# HCP06 ‘Angela’ - Interview Transcript 13/12/2023 by Teams

0:0:0.0 --> 0:0:1.80  
Catherine Beresford  
Quite helpful.

0:0:9.640 --> 0:0:15.120  
Catherine Beresford  
OK, so you should get a message coming up to say that it's recording. Can you see that?

0:0:15.10 --> 0:0:16.170  
HCP06  
Yeah, that's fine.

0:0:16.340 --> 0:0:25.940  
Catherine Beresford  
Oh, great. OK. So, to start off with - again everything I ask you is completely voluntary - but would you be happy to confirm your age?

0:0:27.140 --> 0:0:28.340  
HCP06  
I'm [states age].

0:0:31.270 --> 0:0:32.310  
HCP06  
[States ethnicity].

0:0:28.560 --> 0:0:48.760  
Catherine Beresford  
And your ethnicity in your as you see it. Thank you. OK, so the first thing that I'd like to ask is really about your role in working with individuals who've got advanced liver disease. And I'm particularly focusing on the decompensated phase. So, what's what's your role?

0:0:51.90 --> 0:0:55.770  
HCP06  
So so my my role, my title. I'm the consultant nurse. For the [name of location] liver units, hepatology consultant nurse.

0:1:2.270 --> 0:1:3.470  
HCP06  
And I suppose.

0:1:15.880 --> 0:1:16.480  
Catherine Beresford  
Yes.

0:1:21.490 --> 0:1:22.50  
Catherine Beresford  
Yeah.

0:1:5.250 --> 0:1:29.970  
HCP06  
It's it's an interesting role because it's so broad, but in so I I've and I've been in the department for such a long time and developed the department and the role so that I've I've followed many patients from all their pathway through through their time with Hepatology. So, I will, I will see patients who have -

0:1:35.570 --> 0:1:36.290  
Catherine Beresford  
Yes.

0:1:31.370 --> 0:1:36.730  
HCP06

-got diagnosis of cirrhosis and then as their liver disease has progressed, they've decompensated.

0:1:37.910 --> 0:1:43.790  
HCP06  
I will. I will see patients on the ward as inpatients. I will see patients who we recently discharged from the ward and we will and I set up a clinic for patients with ascites particularly.

0:1:53.450 --> 0:1:53.890  
Catherine Beresford  
Yeah.

0:2:7.720 --> 0:2:8.160  
Catherine Beresford  
Yeah.

0:1:55.470 --> 0:2:8.830  
HCP06  
To ensure that they get early, follow up and and to try and avoid readmission and undue complications, particularly as a consequence of diuretic therapy, which is part of the treatment-

0:2:9.590 --> 0:2:9.790  
Catherine Beresford  
Mm hmm.

0:2:9.390 --> 0:2:10.750  
HCP06  
-for ascites.

0:2:10.900 --> 0:2:11.340  
Catherine Beresford  
Yeah.

0:2:12.590 --> 0:2:22.70  
HCP06  
And and the that that then led into you know developing and sort of supporting and driving forward our advanced care planning strategy and I wrote terms of reference for our - we have an MDT once a week and I for me it was really important that we built in planning and discussion and recognition of patients who are moving-

0:2:45.730 --> 0:2:47.90  
Catherine Beresford  
Yeah, yeah.

0:2:58.520 --> 0:2:59.160  
Catherine Beresford  
Yes.

0:2:39.260 --> 0:3:8.860  
HCP06  
-who have who are who are, who are cirrhotic, and who who are reaching potentially their last year or two of life. So, in my role, I oversee all of the non-medics really. So, all of the non - the allied health professionals and the nursing team involved with patients. So, I also provide supervision and clinical oversight of the services for the patients with decompensated liver disease.

0:3:16.680 --> 0:3:17.800  
Catherine Beresford  
Yeah, yeah.

0:3:22.600 --> 0:3:22.800  
Catherine Beresford  
Mm hmm.

0:3:31.620 --> 0:3:32.780  
Catherine Beresford  
Yeah, yeah.

0:3:9.110 --> 0:3:36.790  
HCP06  
And so some of those will also be patients being worked up for transplant and on the transplant waiting list as well. We also prescribe as I'm a qualified advanced clinical practitioner as well as which is a sort of level that a lot of us have gone forward and then developed the consultant nurse role and that also then provides - we provide services for patients - like same day emergency care.

0:3:41.260 --> 0:3:43.420  
Catherine Beresford  
Yes. Yeah.

0:3:51.330 --> 0:3:52.10  
Catherine Beresford  
Yes.

0:3:56.120 --> 0:3:56.560  
Catherine Beresford  
Yeah.

0:3:40.310 --> 0:4:8.150  
HCP06  
You'll hear this term a lot [?] to try and avoid admitting people because there was a time where if you particularly had ascites you needed paracentesis - tummy draining - you'd end up being admitted for a couple of days and it was awful really. So, we have the same day service or as much as possible, and which is all you know non-medic led. And so, you do a lot of work with people then.

0:4:9.550 --> 0:4:9.790  
HCP06  
And you - who are decompensated.

0:4:18.140 --> 0:4:19.20  
Catherine Beresford  
Yes.

0:4:32.190 --> 0:4:32.630  
Catherine Beresford  
Yeah.

0:4:14.30 --> 0:4:35.70  
HCP06  
And you work, you facilitate a lot of relationships with other services as well, such as palliative care, primary care and adult social care. There's a lot of that mental capacity assessments and bearing in mind that, you know, there's a lot of patients with hepatic encephalopathy and we also do, you know, we offer-

0:4:38.420 --> 0:4:38.620  
Catherine Beresford  
Mm hmm.

0:4:37.190 --> 0:4:39.550  
HCP06  
-SOS contacts so that patients all know how to make contact with us.

0:4:41.840 --> 0:4:42.600  
Catherine Beresford  
Yes.

0:4:56.80 --> 0:4:56.680  
Catherine Beresford  
Yeah.

0:5:0.170 --> 0:5:0.810  
Catherine Beresford  
Yes.

0:4:43.750 --> 0:5:2.870  
HCP06  
If all their carers, if they're worried because one of the big issues that a lot of patients find is they find it difficult to make contact with with the department, so this is a direct entry to either myself or one of the ANPs. I've got 2 advanced clinical practitioners in the team.

0:5:2.950 --> 0:5:11.710  
HCP06  
To be able to to be a reference point, a resource for them really, and their carers, because obviously as a as a big carer burden.

