCP04  
Patients often miss symptoms themselves. They're perhaps they've had that fluid there for a while or you know, they've been running after the toilet for the last two years. Every time they've eaten. And for them, that's normal.

0:17:19.550 --> 0:17:21.950  
Catherine Beresford  
Yes, I'm with you.

0:17:22.115 --> 0:17:26.595  
HCP04  
So, I just find it. Yeah. It's really important to kind of have that time with them in a room.

0:17:40.35 --> 0:17:40.555  
HCP04  
Yeah.

0:17:52.815 --> 0:17:53.295  
HCP04  
Yep.

0:17:25.930 --> 0:17:54.650  
Catherine Beresford  
Yeah. Yeah. I mean, So, what is, it's really interesting hearing what you're saying and the way that it sounds like, obviously a lot of it's because you're in a specialist centre and you've had specialist training and something that is sort of come out of talking to healthcare professionals and individuals affected by advanced liver disease, particularly because I'm focusing on the ones who are not eligible for transplant or not not going to have a transplant.

0:17:57.315 --> 0:17:57.675  
HCP04  
Yeah.

0:17:56.10 --> 0:17:57.850  
Catherine Beresford  
Access to dietician support.

0:18:0.215 --> 0:18:0.655  
HCP04  
Yep.

0:18:4.745 --> 0:18:5.145  
HCP04  
Yeah.

0:18:8.395 --> 0:18:8.875  
HCP04  
Yeah.

0:17:58.60 --> 0:18:12.900  
Catherine Beresford  
Emerged as being variable, So, not even you know, you're obviously like a specialist dietician, but actually access to a dietitian full stop has emerged as as variable. What are your thoughts about that?

0:18:12.825 --> 0:18:14.785  
HCP04  
Yeah, I know. I completely agree. So.

0:18:22.380 --> 0:18:23.100  
Catherine Beresford  
OK.

0:18:24.160 --> 0:18:24.880  
Catherine Beresford  
Yes.

0:18:37.780 --> 0:18:38.340  
Catherine Beresford  
Yeah.

0:18:16.625 --> 0:18:44.225  
HCP04  
I there are actually a big group of gastro and Hepatology dieticians who we have like a network that we meet up every quarter virtually and we we have like emails. We're in contact. So, and we often talk about the access and looking at how we can build business cases and try and demonstrate that the the worth of the workforce and it's definitely very sparse. Not only I guess the level of training but also.

0:18:46.700 --> 0:18:47.340  
Catherine Beresford  
Yeah.

0:18:54.30 --> 0:18:54.710  
Catherine Beresford  
Right.

0:19:0.260 --> 0:19:1.100  
Catherine Beresford  
Right.

0:18:44.625 --> 0:19:2.225  
HCP04  
As you say that access to a dietician and you know, I think I I see a lot of that and I'm very more aware since working in a tertiary referral centre because we get patients who come to us very mistrusting of dietitians sometimes or very.

0:19:8.170 --> 0:19:9.50  
Catherine Beresford  
OK.

0:19:16.820 --> 0:19:17.540  
Catherine Beresford  
Yeah.

0:19:22.670 --> 0:19:23.510  
Catherine Beresford  
Yes.

0:19:28.550 --> 0:19:29.190  
Catherine Beresford  
Yeah.

0:19:3.415 --> 0:19:31.415  
HCP04  
They can become quite - I’ve often experienced a lot of anger and frustration and upset during my consultations from patients who have perhaps been diagnosed, you know, six months, 12 months, maybe couple of years prior, have been only managed under their gastroenterology consultant or, you know, just, you know, whether it might have been their GP. But generally, it's a gastro consultant. They've been managed under.

0:19:44.810 --> 0:19:45.610  
Catherine Beresford  
Yeah.

0:19:32.765 --> 0:19:50.445  
HCP04  
They've been trying to get access to the dietitian, So, they might have been told that, you know, the referral was put in. But you know, they've been waiting for six months, for example, or nothing ever came. Or they gave them a phone call and just sent them out, posted them out a diet sheet which they didn't find very helpful.

0:20:1.240 --> 0:20:1.920  
Catherine Beresford  
Yes.

0:19:51.965 --> 0:20:2.85  
HCP04  
And and even though I'm in a, you know, a specialist referral centre where I have a team of specialists, liver dieticians, who we only see liver patients and we're trained in that.

0:20:8.910 --> 0:20:9.710  
Catherine Beresford  
Sure.

0:20:14.670 --> 0:20:15.350  
Catherine Beresford  
Yeah.

0:20:16.710 --> 0:20:18.70  
Catherine Beresford  
Yes. Yeah.

0:20:2.750 --> 0:20:31.710  
HCP04  
Even trying to get access to us is really difficult. You know, if, as I said, our waiting lists are really long, you know, if you're, if you're if you're referred for a transplant, you get seen immediately because that's how that's how the transplant side of things works. You get referred for a transplant, you'll put in a multidisciplinary clinic where you see a consultant, you see a dietician, you see a specialist liver nurse, you see, you know, whoever you need to see is that is accessible.

0:20:31.990 --> 0:20:32.510  
Catherine Beresford  
Yeah.

0:20:34.10 --> 0:20:34.650  
Catherine Beresford  
Yes.

0:20:32.180 --> 0:20:38.660  
HCP04  
But if you're not in that, even at specialist centres such as ours, you have a long waiting list.

0:20:38.540 --> 0:20:39.900  
Catherine Beresford  
Yeah. OK.

0:20:42.510 --> 0:20:43.150  
Catherine Beresford  
Yeah.

0:20:39.940 --> 0:20:44.20  
HCP04  
You know, we have to pick and choose in that in clinics who we see on the day.

0:20:45.660 --> 0:20:51.580  
HCP04  
To be even even that side where I mean, especially centre, it's really difficult. So, across the country.

0:20:53.100 --> 0:20:57.220  
HCP04  
It's I I don't have a full understanding of why.

0:21:1.510 --> 0:21:2.190  
Catherine Beresford  
Yeah.

0:20:58.780 --> 0:21:2.860  
HCP04  
Even though nutrition is such an important treatment and everybody knows that.

0:21:3.230 --> 0:21:3.750  
Catherine Beresford  
Yeah.

0:21:18.260 --> 0:21:18.380  
Catherine Beresford  
Hmm.

0:21:4.50 --> 0:21:23.330  
HCP04  
Getting access and funding for specialist dietitians is just So, few and far between, and it's never prioritised. It's it's something that I don't think anyone has an answer to. I think a lot of it is just budgets and yeah, I don't know what the answer is to that, but it's definitely something that.

0:21:24.270 --> 0:21:24.710  
Catherine Beresford  
Yeah.

0:21:25.170 --> 0:21:27.490  
HCP04  
Is experienced widely across across the country.

0:21:37.720 --> 0:21:37.840  
HCP04  
Uh.