0:5:17.400 --> 0:5:18.240  
Catherine Beresford  
Yes.

0:5:20.810 --> 0:5:21.170  
Catherine Beresford  
Yeah.

0:5:27.30 --> 0:5:27.830  
Catherine Beresford  
Yes.

0:5:29.880 --> 0:5:31.200  
Catherine Beresford  
Yeah, yeah.

0:5:36.850 --> 0:5:37.970  
Catherine Beresford  
I'm with you, yeah.

0:5:13.60 --> 0:5:40.940  
HCP06  
We're also part of any, you know, clinical trials research, observational studies like the Reduce-2 study, for instance, and so so we're very in my role sort of very integral really in supporting patients with decompensated liver disease, because you can't - there’s just not the capacity for the medics to do this. So, This is why a lot of these services have developed.

0:6:3.260 --> 0:6:4.60  
Catherine Beresford  
OK.

0:5:42.60 --> 0:6:12.300  
HCP06  
And and and we're very experienced hepatology nurses. But I also, I also have tried to really embed a different approach to our work because many of the patients, not everybody, but I've really tried to embed a trauma informed approach to to how we care for our patients because many of them have struggle with the with complex-

0:6:12.330 --> 0:6:13.130  
Catherine Beresford  
Yes.

0:6:12.340 --> 0:6:13.860  
HCP06  
-multiple complex needs. Deprivation.

0:6:23.160 --> 0:6:23.560  
Catherine Beresford  
Yeah.

0:6:31.130 --> 0:6:32.10  
Catherine Beresford  
Hmm hmm.

0:6:17.60 --> 0:6:44.500  
HCP06  
And so to be able to support them does need a different approach and understanding. So very close working relationships with the addiction services, homelessness services, we have a very different system in [name of area#. So we have what's called an alliance complex lives alliance. So, working very closely with partners to try and fit our services in.

0:6:46.970 --> 0:6:47.690  
Catherine Beresford  
Yes.

0:6:49.810 --> 0:6:50.330  
Catherine Beresford  
Yeah.

0:6:52.650 --> 0:6:53.810  
Catherine Beresford  
Yeah, yeah.

0:6:45.190 --> 0:7:2.710  
HCP06  
Where people are as well. So it's it's, it's a really broad spectrum that I've come at how to develop our services really to try and really put the patient central rather than just see this as a hospital based service. Does that make sense?

0:6:59.950 --> 0:7:6.230  
Catherine Beresford  
Sure. Yeah. Yeah. That make makes a lot of sense. How long have you actually been in your role then?

0:7:6.600 --> 0:7:12.680  
HCP06  
So I was probably one of the first hepatology clinical nurse specialists in the country.

0:7:12.720 --> 0:7:13.440  
Catherine Beresford  
Really.

0:7:14.80 --> 0:7:15.320  
HCP06  
I started way back in-

0:7:18.280 --> 0:7:19.880  
Catherine Beresford  
Yeah, yeah, yeah.

0:7:22.220 --> 0:7:22.820  
Catherine Beresford  
Gosh.

0:7:24.720 --> 0:7:26.320  
Catherine Beresford  
Yes, wow, yeah.

0:7:17.800 --> 0:7:35.920  
HCP06  
2000/2001 and I think I was probably only the second Hepatology nurse consultant in the country and again, as part of my role in around 2013/2014 when the the health and social care white paper was published.

0:7:36.120 --> 0:7:36.240  
Catherine Beresford  
Hmm.

0:7:39.850 --> 0:7:40.530  
Catherine Beresford  
Right.

0:7:36.840 --> 0:7:44.120  
HCP06  
We we developed NHS Liver and so we started to do a lot of work around-

0:7:48.430 --> 0:7:50.310  
Catherine Beresford  
Yes, yes.

0:7:55.430 --> 0:7:56.390  
Catherine Beresford  
Yeah, yeah.

0:8:8.200 --> 0:8:8.840  
Catherine Beresford  
Yes.

0:8:13.280 --> 0:8:13.480  
Catherine Beresford  
Mm hmm.

0:7:46.570 --> 0:8:16.90  
HCP06  
-Inpatient at central to to our services and I was very involved at that point. I was the chair of the BASL Nurse Forum and did a lot of work on planning the initial guidelines on sort of how to recognise end of life and for patients with decompensated liver disease. So. So for me this has been very integral to what I've done over the last 20 plus years really.

0:8:35.150 --> 0:8:36.790  
HCP06  
Yeah, yeah.

0:8:15.700 --> 0:8:38.140  
Catherine Beresford  
Yes. Yeah. No, that sounds really interesting. And it's interesting to see hear about how the service and has developed and the role of the nurses has developed as well. But something that's come up in some of the other interviews is perhaps a bit of variation in services that are available across the country. Is that - what do you think about that?

0:8:38.120 --> 0:8:48.840  
HCP06  
Oh, that, that. I mean we we know that nationally and there's been lots of sort of work and and studies looking at that from NCEPOD [National Confidential Enquiry into Patient Outcome and Death] reports,

0:8:50.200 --> 0:8:54.200  
HCP06

You know, all sorts of things. You know, the The Lancet commissions and things like that.

0:8:53.910 --> 0:8:54.710  
Catherine Beresford  
Yes.

0:8:55.720 --> 0:9:7.320  
HCP06  
What I can say from my experience is that there if you have, if you have dedicated hepatology consultants in a in a unit in a hospital,

0:9:6.840 --> 0:9:7.640  
Catherine Beresford  
Yes.

0:9:16.590 --> 0:9:17.510  
Catherine Beresford  
OK.

0:9:7.810 --> 0:9:23.250  
HCP06  
Then then services tend to grow around that. If it remains under gastroenterology, you probably have a very different service and there is no real clear national service specifications.

0:9:23.50 --> 0:9:23.890  
Catherine Beresford  
Yes.

0:9:24.570 --> 0:9:41.130  
HCP06  
And so everybody does something very different and depending on your relationships with commissioning services, which again has all changed now with ICBs, you know integrated care boards, integrated care partnerships, it's very confusing.

0:9:41.780 --> 0:9:41.900  
Catherine Beresford  
Hmm.

0:9:54.330 --> 0:9:54.530  
Catherine Beresford  
Mm hmm.

0:9:42.60 --> 0:10:13.820  
HCP06  
Will depend on what services. You can also get, and sometimes you like I've I've I had a lot of relationships with community services so so hence why we've developed a lot of close working relationships with with community services. So, we have like an alcohol MDT which we have later this morning actually with our Community addiction services. So, where we can talk about decompensated patients who who are you know in the community.