0:21:28.60 --> 0:21:53.60  
Catherine Beresford  
Yeah. So, in view of that, if there were individuals who've got advanced decompensated liver disease, you know the ones who are not going to be going for a transplant or their carers. If they do require support, advice and information. And I suppose I would be specifically focusing on the nutrition aspect because of your role, where do you think they're going then, if they're not getting it from yourselves?

0:21:57.200 --> 0:21:57.600  
Catherine Beresford  
Yeah.

0:21:53.190 --> 0:22:4.910  
HCP04  
They often then go to Google, which I think everyone does. Everyone puts in a bit of Google and which to be fair, if you put it into Google you would come up with probably the basics of

0:22:5.340 --> 0:22:5.540  
Catherine Beresford  
Mm hmm.

0:22:6.510 --> 0:22:10.350  
HCP04  
What I would call a cirrhotic eating pattern for needing to eat little and often.

0:22:11.20 --> 0:22:11.60  
Catherine Beresford  
I.

0:22:13.690 --> 0:22:14.170  
Catherine Beresford  
Yeah.

0:22:11.870 --> 0:22:20.390  
HCP04  
Needing to eat high protein diet, you would get the basis of that, but and for the most you know. But for a small number of patients, I guess that would be enough.

0:22:21.140 --> 0:22:21.260  
Catherine Beresford  
Hmm.

0:22:25.400 --> 0:22:26.80  
Catherine Beresford  
Yeah.

0:22:30.310 --> 0:22:30.950  
Catherine Beresford  
Yeah.

0:22:33.270 --> 0:22:34.430  
Catherine Beresford  
Hmm hmm.

0:22:21.600 --> 0:22:38.120  
HCP04  
Maybe in the early stages of of you know, cirrhosis or perhaps compensated or early stage decompensated and that might tide people over for a little bit if they're not heavily burdened by any symptoms. But for the most part, particularly the the types of patients you're talking about.

0:22:39.400 --> 0:22:55.120  
HCP04  
That wouldn't be enough. And you know, there are small areas over the country where they do have, you know, the services have been put in a lot of work and funding into into building teams where they don't necessarily have access to wide access or dietitian.

0:22:57.720 --> 0:22:59.880  
Catherine Beresford  
Yes, I'm see. Yeah.

0:22:55.760 --> 0:23:6.80  
HCP04  
But there might be specialist nurses that have been trained up or you know, you know the the consultants perhaps you know, because often it's the consultants who will go to.

0:23:8.810 --> 0:23:9.490  
Catherine Beresford  
Yeah.

0:23:15.440 --> 0:23:18.240  
Catherine Beresford  
Alright. Yeah, yeah, yeah.

0:23:19.990 --> 0:23:20.110  
Catherine Beresford  
Hmm.

0:23:7.880 --> 0:23:27.0  
HCP04  
You know, conferences, you know, they'll read medical journals. It's often the medics they're actually writing about nutrition. And as I'm sure you've kind of, when you've been perhaps looking at looking for people, you'll find actually a lot of papers and literature reviews about nutrition, liver disease. And the guidelines are all pretty much all written by medics.

0:23:26.930 --> 0:23:27.850  
Catherine Beresford  
OK.

0:23:32.490 --> 0:23:33.450  
Catherine Beresford  
Hmm yeah.

0:23:34.890 --> 0:23:35.330  
Catherine Beresford  
Yeah.

0:23:27.950 --> 0:23:37.430  
HCP04  
Um So, often I find medics will advocate for nutrition and feel that that's enough sometimes, and perhaps that's where there is that lack of support in terms of building the Dietetic workforce because I think often the nutrition is is deemed.

0:23:53.430 --> 0:23:54.790  
Catherine Beresford  
Right. OK.

0:23:55.970 --> 0:23:56.490  
Catherine Beresford  
Yeah.

0:23:48.710 --> 0:23:57.470  
HCP04  
You know, a lot of, particularly a lot of the medics feel that that actually that they know enough to kind of get the patients by. And actually it's those.

0:23:59.390 --> 0:23:59.590  
Catherine Beresford  
Mm hmm.

0:24:12.950 --> 0:24:13.670  
Catherine Beresford  
Yeah.

0:24:16.800 --> 0:24:17.440  
Catherine Beresford  
Yeah.

0:23:57.790 --> 0:24:19.30  
HCP04  
Skilled things that often, even medics in our centres, even though you know they're very familiar with the work that we do and how we assess patients and the advice that we would give if they always miss the little things that we will then pick up and actually they're generally the things that will improve the patient's symptoms and improve their quality of life so.

0:24:20.870 --> 0:24:24.230  
HCP04  
I actually forgot what your question was. I've been just sort of rambling.

0:24:22.340 --> 0:24:36.740  
Catherine Beresford  
No, no, no, that that make no that that no it's fine that all makes sense because, yeah, I've, I've, I've forgotten too in a way because it it it evolved but in an appropriate way it's it's just making me think about.

0:24:42.470 --> 0:24:44.150  
HCP04  
Yeah, yeah.

0:24:38.160 --> 0:24:45.920  
Catherine Beresford  
The collaborative nature of your role as well and and how and how that works for you. Maybe you could talk a little bit about that?

0:24:55.200 --> 0:24:56.40  
Catherine Beresford  
Yes.

0:24:46.30 --> 0:24:56.630  
HCP04  
Yeah, sure. So, often all of our clinics and I and I think this is generally the case for for most gastro slash hepatology clinics across the country.

0:25:3.150 --> 0:25:3.950  
Catherine Beresford  
I see.

0:25:8.350 --> 0:25:9.70  
Catherine Beresford  
Yeah.

0:24:58.110 --> 0:25:10.590  
HCP04  
They generally have an element of an MDT role. I don't think it's very common that dietitians would work on that own with this patient group So, often

0:25:10.780 --> 0:25:11.660  
Catherine Beresford  
Sure.

0:25:12.110 --> 0:25:16.190  
HCP04  
Particularly for us in our, in our work, we will always go back to the medics.

0:25:16.370 --> 0:25:17.90  
Catherine Beresford  
Yeah.

0:25:17.250 --> 0:25:20.530  
HCP04  
If there's symptom management that we feel, perhaps.

0:25:22.370 --> 0:25:24.610  
HCP04  
Isn't working. You know, we use it as a way of flagging.

0:25:29.520 --> 0:25:30.160  
Catherine Beresford  
Yeah.

0:25:36.40 --> 0:25:37.360  
Catherine Beresford  
Yeah, yeah.

0:25:26.370 --> 0:25:37.370  
HCP04  
Any symptoms that we feel perhaps you know we've improved So, much for nutrition, but actually is bothersome for the patient or it's got worse. But often we work directly with our consultants and our specialist nurses.