0:10:19.380 --> 0:10:20.820  
Catherine Beresford  
Yeah, yeah.

0:10:28.420 --> 0:10:28.980  
Catherine Beresford  
Yeah.

0:10:36.0 --> 0:10:36.600  
Catherine Beresford  
Yes.

0:10:14.0 --> 0:10:43.800  
HCP06  
We do a lot of best interest meeting work very closely with adult social care to try and provide, you know, services to try and help patients access services, particularly in their last year or so of life. And I think it's very dependent on champions and people who are very interested and want to drive forward a service because there is there isn't, there isn't some areas of health provision is very clear defined like.

0:10:43.610 --> 0:10:44.250  
Catherine Beresford  
Yes.

0:10:44.480 --> 0:10:46.200  
HCP06

They used to have national service frameworks.

0:10:46.470 --> 0:10:47.390  
Catherine Beresford  
Yeah, yeah.

0:10:55.590 --> 0:10:55.910  
Catherine Beresford  
Hmm mm hmm.

0:11:0.30 --> 0:11:0.670  
Catherine Beresford  
Yes.

0:10:47.240 --> 0:11:5.120  
HCP06  
Of things like that that you you built around hepatology that because it's it's over, you know, it's still quite a young speciality I suppose, but it's grown massively. I've really, really pushed itself forward. But even so, what one area can get access to another can't.

0:11:5.150 --> 0:11:5.870  
Catherine Beresford  
Right.

0:11:6.480 --> 0:11:9.680  
HCP06  
And alcohol liaison service is a very good example of that.

0:11:9.970 --> 0:11:10.530  
Catherine Beresford  
Really.

0:11:13.90 --> 0:11:13.210  
Catherine Beresford  
Hmm.

0:11:11.280 --> 0:11:14.40  
HCP06  
Access to palliative care is another example of that.

0:11:18.440 --> 0:11:19.200  
Catherine Beresford  
Yes.

0:11:15.760 --> 0:11:22.400  
HCP06  
It's very different in in different hospitals depending on and a lot of it I think is down to relationship building.

0:11:25.780 --> 0:11:26.620  
Catherine Beresford  
Yes.

0:11:28.510 --> 0:11:29.110  
Catherine Beresford  
Yes.

0:11:22.830 --> 0:11:31.150  
HCP06  
Between, say, someone like myself and services within the hospital and willingness to perhaps engage with services.

0:11:47.350 --> 0:11:49.150  
Catherine Beresford  
Yes, yes.

0:11:32.790 --> 0:11:53.190  
HCP06  
So. So yeah, that's it's. I think it's much better and it's been shown that if you live in an area where you have a dedicated hepatology service and you have liver disease, your outcomes will be better, your health outcomes. And and there's still a lot of disparity around the country. Yeah.

0:11:53.760 --> 0:12:0.280  
Catherine Beresford  
Yeah, yeah, that kind of fits with some of the things that I'm reading and I'm hearing from other people as well.

0:12:0.840 --> 0:12:0.960  
HCP06  
Hmm.

0:12:1.680 --> 0:12:11.680  
Catherine Beresford  
I mean, you've given me lots of information about what, how things are working. It sounds like there's a lot of collaboration. Are there any other things that you think in your area are working particularly well?

0:12:13.630 --> 0:12:14.310  
HCP06  
I think.

0:12:16.260 --> 0:12:18.140  
HCP06  
I, from my point of view.

0:12:19.660 --> 0:12:21.60  
HCP06  
I've really tried to promote.

0:12:30.340 --> 0:12:31.20  
Catherine Beresford  
Yes.

0:12:22.720 --> 0:12:37.920  
HCP06  
A parallel approach rather and try to really promote not just a focus on medics so that there's an so that there what and it's really hard work. It's very hard work to do that.

0:12:38.450 --> 0:12:38.530  
Catherine Beresford  
Mm.

0:12:39.840 --> 0:12:45.80  
HCP06  
And you have to come and trying to develop a non-medical workforce strategy.

0:12:45.510 --> 0:12:46.30  
Catherine Beresford  
Right.

0:12:46.600 --> 0:12:46.960  
HCP06  
That.

0:12:50.950 --> 0:12:51.550  
Catherine Beresford  
Yes.

0:12:48.440 --> 0:12:52.840  
HCP06  
Is reflective of patient’s needs. Now the the difficulty with this is-

0:12:57.640 --> 0:12:58.120  
Catherine Beresford  
Yeah.

0:13:2.70 --> 0:13:3.670  
Catherine Beresford  
Yes, yes.

0:13:6.150 --> 0:13:6.270  
Catherine Beresford  
Hmm.

0:13:10.10 --> 0:13:10.250  
Catherine Beresford  
Hmm hmm.

0:13:12.360 --> 0:13:12.920  
Catherine Beresford  
Yeah.

0:12:53.970 --> 0:13:17.330  
HCP06  
Is, particularly if we focus on decompensated patients, is that what you're talking about is a lot of qualitative work quality. It's not necessarily numbers and and actually these they're low number patients but with very high needs. And so, you could spend an hour or two sorting out one patient.

0:13:17.220 --> 0:13:17.940  
Catherine Beresford  
Yes.

0:13:27.50 --> 0:13:27.770  
Catherine Beresford  
Yes.

0:13:18.730 --> 0:13:29.650  
HCP06  
And so that's that's quite difficult to define. And so, capturing that capturing the, the qualitative aspect has been part of-

0:13:39.930 --> 0:13:41.130  
Catherine Beresford  
Yeah, yeah.

0:13:30.210 --> 0:13:42.210  
HCP06  
-what I've tried to focus on and looking at ways what what you know, what hospital structures, what Commissioners and people look at is patient flow, operational side of things.

0:13:42.630 --> 0:13:42.830  
Catherine Beresford  
Mm hmm.

0:13:49.440 --> 0:13:49.560  
Catherine Beresford  
Hmm.

0:13:43.530 --> 0:13:50.50  
HCP06  
But there's been a much greater awareness of the impact of social deprivation of of-

0:13:53.180 --> 0:13:53.860  
Catherine Beresford  
Yes.

0:13:57.640 --> 0:13:58.400  
Catherine Beresford  
Yes.

0:13:52.50 --> 0:14:1.250  
HCP06  
Access to service and I think that's where hepatology and the work I've done, particularly in collaboration with different service providers.

0:14:9.930 --> 0:14:10.690  
Catherine Beresford  
Yes.

0:14:15.750 --> 0:14:16.550  
Catherine Beresford  
Really.

0:14:26.940 --> 0:14:28.100  
Catherine Beresford  
I know, yeah.

0:14:1.720 --> 0:14:34.880  
HCP06  
-Has has really come to its full to show that actually if we work in a different way and we work together these patients that we have some of the longest length of stay patients in the hospital. So, if we look at things in a different way, if we can be responsive in a different way, if there are cost savings, but there's also benefits to patients’ quality and experience. So, it's it's trying to to demonstrate that which is which is actually quite hard.

0:14:35.0 --> 0:14:40.880  
Catherine Beresford  
Yes. Yeah, it's interesting that you say that because somebody else has said that to me as well.

0:14:40.920 --> 0:14:44.480  
Catherine Beresford  
Yeah. So that is interesting that that's come up from from you.

0:14:43.760 --> 0:14:46.240  
HCP06

What more about the what? More about? Yeah.

0:14:57.460 --> 0:14:57.900  
HCP06  
You know.

0:14:46.60 --> 0:15:1.860  
Catherine Beresford  
The the fact that it's quite challenging, it's hard to capture the qualitative aspects and when you're demonstrating your value, you know that you know that, but that's not necessarily what Commissioners are looking at. So, it's quite hard.

0:15:15.230 --> 0:15:17.310  
Catherine Beresford  
Right, yes.

0:15:20.500 --> 0:15:21.860  
Catherine Beresford  
Yes. Yeah.

0:15:0.220 --> 0:15:30.980  
HCP06  
No, no, I think I think it's been that. So conversely the other end of the scale has been this Community liver pilot that you may be aware of that's been rolled out and it's like community trying to find early liver disease to try to find cirrhosis in the community, really with a view to trying to pick up earlier liver cancers. And we're part of that and you know the the the celebration from the community and people really has been pretty tremendous about that.

0:15:34.300 --> 0:15:36.100  
Catherine Beresford  
Yeah, yeah.

0:15:40.280 --> 0:15:42.40  
Catherine Beresford  
Yes, I see. Yeah.

0:15:53.370 --> 0:15:53.850  
Catherine Beresford  
OK.

0:15:31.820 --> 0:16:0.380  
HCP06

But actually, it's a lot of work for very low yield, but to that person that is found to have cirrhosis, that's huge, isn't it? And and that kind of thing. So, it's it's something that I think that there's a disconnect between nursing if you like and medics, medics have a much better at being able to job, have job plans and show what show what it is they're doing.

0:16:5.850 --> 0:16:6.490  
Catherine Beresford  
Yeah.

0:16:8.960 --> 0:16:9.760  
Catherine Beresford  
Yes.

0:16:12.450 --> 0:16:14.10  
Catherine Beresford  
Yes, understand. Yeah.

0:16:0.620 --> 0:16:22.980  
HCP06  
Whereas you know for me, even getting a patient up for a drain and having to find a way to get them to the hospital for a drain that can take me 2 hours, booking a taxi, getting them there, ringing the pub sometimes to find them. It's but, but that's that's that's the value added. I think that we bring.

0:16:21.700 --> 0:16:32.540  
Catherine Beresford  
Yes, I say, yeah, yeah. So, on the other side of the coin then do you think there's anything in your area which is not working so well from your point of view?

0:16:36.230 --> 0:16:39.910  
HCP06  
It's there's always a tension between capacity provision. You know, like where I can see patients where I can bring them outpatient capacity, bed base, all of those type of things and that's that's an ongoing pressure and has got much, much worse since COVID and so so you're trying to provide a really responsive service but like today.

0:17:11.630 --> 0:17:13.990  
Catherine Beresford  
Yes, yes.

0:17:7.390 --> 0:17:25.830  
HCP06

When there's a huge business continuity emergency going on [IT system was down], this is really challenging, really challenging and and patients as well, you know we we find that patients that more and more patients are struggling to access primary care. So, they'll turn, they'll turn to us.

0:17:26.160 --> 0:17:26.880  
Catherine Beresford  
Yes.

0:17:31.550 --> 0:17:32.190  
Catherine Beresford  
Yes.

0:17:27.390 --> 0:17:33.710  
HCP06  
And expect us to be not expect us, but ask us, you know, to help us, which takes up more and more of our time.

0:17:34.230 --> 0:17:35.830  
Catherine Beresford  
How did they get hold of you?

0:17:36.50 --> 0:17:38.530  
HCP06  
They ring us, they ring or e-mail.

0:17:37.530 --> 0:17:39.770  
Catherine Beresford  
Yeah, yes, yeah.

0:17:53.820 --> 0:17:54.500  
Catherine Beresford  
Yes.

0:17:40.10 --> 0:17:56.50  
HCP06  
So so they, they and and we have we on our Letterheads we have e-mail addresses and patients even then they struggle to get through to the department. So, you end up giving you make yourself more and more accessible which means more and more work for you.

0:17:56.140 --> 0:17:57.540  
Catherine Beresford  
Yeah, yeah.

0:18:5.210 --> 0:18:5.970  
Catherine Beresford  
Yes.

0:17:57.690 --> 0:18:11.330  
HCP06  
And because people once they know that you'll, you'll help them in some ways, that they'll they'll soon gravitate to you. And. And that's because. And that's another thing I think a lot of like roles like nurse specialists you know find.

0:18:16.940 --> 0:18:17.380  
Catherine Beresford  
Yeah.

0:18:11.690 --> 0:18:24.970  
HCP06  
-is that patients, once they know that you're responsive, they they'll come to you and and it's a big issue for a lot of patients is the lack of help for them in the community.

0:18:26.920 --> 0:18:27.40  
Catherine Beresford  
Hmm.

0:18:28.160 --> 0:18:28.520  
Catherine Beresford  
Yeah.

0:18:26.250 --> 0:18:41.450  
HCP06  
Yeah, it definitely is. And you know, if you're worried about someone and you know, trying to get a response from adult social care is it's it's enormous and they're they're the pressure that so many community services are under.

0:18:41.490 --> 0:18:42.370  
Catherine Beresford  
Yes.

0:18:41.900 --> 0:18:43.980  
HCP06  
It has a knock on effect everywhere.

0:18:44.0 --> 0:18:44.760  
Catherine Beresford  
Yes.

0:19:2.770 --> 0:19:4.90  
Catherine Beresford  
Yeah, yeah.