0:25:38.850 --> 0:25:43.890  
HCP04  
So, we do have some non-transplant clinics where we work in an MDT, so.

0:25:45.810 --> 0:25:47.610  
HCP04  
That will involve the patient coming to see.

0:25:48.50 --> 0:25:54.50  
HCP04  
So, they they're just given an appointment for the morning, and they'll come and see the doctor. They'll come and see us.

0:25:54.440 --> 0:25:55.0  
Catherine Beresford  
Yeah.

0:25:59.500 --> 0:25:59.540  
Catherine Beresford  
I.

0:25:55.530 --> 0:26:1.10  
HCP04  
But again, often we have to screen those lists, So, we might see only see 50% of that clinic.

0:26:0.640 --> 0:26:8.680  
Catherine Beresford  
Right. How will you decide which people you're going to see in that situation? Yeah.

0:26:18.490 --> 0:26:18.770  
Catherine Beresford  
Yeah.

0:26:4.500 --> 0:26:39.260  
HCP04  
So, purely through going through the clinic notes, So, we'll get the clinic list in the morning, and we'll just screen the clinic. So, we'll look through their last clinic letter, what the where they are in their disease process, what are their symptoms? Is there any information in the referral of the consultant letter about their nutrition, about their weight, about their symptoms? And we'll look if we've seen them before or not. So, some patients we might already know and we say, Yep, I need to catch up with them. I was doing this with them last time. I need to check their progress or actually I saw them last time.

0:26:43.170 --> 0:26:43.810  
Catherine Beresford  
Yes.

0:26:56.970 --> 0:26:57.690  
Catherine Beresford  
No.

0:26:58.950 --> 0:26:59.590  
Catherine Beresford  
Yeah.

0:27:3.580 --> 0:27:4.180  
Catherine Beresford  
Yeah.

0:26:39.550 --> 0:27:10.150  
HCP04  
They were OK, you know, they weren't. They hadn't slipped too much. They were following the advice and it, and you know, they were slowly improving. So, actually, I'm going to pick a new patient instead who has never had access to a dietician and see them that way. So, there's for us there isn't an exact science. It comes with experience and just just clinical knowledge of kind of trying to pick the right people. But then we alSo, have to put our trust in the the rest of the MDT. You were seeing the other patients as well.

0:27:9.720 --> 0:27:10.840  
Catherine Beresford  
Yeah.

0:27:39.450 --> 0:27:40.690  
Catherine Beresford  
Yeah, yeah.

0:27:10.570 --> 0:27:43.570  
HCP04  
They might then actually say, do you know what this patient was doing really well last time, but since they've had two hospital admissions with HE and they're now not eating and I can visibly see there, you know, they're struggling. They've lost lots of weight. So, do you mind seeing them today or can you give them a phone call or is there anything that you would recommend that I advise for them? So, we do a lot of that work. So, we'll either see the patients ourselves or we'll do a lot of, you know, corridor conversations or we'll go into the, you know, the consultant room and quickly eyeball the patient and say.

0:27:43.80 --> 0:27:43.840  
Catherine Beresford  
I see.

0:27:44.110 --> 0:27:49.550  
HCP04  
You know, or some pa- It might just be simple as they're having a prescription issue. They're on nutritional supplements.

0:27:56.880 --> 0:27:57.360  
Catherine Beresford  
Yeah.

0:27:50.950 --> 0:27:58.390  
HCP04  
You know what's the issue? Do you just need to top up from our cupboard or do we need to write another letter to the GP? Sometimes it's just simple things like that.

0:27:59.950 --> 0:28:3.270  
HCP04  
With our specialist nurses, they have daily hot clinics.

0:28:11.10 --> 0:28:11.530  
Catherine Beresford  
Yeah.

0:28:4.710 --> 0:28:14.790  
HCP04  
Where they see patients for admission avoidance, So, they're trying to keep patients out of hospital. So, they're the patients that kind of should be an impatient but.

0:28:14.960 --> 0:28:15.760  
Catherine Beresford  
Right.

0:28:27.940 --> 0:28:28.620  
Catherine Beresford  
Yeah.

0:28:30.330 --> 0:28:30.770  
Catherine Beresford  
Yeah.

0:28:15.910 --> 0:28:33.70  
HCP04  
They're just about safe enough to be at home, but they need to be coming back and having their bloods monitored or our specialist nurses are prescribers So, they can assess their symptoms. They'll check how bad their oedema is. That kind of thing.

0:28:34.670 --> 0:28:38.630  
HCP04  
And we we're not doing it now, but often that was.

0:28:40.110 --> 0:28:46.550  
HCP04  
Your generally your decompensated patients who again not on the transplant pathway, they were local to our area.

0:28:53.900 --> 0:28:54.820  
Catherine Beresford  
OK.

0:28:47.840 --> 0:28:55.680  
HCP04  
And all of them need a dietitian. They need nutrition input. So, often we'd have seen them on the ward. That's where they're referral to a start.

0:29:5.560 --> 0:29:7.560  
Catherine Beresford  
Yeah, yeah.

0:29:9.360 --> 0:29:9.960  
Catherine Beresford  
Yeah.

0:28:57.160 --> 0:29:22.840  
HCP04  
So, we were sort of trying to see some of them. That's those sort of I don't like using the word sicker patients. But you know what I mean, we were trying to see the patients who needed that bit of extra support at the start, and we were just sort of the nurses would flag them to us and say this patient's coming back. Do you need to see them and if we had capacity for someone to go, we'd say, Yep, we'll pop along, we'd go to their clinic.

0:29:24.420 --> 0:29:56.460  
HCP04  
'Cause really. Hopefully it's based on the live a ward, So, we just go into this one of the side rooms where they have their clinic go and see them and we would work with them that way So, often, particularly if we were short on time, the nurses would just, you know, summarise for us, they're just in the patient, they'll say this is what the problem is. You know they're having issue with their prescription or their ascites is was was maintained on diuretics but now they're intolerant to the diuretics and we're going to have to start draining them or actually they've had to drain since you've last seen them.

0:29:56.540 --> 0:29:57.340  
Catherine Beresford  
Right.

0:29:57.140 --> 0:30:0.700  
HCP04  
And I can see again, see again visibly, they've lost weight or they're telling me they're not eating.

0:30:6.20 --> 0:30:6.780  
Catherine Beresford  
Yes.

0:30:9.670 --> 0:30:10.230  
Catherine Beresford  
Yeah.

0:30:7.370 --> 0:30:18.370  
HCP04  
They can flag those patients to us. Then we would pop along, do a diet history, check their arm measurements, ask them about their stores to check for that. They're absorbing the food that they are managing to eat.

0:30:26.560 --> 0:30:27.0  
Catherine Beresford  
Yeah.

0:30:39.780 --> 0:30:40.620  
Catherine Beresford  
OK.