0:19:5.230 --> 0:19:6.150  
Catherine Beresford  
I do, yeah.

0:18:45.580 --> 0:19:12.620  
HCP06  
We do a lot of prescribing and and it's it's quite, you know the boundaries we're having to be more and more boundary about things but also support our primary care colleagues and sometimes yourself when you're trying to ring primary care, you can be on the phone for like half - 45 minutes/an hour trying to get through yourself. Do you know what I mean? It's so there's there's. So those are things that that are challenging and the other challenge - Staffing and recruitment.

0:19:25.410 --> 0:19:26.130  
Catherine Beresford  
Yes.

0:19:33.900 --> 0:19:34.780  
Catherine Beresford  
Yes.

0:19:16.490 --> 0:19:46.370  
HCP06  
Getting staff and keeping staff and getting getting staff in - it takes a long time to train somebody to feel competent to work with, with with liver patients because it the complexities and acuities can change and so it's it's it's wonderful to to be able to recruit people but then when someone leaves or moves or gets pregnant and that type of thing.

0:19:46.870 --> 0:19:47.350  
Catherine Beresford  
Yeah.

0:19:50.140 --> 0:19:51.380  
Catherine Beresford  
Yeah, yeah.

0:19:53.740 --> 0:19:53.860  
Catherine Beresford  
Hmm.

0:20:0.660 --> 0:20:1.300  
Catherine Beresford  
Yeah.

0:20:10.460 --> 0:20:11.260  
Catherine Beresford  
Yes.

0:19:46.840 --> 0:20:16.520  
HCP06  
Impact on the team. It doesn't take or sickness. You know, like we've got so much sickness at the moment and and maintaining staff resilience and and robustness is a challenge. And I'm always having to be very imaginative and supportive. So again, in my role that the support that I have to give a pastoral support to the team in order to maintain their resilience is also is also a challenge.

0:20:16.600 --> 0:20:28.160  
Catherine Beresford  
Yes. Yeah, that's interesting because again, that fits with some things that some of the other people I've spoken to have said about things like services being under pressure and then the impact on staff well-being.

0:20:38.410 --> 0:20:39.10  
Catherine Beresford  
Right.

0:20:50.610 --> 0:20:51.490  
Catherine Beresford  
Yes.

0:20:53.650 --> 0:20:54.410  
Catherine Beresford  
Yes.

0:20:56.500 --> 0:20:56.980  
Catherine Beresford  
Yeah.

0:20:28.40 --> 0:20:58.440  
HCP06  
Yeah, it's it's it is, you know, and the patients are it, you know, the average age of death of a liver patient is is in their late 50s. And so so it it can you what you I try to instil in in, in my team that that we walk alongside the patient we don't we don't push from behind and we don't pull from the front and we walk alongside them to maintain those boundaries professional boundaries.

0:21:0.410 --> 0:21:1.10  
Catherine Beresford  
Yes.

0:21:8.940 --> 0:21:9.740  
Catherine Beresford  
Yes.

0:21:13.220 --> 0:21:13.420  
Catherine Beresford  
Mm hmm.

0:21:0.440 --> 0:21:19.120  
HCP06  
But you know, when you - I've known patients for for years and years. So, there is a form of attachment in some cases and even if they're the most challenging people, often you - we may be the only people that is a constant in their lives.

0:21:18.180 --> 0:21:20.140  
Catherine Beresford  
Right, I see.

0:21:24.610 --> 0:21:25.530  
Catherine Beresford  
Yes.

0:21:20.560 --> 0:21:31.880  
HCP06  
And and they they will share so much with you. And so going back to that trauma-informed approach that that also entails how you look after yourself.

0:21:32.240 --> 0:21:33.0  
Catherine Beresford  
Yes.

0:21:32.320 --> 0:21:41.360  
HCP06

Because the the things that you hear from the patients, you know things are - domestic violence.

0:21:42.30 --> 0:21:42.790  
Catherine Beresford  
Yes.

0:21:47.40 --> 0:21:47.160  
Catherine Beresford  
Hmm.

0:21:56.40 --> 0:21:56.800  
Catherine Beresford  
Yes.

0:21:58.690 --> 0:21:59.490  
Catherine Beresford  
Yes.

0:21:41.400 --> 0:22:1.800  
HCP06  
Childhood abuse and and trauma ongoing. You know, loneliness is a huge issue. Social isolation and something I've had patients say to me: ‘I'll come and see you because I like to see you’. It's not because they're interested in their health, but it's it's they're very lonely. There's huge-

0:22:1.790 --> 0:22:1.910  
Catherine Beresford  
Hmm.

0:22:18.990 --> 0:22:19.790  
Catherine Beresford  
Yes.

0:22:2.190 --> 0:22:32.670  
HCP06  
-issues with mental health and access to mental health services, and so you know, for me, the art of what I do isn't necessarily being really clever and understanding blood test results. It's actually being able to to communicate and listen and be and be alongside some of our patients. Sometimes, you know, a lot of them struggle with addiction. It's it's a huge and they're ongoing that you know that those those issues haven't gone away for from them.

0:22:33.400 --> 0:22:33.520  
Catherine Beresford  
Hmm.

0:22:41.110 --> 0:22:41.990  
Catherine Beresford  
Yes.

0:22:44.130 --> 0:22:44.890  
Catherine Beresford  
Hmm mm hmm.

0:22:47.280 --> 0:22:47.400  
Catherine Beresford  
Hmm.

0:22:33.800 --> 0:22:56.480  
HCP06)  
And and and you know they it it's it's it's really tough sometimes when someone tells you they haven't eaten for a couple of days and you're you're trying to promote healthy diets so so that that those sort of things you know maintaining a healthy workforce is is challenging at times particularly with with all the problems in the hospital and-

0:23:2.470 --> 0:23:4.430  
Catherine Beresford  
Yeah, yeah, yeah.

0:22:57.880 --> 0:23:6.760  
HCP06  
And just like, you know, like, if three people get COVID, how do you keep the team spirits up and stuff like that? And and also you are working with, you know like how we have [patient] deaths are very, very common for us in our team.

0:23:10.320 --> 0:23:11.840  
Catherine Beresford  
Yes. Yeah.

0:23:18.880 --> 0:23:19.80  
Catherine Beresford  
Mm hmm.

0:23:20.770 --> 0:23:20.890  
Catherine Beresford  
Hmm.

0:23:27.360 --> 0:23:28.560  
Catherine Beresford  
Really. Yeah.