0:30:19.890 --> 0:30:41.250  
HCP04  
And then we would, you know, just be able to go away, right, better and write to the GP and then we tend to rely on the nurses quite a lot to let us know if they're coming into our ambulatory care again for a drain. And they they often just drop emails and we'll just say this patient's batch, you need to see them. We say Yep or no or yes we do. But we don't have capacity.

0:30:44.900 --> 0:30:45.460  
Catherine Beresford  
Yeah.

0:30:41.680 --> 0:30:50.760  
HCP04  
So, can you could you do this? Could you check this if there's an issue with any of that, flag them back to me So, that that works really well.

0:30:51.320 --> 0:30:51.920  
Catherine Beresford  
Yeah.

0:30:57.330 --> 0:30:59.90  
Catherine Beresford  
Right, I.

0:31:1.280 --> 0:31:2.0  
Catherine Beresford  
Yeah.

0:30:52.560 --> 0:31:7.520  
HCP04  
But we had to stop doing that because it was create the workload was becoming So, big that there wasn't any additional funding for it. So, we did actually put a business case in which nothing has come to light of that just yet.

0:31:7.0 --> 0:31:8.960  
Catherine Beresford  
Right. OK.

0:31:9.320 --> 0:31:14.360  
HCP04  
So, again, that again just demonstrates the wide volume of patients that do need to be seen.

0:31:13.430 --> 0:31:15.150  
Catherine Beresford  
Sure. Yeah.

0:31:14.940 --> 0:31:17.60  
HCP04  
Or at least need a starting point.

0:31:20.90 --> 0:31:21.130  
Catherine Beresford  
Yeah.

0:31:31.600 --> 0:31:33.600  
Catherine Beresford  
Be sure, yeah.

0:31:34.880 --> 0:31:35.400  
Catherine Beresford  
Yeah.

0:31:41.600 --> 0:31:42.320  
Catherine Beresford  
Right.

0:31:19.140 --> 0:31:43.220  
HCP04  
But don't often get access, but we we can. You know we did. We did prove through that business case that actually it really worked. You know, the benefit of those patients seeing us because it's part of that admission avoidance as well, which often patients want, don't they, you know, particularly if they're, you know, they want to focus on the quality of life and you know they're on the palliative care pathway or they know they're not for transplant.

0:31:47.280 --> 0:31:47.400  
Catherine Beresford  
Hmm.

0:31:58.80 --> 0:31:58.520  
Catherine Beresford  
Yeah.

0:32:6.820 --> 0:32:7.940  
Catherine Beresford  
Yeah, yeah.

0:31:43.920 --> 0:32:9.720  
HCP04  
They want to manage their symptoms in any way possible, and they often see the benefit of having a, you know, a nutrition plan that works for them after perhaps years of struggling to eat and feeling like nothing works. That's really motivating for the patient and for them to know that they can, you know, access that through coming to one clinic is alSo, really, really helpful as well for them so.

0:32:13.440 --> 0:32:14.200  
Catherine Beresford  
I see.

0:32:11.280 --> 0:32:16.240  
HCP04  
That's generally how we work with with our teams. We would we never have clinics.

0:32:30.610 --> 0:32:31.450  
Catherine Beresford  
Right.

0:32:33.640 --> 0:32:35.440  
Catherine Beresford  
I see. Yeah, yeah.

0:32:37.550 --> 0:32:37.670  
Catherine Beresford  
Hmm.

0:32:39.590 --> 0:32:40.110  
Catherine Beresford  
Yeah.

0:32:16.720 --> 0:32:45.760  
HCP04  
I guess the reason for that and we've always had a bit of a challenge with our management about this over years is or because for some some of our clinics, it does contribute to our longer waiting list, but we always link our appointments with their medical appointments because we don't want to burden the patient further by having to travel and patients really like that. And again, for us it's about the patient experience and you know we see it from a point of view that if a patient you know does have quite advanced disease quite.

0:32:46.260 --> 0:32:46.380  
Catherine Beresford  
Hmm.

0:32:49.260 --> 0:32:51.60  
Catherine Beresford  
No, no.

0:32:53.130 --> 0:32:53.690  
Catherine Beresford  
Yeah.

0:32:46.760 --> 0:32:59.800  
HCP04  
Impactful symptoms they don't want to be in to and fro the hospital three times in one week to set to see different teams. So, we we see the importance of seeing them face to face, but we want to make it work as well as we can for the patient as well.

0:33:3.280 --> 0:33:3.480  
HCP04  
Uh huh.

0:32:58.620 --> 0:33:7.780  
Catherine Beresford  
Sure. You mentioned the palliative care pathway. Can you just tell me a little bit more about how that works in the areas that you're working in?

0:33:13.960 --> 0:33:14.680  
Catherine Beresford  
Yes.

0:33:8.60 --> 0:33:15.900  
HCP04  
So, often because of again, I'm at a tertiary referral centre for liver transplant often.

0:33:15.940 --> 0:33:23.460  
HCP04  
The nonlocal patients will get referred to us for transplant and that might be as an outpatient or as an inpatient and often.

0:33:33.150 --> 0:33:33.710  
Catherine Beresford  
Yeah.

0:33:25.420 --> 0:33:37.660  
HCP04  
If that before they go to a transplant assessment clinic, they will get seen by a consultant in one of their new patient clinics to screen them essentially. And at that point it's deemed.

0:33:38.310 --> 0:33:55.30  
HCP04  
Suitable for transplant. Let's get them through that process and they'll get assessed or or actually they're not for transplant and they need to either go back to their referring centre or, you know, often we get patients who arrive quite poorly. So, they end up getting admitted to the ward, for example.

0:34:3.40 --> 0:34:3.880  
Catherine Beresford  
Yes.

0:34:6.320 --> 0:34:6.840  
Catherine Beresford  
Yeah.

0:33:56.390 --> 0:34:8.830  
HCP04  
And often what are consultants advocate for is trying to to do the best for that patient and try and get them as far along the treatment pathway as possible. And sometimes for us that means.

0:34:25.650 --> 0:34:28.10  
Catherine Beresford  
Right. OK.

0:34:9.880 --> 0:34:35.600  
HCP04  
We know there's a lot of work to do to kind of recover their nutrition, recover their muscle and get on top of their symptoms to make them suitable for a transplant. So, it might be that they're either put on a dual pathway, So, there might be being what we what we call work being worked up for transplant. But at the same time, there might be be put on a palliative care pathway where they get referred to a specialist to the palliative care team.

0:34:36.190 --> 0:34:46.990  
Catherine Beresford  
Yeah. OK. So, you could have somebody that is because they're they are for transplant, but it's acknowledged that it might not be, yeah.

0:34:47.10 --> 0:34:47.210  
Catherine Beresford  
Yeah.

0:34:49.800 --> 0:34:50.320  
Catherine Beresford  
Yeah.

0:34:44.330 --> 0:34:56.850  
HCP04  
I might not get there, essentially because their disease date is quite advanced and they're referred to us quite late or that, you know, whatever the cause of the disease was accelerated quite quickly.

0:34:56.960 --> 0:34:57.320  
Catherine Beresford  
Yeah.

0:35:2.780 --> 0:35:2.860  
Catherine Beresford  
Mm.

0:34:58.410 --> 0:35:13.450  
HCP04  
So, often if they're an inpatient, they'll get seen by the palliative care team and that works really well. And actually, one of the for the last probably three or four years now, there has been a weekly multidisciplinary team that was set up.

0:35:17.270 --> 0:35:17.830  
Catherine Beresford  
Yeah.

0:35:24.330 --> 0:35:25.250  
Catherine Beresford  
Right.

0:35:14.870 --> 0:35:28.750  
HCP04  
It's normally an hour or two long that's led by one of the liver consultants, but it's for patients who were not for transplant and who had decompensated liver disease. And in again, we used to attend that.

0:35:32.350 --> 0:35:32.390  
Catherine Beresford  
M.

0:35:33.910 --> 0:35:35.270  
Catherine Beresford  
Yeah, yeah.

0:35:36.490 --> 0:35:37.250  
Catherine Beresford  
Yeah.

0:35:40.100 --> 0:35:42.540  
Catherine Beresford  
Right. Yeah, yeah.

0:35:30.910 --> 0:35:45.870  
HCP04  
That MDT, but again, because of funding and the amount of the volume of work we had to do, we and it became additional work that we were never funded for, it was just again another add on in the service we put we had to pull back from it, but that MDT.

0:35:46.610 --> 0:35:51.290  
HCP04  
Has a liver consultant. Our liver specialist nurses who run the heart clinic.

0:35:58.520 --> 0:35:59.80  
Catherine Beresford  
Yeah.

0:36:5.260 --> 0:36:5.820  
Catherine Beresford  
Yeah.

0:36:12.950 --> 0:36:13.150  
Catherine Beresford  
Mm hmm.

0:36:15.20 --> 0:36:15.460  
Catherine Beresford  
Yeah.

0:35:53.10 --> 0:36:15.970  
HCP04  
Palliative care doctor and it has one of our alcohol liaison specialist nurses and it has a member of the A couple of members of the gastroenterology teams, whether that's a consultant or the the registrars. And that MDT is for patients who are not for transplant. They are on the palliative care pathway and.

0:36:16.290 --> 0:36:30.130  
HCP04  
Then not necessarily under the liver team. So, they might be admitted to their ward, you know, to a ward in the hospital because of their liver disease. But they might be into the gastroenterology team or they might be into the general medicine team.

0:36:30.520 --> 0:36:31.280  
Catherine Beresford  
OK.

0:36:31.530 --> 0:36:39.610  
HCP04  
But our specialist nurses will pick them up for acidic drains or management of their diuretics, for example. So, symptom management, essentially.

0:36:39.0 --> 0:36:40.640  
Catherine Beresford  
Yes, I see. Yeah.

0:36:41.90 --> 0:36:46.410  
HCP04  
And those patients will get discussed as an MDT to make sure that the non-specialist So, i.e., the gastro.

0:36:52.950 --> 0:36:53.550  
Catherine Beresford  
Yeah.

0:36:47.250 --> 0:37:12.450  
HCP04  
Team or the General Medical ward that there are on are aware of the specific needs of those patients. Then it's there to really improve. I guess the management of these patients when they're not admitted to a specialist, liver ward and what the follow on from that is that follow on care then gets they get the right kind of advice for their outpatient management as well. So, they they might remain under our specialist nurses.

0:37:13.970 --> 0:37:18.330  
HCP04  
But alSo, the you know, the gastro doctors or the general medicine doctors.

0:37:17.700 --> 0:37:18.460  
Catherine Beresford  
Sure.

0:37:24.120 --> 0:37:24.680  
Catherine Beresford  
Yeah.

0:37:18.810 --> 0:37:25.530  
HCP04  
Know that they're on the right pathway. The right information gets put in the discharge letter for the GP.

0:37:39.90 --> 0:37:40.410  
Catherine Beresford  
Yeah, yeah.

0:37:48.140 --> 0:37:48.740  
Catherine Beresford  
Right.

0:37:53.810 --> 0:37:54.490  
Catherine Beresford  
Yeah.

0:37:25.570 --> 0:37:57.90  
HCP04  
When we were attending that, you know, I would, I used to attend. So, you know, I would say, well, actually they're not on the right supplements there, they're they're really jaundice. They've got, they've got fat malabsorption, but they're on a high fat supplement, for example. So, I would then go and, you know, speak to the dietician, excuse me, within our department, who had described that and maybe go see the patient and, you know, to do a bit of it's, it's all about looking at joined-up working and on-the-spot education.

0:37:57.30 --> 0:37:58.150  
Catherine Beresford  
I'm with you, yeah.

0:38:1.560 --> 0:38:1.640  
Catherine Beresford  
Mm.

0:38:8.160 --> 0:38:8.880  
Catherine Beresford  
Yeah.

0:37:57.770 --> 0:38:13.170  
HCP04  
To give the non-specialist teams the right kind of guidance as to how to manage those patients So, that it was a bit more equality across the hospital as to how these patients were managing. So, it didn't really matter where they would be referred.

0:38:13.410 --> 0:38:13.930  
Catherine Beresford  
Yeah.

0:38:14.490 --> 0:38:20.410  
HCP04  
Because that communication and the education was sort of repeated week on week, and that MDT still is still ongoing.

0:38:20.680 --> 0:38:21.240  
Catherine Beresford  
Yeah.

0:38:26.440 --> 0:38:27.160  
Catherine Beresford  
OK.

0:38:21.850 --> 0:38:27.770  
HCP04  
So, often that's how the palliative care pathway works, they often get referred into that clinic if they're an inpatient.

0:38:28.160 --> 0:38:28.480  
Catherine Beresford  
Yeah.

0:38:28.310 --> 0:38:34.870  
HCP04  
If they're an outpatient, it gets referred back to their local centre to wherever they've been referred from.

0:38:36.150 --> 0:38:37.550  
HCP04  
For them to sort of pick up and manage.

0:38:33.400 --> 0:38:51.560  
Catherine Beresford  
OK. Yeah, I see. Yeah, that that's really that's really helpful. I mean So, my next question you, I feel like you've kind of told me this, but I'd quite like it if you would give me a summary of what your opinion in your opinion, what does good care and advanced liver disease look like?

0:38:52.480 --> 0:38:52.720  
HCP04  
So.

0:38:57.80 --> 0:38:58.840  
Catherine Beresford  
Yeah, yeah, yeah.

0:38:54.640 --> 0:38:59.360  
HCP04  
Yeah. So, good care is early referral as much as possible.