0:23:12.460 --> 0:23:39.220  
HCP06  
And you know, it's. I've had members of my team that it's been that's been quite triggering for them as well in their own lives. So yeah, but it's there's lots of things to think about and that's very rarely talked about. I think actually when you work in a speciality, it's very interesting when you meet a new manager or somebody new who's coming, which happens all the time and you then have to start-

0:23:38.290 --> 0:23:40.650  
Catherine Beresford  
Yes, yes.

0:23:44.710 --> 0:23:45.550  
Catherine Beresford  
Yes.

0:23:39.540 --> 0:23:50.780  
HCP06  
over again, explaining what you do, and I think it's a big eye opener to them. We have very high rates of self-discharge from the ward.

0:23:55.250 --> 0:23:55.530  
Catherine Beresford  
Yeah.

0:24:3.520 --> 0:24:4.200  
Catherine Beresford  
Yeah.

0:24:5.630 --> 0:24:6.150  
Catherine Beresford  
Yeah.

0:23:50.820 --> 0:24:11.540  
HCP06  
And I'm involved with lots of risk management SIRIS, you know, serious incidents, deaths and things like death reviews and and I think it opens people's eyes. Gosh, the complexity of a lot of our patients’ lives and and that impact you know we've talked a bit about we have things called Schwartz rounds.

0:24:13.840 --> 0:24:14.520  
Catherine Beresford  
No.

0:24:21.40 --> 0:24:21.880  
Catherine Beresford  
Oh, OK.

0:24:23.690 --> 0:24:25.290  
Catherine Beresford  
Yes, yes.

0:24:27.520 --> 0:24:28.240  
Catherine Beresford  
I I see.

0:24:32.290 --> 0:24:33.250  
Catherine Beresford  
Yes.

0:24:40.900 --> 0:24:41.580  
Catherine Beresford  
Yes.

0:24:11.980 --> 0:24:41.940  
HCP06  
I don't know if you're aware of Scwartz rounds? Where we where we where the hospital comes together and we deconstruct, you know, things that have happened. But and it's from the point of view how that's made you feel not necessarily what happened but how it made you feel and there's a big well-being commitment in the hospital. So, I'm forever flagging that up to the team as well. But I think it is an eye opener to people and it's it's something that you know is is just taken for granted. I will you work with liver patients that.

0:24:42.100 --> 0:24:45.220  
HCP06

And the thing you hear people say is, ‘oh, that must be one of your patients!’

0:24:46.0 --> 0:24:49.280  
Catherine Beresford  
Oh, right. So, tell me, what do you mean by that? Then why do they say that?

0:24:53.0 --> 0:24:54.0  
Catherine Beresford  
OK.

0:24:56.350 --> 0:24:57.310  
Catherine Beresford  
Yes.

0:24:49.560 --> 0:24:59.440  
HCP06  
Well, often there may be issue on the ward. There might be some - what people will call challenging behaviours. I I tend to call them behaviours of distress.

0:24:59.360 --> 0:25:0.40  
Catherine Beresford  
Yes.

0:25:4.700 --> 0:25:5.620  
Catherine Beresford  
Mm hmm mm.

0:25:8.930 --> 0:25:9.690  
Catherine Beresford  
Yes.

0:25:0.840 --> 0:25:20.600  
HCP06  
You know, any communication, any kind of behaviour is a form of communication, isn't it? And that that's why this is this is so important to me about this trauma - informed approach, or if somebody's, you know, being argumentative or difficult in outpatient, they'll often say, ‘[HCP06’s name], can you come?’ It's like, as if we we know how to deal with these type of patients.

0:25:20.370 --> 0:25:21.530  
Catherine Beresford  
Yeah, yeah.

0:25:34.750 --> 0:25:35.710  
Catherine Beresford  
Yes.

0:25:21.940 --> 0:25:38.740  
HCP06  
And a lot of it is about communication styles and and I one of the things that I think we've done very well as a team is we've accessed and I encourage all the team to access as much training around communication and and and and all of those type of things you know like-

0:25:45.10 --> 0:25:45.370  
Catherine Beresford  
Yeah.

0:25:40.260 --> 0:25:50.340  
HCP06  
- understanding your own, your own sort of feelings in difficult situations to try to, to try and develop people's own self-awareness and emotional intelligence.

0:25:50.870 --> 0:25:53.550  
tangentia  
Yeah. Am I being tangential now?

0:25:49.70 --> 0:26:23.870  
Catherine Beresford  
No, that makes no, you everything you tell me is really helpful. It's given me a lot of information and insight. It's really useful and actually it's really good as well because the thing is I I obviously I have a list of questions, but I don't have to ask all of them because it depends on what you tell me and you've actually you've you've basically answered a lot of my questions to be honest, which is really good. I guess I'm just wondering, you know like sometimes when when you're because obviously when you do an interview like this it gives you an opportunity to reflect on things to think about how things are working and is there anything that might you might not have thought about before that sort of occurred to you during the interview?

0:26:33.530 --> 0:26:35.530  
HCP06  
I suppose, It may when you when you talk about

0:26:48.10 --> 0:26:48.730  
Catherine Beresford  
Yes.

0:26:40.530 --> 0:26:54.170  
HCP06  
things like this, it makes you realise the enormity, the breadth of scope, of what, of the of and I said and what it makes me think about is like when I go.

0:26:55.440 --> 0:26:55.640  
Catherine Beresford  
Mm hmm.

0:26:57.970 --> 0:26:58.610  
Catherine Beresford  
Yeah.

0:26:59.940 --> 0:27:0.500  
Catherine Beresford  
Yeah.

0:26:55.890 --> 0:27:4.450  
HCP06  
Well, how would they replace that kind of knowledge that that depth and wealth of experience because it's it's quite unique.

0:27:11.800 --> 0:27:12.680  
Catherine Beresford  
Yes.

0:27:15.850 --> 0:27:16.650  
Catherine Beresford  
Yes.

0:27:8.650 --> 0:27:30.130  
HCP06  
Not meant. Many people like me. If you like with with had the background that I've had as well. What you tend to do in teams is you tend to train up individuals into an area where as I'd come in with a very different background than a hospital nurse and I think it makes me reflect upon

0:27:34.650 --> 0:27:35.530  
Catherine Beresford  
Yes.

0:27:37.800 --> 0:27:38.480  
Catherine Beresford  
Yeah.

0:27:45.50 --> 0:27:46.330  
Catherine Beresford  
Yeah, yeah.