0:39:6.720 --> 0:39:8.720  
Catherine Beresford  
Yeah, sure.

0:38:59.480 --> 0:39:11.560  
HCP04  
So, a lot of it comes down to a lot of it is resource, which I know is a bit a big strain everywhere in the NHS, but a lot of it is is investing in the right resource.

0:39:14.600 --> 0:39:14.760  
HCP04  
And.

0:39:20.430 --> 0:39:20.510  
Catherine Beresford  
Mm.

0:39:14.840 --> 0:39:20.520  
HCP04  
I mean, that doesn't necessarily mean you need equal number of specialist nurses, dietitians.

0:39:27.380 --> 0:39:27.740  
Catherine Beresford  
Yeah.

0:39:39.390 --> 0:39:39.990  
Catherine Beresford  
Yeah.

0:39:41.180 --> 0:39:41.700  
Catherine Beresford  
Yeah.

0:39:44.630 --> 0:39:45.190  
Catherine Beresford  
Yeah.

0:39:20.890 --> 0:39:51.770  
HCP04  
Etcetera, etcetera for, you know, a certain amount of patients obviously in an ideal world that would be amazing, but what it does mean is that having some form of access to a specialist in each area. So, palliative care, you know it's sort of support for, you know, mental health is really important and very lacking as well. You know it's a big part of patients, quality of life for these types of patients on that pathway. You know, having access to a dietician, having access to specialist nurses etcetera, etcetera.

0:39:57.80 --> 0:39:57.800  
Catherine Beresford  
Yeah.

0:40:10.320 --> 0:40:11.0  
Catherine Beresford  
Yeah.

0:40:13.570 --> 0:40:14.250  
Catherine Beresford  
Hmm hmm.

0:40:32.0 --> 0:40:32.520  
Catherine Beresford  
Yeah.

0:40:37.800 --> 0:40:38.600  
Catherine Beresford  
Yeah.

0:40:11.110 --> 0:40:45.590  
HCP04  
You know you're on your diuretics that's managing your ascites to some degree, but actually it doesn't really matter at this point if you're not eating very much, just eat what you want kind of thing. Whereas actually for me it's really important that they still get that same input no matter, you know, and the patient might not want it and that's fine. So, as long as they're offered it, you know, and again, as I said, if they're given the opportunity to have to understand the importance of, you know, if you take these medications still while it's a pill burden to take and you might find actually some medication medications.

0:40:49.680 --> 0:40:50.120  
Catherine Beresford  
Yeah.

0:40:55.580 --> 0:40:59.140  
Catherine Beresford  
Sure. Yeah, I'm with you. Yeah.

0:40:45.800 --> 0:41:17.720  
HCP04  
Worth removing, but if you take these medications still, it's going to manage this symptom for you, which will subsequently help you to still walk a bit better. You can still get up the stairs if you want to go to the toilet and not use a commode. You could still go to and do your weekly shop, or you could still go to church every week. Or you could still do this, this and this. It's still that would help you be mobile if you, you know, followed this sort of nutrition plan, but actually you didn't eat too much fat in your diet. You didn't just eat whatever you wanted.

0:41:17.440 --> 0:41:17.960  
Catherine Beresford  
Yeah.

0:41:23.130 --> 0:41:23.850  
Catherine Beresford  
Sure.

0:41:25.330 --> 0:41:25.850  
Catherine Beresford  
Yeah.

0:41:28.740 --> 0:41:29.380  
Catherine Beresford  
Yeah.

0:41:18.320 --> 0:41:29.960  
HCP04  
You actually manage your intake with these types of foods. You will have more energy. You wouldn't necessarily be running to the toilet every time you ate.

0:41:38.40 --> 0:41:38.720  
Catherine Beresford  
Sure.

0:41:30.0 --> 0:41:48.440  
HCP04  
Actually trying to get these types of proteins in your diet, whilst you might find you know these ones, you don't want to eat. Actually, you can still get protein from these types of foods. It might help to manage your ascites a bit better, So, it'll work with your diuretics better, which means that you will slow down your rate of muscle loss. It won't necessarily stop it.

0:41:53.730 --> 0:41:54.210  
Catherine Beresford  
Yeah.

0:42:0.390 --> 0:42:0.950  
Catherine Beresford  
Yeah.

0:42:4.320 --> 0:42:4.840  
Catherine Beresford  
Yeah.

0:41:49.30 --> 0:42:18.70  
HCP04  
But actually it means that your your quality of life will be better for longer and actually your symptoms might not progress and deteriorate as quickly if you followed this is this advice and I think that's that's the bit that I find is often missed. It's actually that ongoing education and giving patients choice and I always spend probably half of my consultations with new patients understanding what do you know what have you been told?

0:42:17.190 --> 0:42:18.910  
Catherine Beresford  
Yeah, yeah, yeah.

0:42:21.950 --> 0:42:22.150  
Catherine Beresford  
Mm hmm.

0:42:19.200 --> 0:42:50.160  
HCP04  
What are your symptoms? Do you understand the link between this, this and this? And I always go through the background of everything 1st and then I say right this I'm picking up this is your these are your two big bugbears. Your ascites is really bothering. You're sick of getting 15 litres drained off every week. I can see you're struggling to walk in the room and sit down for me. And I can see your breathless just talking to me. So, actually if we work on these two things, whilst you might find actually you know you feel you feel like you can't eat anymore.

0:42:50.720 --> 0:42:51.200  
Catherine Beresford  
Yeah.

0:42:53.620 --> 0:42:53.740  
Catherine Beresford  
Hmm.

0:43:1.220 --> 0:43:1.940  
Catherine Beresford  
Yeah.

0:43:3.810 --> 0:43:4.370  
Catherine Beresford  
Yeah.

0:43:9.10 --> 0:43:9.850  
Catherine Beresford  
Sure.

0:42:50.370 --> 0:43:10.730  
HCP04  
If we maybe tried this these two little things here. Yeah, let's work on that first in the next couple of months, you will likely find that your ascites doesn't come back as quickly. So, actually for me, it's finding those little things and giving patients the opportunity to have access to that knowledge. That's the most important thing I find.

0:43:10.570 --> 0:43:11.10  
Catherine Beresford  
Yeah.

0:43:12.960 --> 0:43:14.80  
Catherine Beresford  
Yeah, yeah.

0:43:12.530 --> 0:43:21.50  
HCP04  
And that's the bit that you need. It often can get brushed into the carpet a little bit, and I find the trouble is in a transplant centre.

0:43:35.650 --> 0:43:38.410  
Catherine Beresford  
OK. Yeah, yeah, yeah.

0:43:21.530 --> 0:43:53.530  
HCP04  
The focus is transplant So, whilst you know we have incredible doctors, incredible medics who advocate for our patients, if they're not for transplant, they don't necessarily get the same attention and care I find, and that's in a specialist centre. So, I know that a lack of resource in non-specialist centres, often these patients probably don't even have access necessarily to specialist nurses or to a dietitian or or any kind of real.