0:27:47.290 --> 0:27:47.850  
Catherine Beresford  
Yes.

0:27:31.530 --> 0:27:49.250  
HCP06  
-when how much nurses have to learn how much staff, not just nurses, medics too, because they'll reflect this back to me like in, you know, insitu, you know that whole thing that we used to talk about reflection on practice and in practice and It it makes me think you know that people will often talk about

0:28:7.0 --> 0:28:7.720  
Catherine Beresford  
Yes.

0:28:14.840 --> 0:28:15.720  
Catherine Beresford  
Yes.

0:27:56.930 --> 0:28:20.210  
HCP06

-my ability to talk to people like it's some amazing skill. And actually, when you think about it that anyone can learn facts and figures, but your ability to interact how you interact with people and not just patients, but your your co-workers, external people is is, is, is enormous, enormous but it's also

0:28:22.60 --> 0:28:23.380  
Catherine Beresford  
Yeah, yeah.

0:28:27.370 --> 0:28:28.10  
Catherine Beresford  
Yeah.

0:28:43.360 --> 0:28:44.720  
Catherine Beresford  
Yeah, yeah.

0:28:47.210 --> 0:28:47.330  
Catherine Beresford  
Hmm.

0:28:20.570 --> 0:28:53.490  
HCP06  
Extremely draining and and and it's made and sometimes, I think Well, no wonder I feel absolutely exhausted. You know, I've spent the whole day with my team with all sorts of colleagues, all sorts of people and then and then, you know, really, really difficult patient interactions where I might have had to write a report for a child protection, a CAF meeting where a child may be taken into care because a mum has problems and I'm expected to provide a report. And yet, I've got a rapport with that mum.

0:28:54.790 --> 0:28:57.310  
Catherine Beresford  
Yes, I do. Yeah, yeah.

0:28:59.60 --> 0:28:59.580  
Catherine Beresford  
Yeah.

0:29:10.670 --> 0:29:12.390  
Catherine Beresford  
Yeah, yeah.

0:29:15.80 --> 0:29:15.200  
Catherine Beresford  
Hmm.

0:29:16.740 --> 0:29:17.420  
Catherine Beresford  
Yes.

0:29:19.260 --> 0:29:19.660  
Catherine Beresford  
Yeah.

0:29:21.980 --> 0:29:22.100  
Catherine Beresford  
Hmm.

0:28:54.0 --> 0:29:25.600  
HCP06  
Do you know what I mean? Things like that. And it's it's that. That's what it makes me reflect when I, you know, someone said to me once I'm I was like probably moaning about my day and and he was a Commissioner and he said think about the the the impact you've had on someone's life today and I've never forgotten that I thought yeah that's true I do make a difference you know, at times to quite a lot of different people but then there's a cost to yourself and I think one of the things that when you're looking after people.

0:29:29.930 --> 0:29:30.450  
Catherine Beresford  
Yeah.

0:29:26.110 --> 0:29:41.310  
HCP06  
And you're in a position of authority yourself is who looks after you? And that's something that I think when I think there's more awareness of now and and that sort of thing. But it's it's it's made me think as well reflected on how much-

0:29:50.880 --> 0:29:51.520  
Catherine Beresford  
Yes.

0:29:43.710 --> 0:29:55.670  
HCP06

-you are drawn to a type of of care of nursing an area. I've left a couple of times and come back and I think hepatology, if you find it rewarding and you like you like the complexities-

0:29:58.150 --> 0:29:58.830  
Catherine Beresford  
Yeah.

0:30:2.990 --> 0:30:3.550  
Catherine Beresford  
Yeah.

0:29:59.760 --> 0:30:9.360  
HCP06  
-then then it's you are very drawn to it and I think for me that reflection it it shows that where I've had a passion for something in my life. Yeah, yeah.

0:30:7.360 --> 0:30:13.440  
Catherine Beresford  
Yes, yes. Yeah. No, that's that's definitely evident in the way that you talk about it, I must say.

0:30:15.400 --> 0:30:44.240  
Catherine Beresford  
This is kind of like I've kind of. I'm coming to the end of the interview really, but there is something that I think I will integrate into the interview because I think it might be relevant. And one of the things that I'm finding when I'm doing this because obviously, I don't work in liver disease. So, it's much harder for me to sort of make the connection with individuals who've got liver disease in terms of recruiting them. And I just wondered if you've got any thoughts about why I might be finding it challenging to recruit individuals who've got advanced liver disease to take part in this research.

0:30:55.890 --> 0:30:58.770  
Catherine Beresford  
Yeah. So, if if you go on, yeah.

0:31:5.690 --> 0:31:6.410  
Catherine Beresford  
Yes.

0:30:46.700 --> 0:31:13.580  
HCP06

Do you mean by that people who you'd like to talk to, people who are decompensated at the moment, they might have ascites. Yeah, it's. It's it's really interesting because I too struggle with that and I've I've thought a lot about this. And I think that it's interesting. People often will want to like, let's if we look at the Reduce-2 study.

0:31:13.380 --> 0:31:14.420  
Catherine Beresford  
Yeah, yeah.

0:31:18.30 --> 0:31:28.630  
HCP06

Because it was Reduce-1 then Reduce-2. I think there was a lot of patients, there was something in it for them if you like. And they felt that they could offer something back.

0:31:28.670 --> 0:31:29.230  
Catherine Beresford  
Yes.

0:31:40.150 --> 0:31:40.670  
Catherine Beresford  
Yeah.

0:31:30.30 --> 0:31:45.590  
HCP06  
Like, well, if someone could learn from this, this would be great and I wonder whether I think actually a lot of people when they're in this, when they're decompensated that they're probably moving - they're either on a transplant waiting list and they may.

0:31:48.390 --> 0:31:49.390  
HCP06  
Right. OK.

0:31:45.210 --> 0:31:51.850  
Catherine Beresford  
Yeah. Although I'm, I'm actually focusing on people who are not on the transplant list, but then that's probably matching it even more challenging.

0:31:53.420 --> 0:31:53.660  
Catherine Beresford  
Yeah.

0:31:59.370 --> 0:32:0.530  
Catherine Beresford  
Yes. Yeah.

0:32:11.780 --> 0:32:12.180  
Catherine Beresford  
Yeah.

0:32:17.460 --> 0:32:17.900  
Catherine Beresford  
Yeah.