0:43:53.570 --> 0:43:56.90  
HCP04  
Detailed information about how to manage their symptoms, their symptoms.

0:43:56.170 --> 0:43:56.850  
Catherine Beresford  
Sure.

0:43:56.670 --> 0:44:2.310  
HCP04  
Why they're getting them and how they could actually be managed through adjustment of their approach to nutrition?

0:44:14.290 --> 0:44:15.90  
HCP04  
Hey, that's good.

0:44:2.740 --> 0:44:31.460  
Catherine Beresford  
Yeah. Yeah, that's really, really helpful. Very insightful. It really gives me quite a lot of, you know, information and relates well to things that other people have told me, you know, it's sort of, yeah, really, really useful when you're, you know, talking about all of this and answering the questions. Is there anything that sort of come to mind that that you might not have thought about before, but that has occurred to you while we've been speaking?

0:44:31.680 --> 0:44:33.160  
Catherine Beresford  
About all of this.

0:44:34.860 --> 0:44:36.180  
HCP04  
Not really.

0:44:37.540 --> 0:44:38.540  
HCP04  
'Cause, I think a lot of.

0:44:51.430 --> 0:44:52.230  
Catherine Beresford  
Yes.

0:44:59.580 --> 0:45:0.380  
Catherine Beresford  
OK.

0:44:40.180 --> 0:45:4.260  
HCP04  
I think before if I was working in a non-specialist centre I because I came from a non-specialist - well sort of semi non specialist sensory before I moved to to the [City name] liver unit I worked in [a different city] which is a a satellite transplant centre. They only have a clinic once a month for patients at [hospital name] but often that was a very, very small part of my job.

0:45:4.740 --> 0:45:6.580  
HCP04  
Working as a gastro dietician.

0:45:9.620 --> 0:45:10.20  
HCP04  
And.

0:45:18.800 --> 0:45:20.440  
Catherine Beresford  
Yeah, yeah.

0:45:21.870 --> 0:45:22.430  
Catherine Beresford  
Yeah.

0:45:10.220 --> 0:45:36.20  
HCP04  
I would work with patients who would We didn't have outpatient clinics at that point for anyone with liver disease, it was just anyone with a gastro - IBD, for example, or IBS. We had clinics, but not a liver clinic. So, all my only exposure at that point was patients who admitted to the Gastro ward. Generally, their reason for admission was alcohol related, liver disease, and often they were very advanced, very end stage. And as I guess a young

0:45:39.160 --> 0:45:39.680  
Catherine Beresford  
Sure.

0:45:46.810 --> 0:45:47.730  
Catherine Beresford  
Yes.

0:45:52.80 --> 0:45:52.760  
Catherine Beresford  
Yeah.

0:45:56.240 --> 0:45:57.160  
Catherine Beresford  
Yes.

0:45:58.600 --> 0:46:1.520  
Catherine Beresford  
Yeah, yeah, I understand. Yeah.

0:46:4.900 --> 0:46:4.940  
Catherine Beresford  
M.

0:45:36.540 --> 0:46:7.820  
HCP04  
dietitian a little bit naive to all of this, having not worked in a specialist centre. My approach at that point to their nutrition was quite different to how it is now. So, I think I've seen both sides. So, the reason I'm saying that is because your questions I can kind of all make sense in my head because I've experienced it from both sides, I guess. So, I'm aware that there's a huge lack of access, not just from nutrition. And I'm aware that you're not going to have a perfect number of dietitians and

0:46:8.320 --> 0:46:9.200  
Catherine Beresford  
No.

0:46:8.20 --> 0:46:28.500  
HCP04  
Patients aren't always going to access one, but I I also, do a lot of work in some international communities and and nationally as well. I've sat on different committees and I've, you know, supported some sort of guidance papers that kind of thing. So, I've I've kind of have an understanding that it's the same across the country and

0:46:27.920 --> 0:46:28.800  
Catherine Beresford  
Right.

0:46:29.940 --> 0:46:40.420  
HCP04  
It's not just dietetics, it's, you know, it's lots of different things, you know, say, you know, patients will always struggling to just get ascitic drains regularly when they need it, for example, because.

0:46:40.100 --> 0:46:40.580  
Catherine Beresford  
Yeah.

0:46:49.670 --> 0:46:51.750  
Catherine Beresford  
Sure. Yeah.

0:46:40.810 --> 0:46:52.450  
HCP04  
You know, whereas in [City name] we will always be generally be able to fit a patient in will have regular sort of weekly / daily clinics for ascitic drains, for example.

0:46:57.360 --> 0:46:58.400  
Catherine Beresford  
Yeah, yeah.

0:47:1.450 --> 0:47:2.10  
Catherine Beresford  
Yeah.

0:47:8.70 --> 0:47:8.830  
Catherine Beresford  
Mm hmm mm hmm.

0:46:52.490 --> 0:47:11.610  
HCP04  
Whereas I know some you know, some centres you know, perhaps 30 miles away from us, they only have one clinic a week where they've got half a day. They can fit like three people in for a drain. And if that person is on annual leave, nobody can get a drain in that region. So, I'm aware that there's a huge disparity in

0:47:12.760 --> 0:47:13.480  
Catherine Beresford  
Yeah.

0:47:11.970 --> 0:47:16.330  
HCP04  
care and and symptom management as well as knowledge.

0:47:16.720 --> 0:47:17.840  
Catherine Beresford  
Yeah, yeah.

0:47:28.840 --> 0:47:30.160  
Catherine Beresford  
Yeah, yeah.

0:47:34.150 --> 0:47:34.230  
Catherine Beresford  
Mm.

0:47:18.10 --> 0:47:42.930  
HCP04  
And just seeing the impact from both sides and and I do often think again, I'm the kind of person who, if I see a problem, it really bugs me that I can't solve it. And so, it really it does really often wind me up. I'm often taught I'm probably a bit too passionate about these sorts, but it does wind me up that, you know, some of these things seem quite simple.

0:47:44.50 --> 0:47:45.450  
HCP04  
To kind of correct.

0:47:45.730 --> 0:47:46.410  
Catherine Beresford  
Yeah.

0:47:50.620 --> 0:47:51.220  
Catherine Beresford  
Yeah.

0:47:53.920 --> 0:47:55.280  
Catherine Beresford  
Yes, yes.

0:47:56.620 --> 0:47:59.180  
Catherine Beresford  
Sure. Yeah, yeah.

0:48:1.270 --> 0:48:1.790  
Catherine Beresford  
Yeah.

0:47:46.770 --> 0:48:11.970  
HCP04  
And and it's quite it's quite difficult to hear that from patients when you know you say, well, you know if they were here, if they lived in [City name], I know that they would be getting that drone regularly. And we all know the huge impacts and the and how that's going to make that patient feel better. And actually, it will have a knock-on effect on them being able to take their medication and being able to go for daily walk. So, they can use their muscles and keep them stronger. It would mean they could eat better.

0:48:12.670 --> 0:48:18.30  
HCP04  
It would mean they wouldn't lose so much protein, and actually you see all these things spiral.

0:48:18.550 --> 0:48:19.230  
Catherine Beresford  
Yeah.

0:48:25.760 --> 0:48:26.280  
Catherine Beresford  
Yeah.

0:48:19.790 --> 0:48:31.470  
HCP04  
But there's no answer as to why there's such a disparity, and it's yeah, it's it. The mind boggles with it, and I find I can't think about it too long. So, just I'll get to.

0:48:32.790 --> 0:48:33.350  
HCP04  
About it.

0:48:43.770 --> 0:48:43.810  
HCP04  
M.

0:49:3.470 --> 0:49:3.830  
HCP04  
Yeah.

0:48:30.390 --> 0:49:4.110  
Catherine Beresford  
Yeah, yeah, I do. I do understand. I mean that there is something that's coming out of the research is the variation in what is available to people because I'm talking to people across the UK and you know, there really is quite a lot of variation in terms of what services and support are available to people. And as you say, that is not just in relation to dietitian support. Absolutely. It's related to other things like access to palliative care services or getting in for your ascites drain or whatever. Yeah. So.

0:49:5.290 --> 0:49:15.730  
Catherine Beresford  
OK, I think you you've actually given me So, much information and explained everything really well. I can hear the passion in your voice definitely. Is there anything that you want to ask me?

0:49:16.890 --> 0:49:23.90  
HCP04  
Yeah. What made you go into this type of research? If it's not your clinical clinical background?

0:49:19.810 --> 0:49:50.290  
Catherine Beresford  
Yeah. Yeah, that's a really good question. So, I mean I'm, I've, I've got some experience in terms of, you know, I've been a nurse for a long time. So, I have worked with people who've got liver disease back in the day, but not as a specialism. You know, I've worked with people who've got long term conditions and also, towards the end of life. So, when I saw this particular project advertised, it sort of stood out to me as something that would be interesting. I I already knew I wanted to do a PhD, and I was trying to do one in relation to

0:50:0.420 --> 0:50:0.620  
HCP04  
Mm hmm.

0:49:51.50 --> 0:50:20.970  
Catherine Beresford  
care in diabetes, but it is difficult to get funding for PhD So, and I actually saw this opportunity advertised and it's qualitative research, you know, which I'm particularly interested in because it is about giving people the opportunity to have a say and listening to their experiences and their perspectives with the view of trying to build knowledge, improve care, look at person centred care. It really, there's quite a lot of crossover and then the fact that it is a stigmatised condition.

0:50:29.20 --> 0:50:29.380  
HCP04  
Yeah.

0:50:21.50 --> 0:50:30.450  
Catherine Beresford  
interests me as well because that is not dissimilar to diabetes. You know, there's quite a lot of stigma in diabetes, particularly type 2.

0:50:30.490 --> 0:50:50.210  
Catherine Beresford  
So, it's just really interesting. I am finding it incredibly interesting and really positive to be working with people from all different, you know, backgrounds in terms of health. I'm speaking to a range of healthcare professionals, people who have liver disease, carers, I've got a public involvement group made-up of people with lived experience and that's really positive because they're.

0:50:50.930 --> 0:51:17.370  
Catherine Beresford  
supporting with how the research is progressing, you know all the different stages of the project as well. So, that's positive. So, that that's why really and I am finding it really really interesting. The most challenging thing I think you probably won't be surprised to hear is recruiting people who've got liver disease to take part in the study. So, far I've only been able to talk to two people who've got liver disease and decompensation.

0:51:15.550 --> 0:51:19.710  
HCP04  
Oh wow, I'm surprised by that though. I thought you'd have had some more.

0:51:19.540 --> 0:51:27.980  
Catherine Beresford  
Well, I think it's because at the moment I'm not recruiting through the NHS, So, I'm trying to So, you know it's all related to how you get your ethics approval.

0:51:28.30 --> 0:51:28.110  
HCP04  
Uh.

0:51:29.700 --> 0:51:50.220  
Catherine Beresford  
I've been recruiting, you know people, healthcare professionals. I are sharing the research, but it's different. You need some, you need a gatekeeper, you know, and I I go through Twitter, I go through Facebook groups, I get. I've been through things like liver N, the British liver trust, don't they? I think they're more interested in some of the bigger studies.

0:51:51.620 --> 0:51:52.300  
HCP04  
OK.

0:51:54.140 --> 0:51:54.380  
HCP04  
Yeah.

0:52:8.890 --> 0:52:9.90  
HCP04  
Uh huh.

0:51:50.710 --> 0:52:21.550  
Catherine Beresford  
Is they're not really helping me, which is a pity because I think that would have really made a difference, but certainly like, you know, feel absolutely free to share my details with anyone. You know, they are, you know, if I've spoken to two carers as well and I can speak to carers of people who have died as long as it's more than three months since the person died and within two years. So, you know, absolutely feel free to share with any of your UK networks because I'm really do it's so important that I speak to people.

0:52:20.530 --> 0:52:21.970  
HCP04  
Oh, that's so important. Yeah.

0:52:26.500 --> 0:52:26.700  
HCP04  
No.

0:52:22.320 --> 0:52:26.720  
Catherine Beresford  
You know, it's not difficult to get a hold of healthcare professionals.

0:52:34.940 --> 0:52:35.180  
HCP04  
Yeah.

0:52:38.800 --> 0:52:39.160  
HCP04  
Yeah.

0:52:43.850 --> 0:52:44.570  
HCP04  
Yeah.

0:52:48.580 --> 0:52:49.300  
HCP04  
Yeah.

0:52:28.80 --> 0:52:51.360  
Catherine Beresford  
You know, they're they're not shy and I'm a healthcare professional, So, I know how to reach healthcare professionals. I think that's one of the biggest challenges about doing a study with people when it's your clinical background, because if if it was people who had diabetes, I know it, I would know it would be easier for me, you know, my colleagues and friends would help me because they are my colleagues and friends. So, yeah, any.

0:52:52.80 --> 0:52:55.880  
Catherine Beresford  
Any if you have any thoughts about that, you know, feel free to share.

0:52:54.690 --> 0:53:5.10  
HCP04  
Yeah, I'm just hang up. I think 'cause that's quite a surprising that you've only managed to get a couple. Yeah, I guess, I guess the British Liver Trust is is probably quite a good forum for that.

0:52:59.260 --> 0:53:5.60  
Catherine Beresford  
Yeah, I'm gonna let me. Yeah, that I I have tried them again.