0:31:50.750 --> 0:32:18.790  
HCP06  
And so it will make that more challenging because the I was just about saying to you, the transplant waiting list people that they're very different kettle of fish, very different and the and so the other people that you're talking to are basically that they're dying and they're dying quite slowly and they and they struggle with that prognosis like how long have I got and it's a really difficult conversation to have. And I think that-

0:32:29.590 --> 0:32:30.30  
Catherine Beresford  
Yeah.

0:32:31.760 --> 0:32:32.800  
Catherine Beresford  
Yeah, yeah.

0:32:35.680 --> 0:32:35.800  
Catherine Beresford  
Hmm.

0:32:36.550 --> 0:32:36.990  
Catherine Beresford  
Yeah.

0:32:45.720 --> 0:32:47.160  
Catherine Beresford  
Yeah, yeah.

0:32:19.190 --> 0:32:48.390  
HCP06  
-This way that you it is to try and saturate to make to make contact with people like me across an area and get them to ask people. Would you be willing to talk to somebody like you? And this is the this is what it's about. She wants to learn and I think people will often at the point of contact they'll say yes OK. I would talk about they're exhausted. They've got very limited resources, both emotionally.

0:32:51.760 --> 0:32:52.440  
Catherine Beresford  
Yes.

0:33:7.620 --> 0:33:8.820  
Catherine Beresford  
Yeah, yeah.

0:33:14.230 --> 0:33:15.750  
Catherine Beresford  
Yeah, yeah.

0:32:50.670 --> 0:33:20.950  
HCP06  
Think you know and and and heir physical capacity is is very weakened and but it it it could be in that if if you had the ability to go into areas while someone was in hospital or in a clinic and and in that real time that's when people are often open to, I've noticed they'll they'll let me sit and talk to them often If if I'm I'm there with them.

0:33:29.930 --> 0:33:30.410  
Catherine Beresford  
Yeah.

0:33:21.910 --> 0:33:31.950  
HCP06

And and I often find that talking to people over a telephone or something is even me talking to them is difficult track like why you've rung me today. What do you want?

0:33:32.190 --> 0:33:33.510  
Catherine Beresford  
Yeah, yeah.

0:33:44.460 --> 0:33:45.20  
Catherine Beresford  
No.

0:33:46.770 --> 0:33:47.650  
Catherine Beresford  
That's right.

0:33:59.670 --> 0:34:1.630  
Catherine Beresford  
Yeah, yeah.

0:33:32.590 --> 0:34:2.910  
HCP06

‘I've forgotten’, and they're they're all muddled and there's all sorts of background noise. So if, even if it was for a small number of people, because I don't think you'd need huge numbers to sort of themes to, to, to, to, if in your local area you could get them to say, look, you know, could I could, could you tell people about this and would could, is there any way I could come in while they're having a procedure or something like a drain because they're there all day.

0:34:3.150 --> 0:34:11.710  
Catherine Beresford  
Yeah, yeah, yeah. OK, now that's really helpful that that kind of makes sense actually. And is there anything that you would like to ask me?

0:34:13.910 --> 0:34:19.670  
HCP06

Remind me what you're going to. What? You're the purpose of. What are you doing with your research?

0:34:17.760 --> 0:34:45.520  
Catherine Beresford  
Yes. Yeah, that's a good question. So basically, because it's for a PhD, I've got two years in which to finish it. So, over this whole year, I can recruit people and interview them and be analysing all the data that I'm finding. And then out of it, I'll be generating a theory in relation to care experiences of decompensated advanced liver disease because that's the type of methodology that I'm using. It's called constructivist grounded theory.

0:35:3.50 --> 0:35:3.290  
HCP06  
Yeah.

0:34:47.990 --> 0:35:17.150  
HCP06  
Obviously that's all kind of academic. So, within two years I have to submit my thesis, but that's all - that's all part of doing a PhD. The the bit that I think is probably more interesting and more important is trying to share what I find. So, for example, I I when I did a systematic literature review where I did focus specifically on palliative and end of life care, I wrote it up and I've had it published, so I'll I'll send you. I'll send you it and you can see.

0:35:18.70 --> 0:35:18.430  
Catherine Beresford  
Yeah.

0:35:16.140 --> 0:35:19.500  
HCP06  
Can you send me that? I'd like to look at that.

0:35:18.840 --> 0:35:38.840  
Catherine Beresford  
I will, I will. And well, in fact, it was. It was out of I I I have a public involvement group as well, which is made-up of people who've got liver disease, but they're not decompensated and the carers and they're supporting me with the project. So, I've I meet with them, I liaise with them that you know. So, I'm working with them as well and.

0:35:45.100 --> 0:35:45.540  
HCP06  
Yeah.

0:35:40.400 --> 0:35:48.560  
Catherine Beresford  
Through one of them I got put in touch with LIVErNORTH, which is a charity you might have heard of them. And they got me to go and do a talk for them.

0:35:49.420 --> 0:36:21.580  
Catherine Beresford  
So I'm doing things like that. I'm really trying to make sure that I'm sharing what I'm finding, but when I did the literature review and also when I started doing the public involvement and talking to people and talking to people like yourself, actually I really realised like, because originally the PhD when I applied for it, it was advertised as specifically focusing on palliative and end of life care and what came to light was that I could not focus the project on that specifically because as you will know yourself, you know plenty of people, including healthcare professionals, are not always clear when an individual is.

0:36:22.330 --> 0:36:56.530  
Catherine Beresford  
At end of life or palliative and those terms don't necessarily mean that much to people. You know, palliative might not be the word that's being used. So that's why I changed the focus and I'm focusing on care experiences in decompensated advanced liver disease because obviously lots of end-of-life aspects and palliative care aspects are going to come out of that. But, you know, certainly if I focus only on palliative and end of life care, it just really doesn't make sense. But I'll I want to publish more work so that I can share it. I want to go to, well, I've. I've been going to conferences and.

0:36:57.210 --> 0:36:59.570  
Catherine Beresford  
I'll do more, do more of that. I did say to [name of person] at BASL that I was happy to do a talk about it next year when I've got more when I've got my data, and I could feed back. And really yeah, just to see what comes out of it. So, but speaking to lots of people, not just in terms of interview beyond that.

0:37:19.390 --> 0:37:19.630  
HCP06  
Yeah.

0:37:17.320 --> 0:37:31.560  
Catherine Beresford  
To sort of share what I'm finding you know, so that because it helps, doesn't it? If if people, people who are taking part as well, some of them are sort of taking part because they want to make improvements to services or they want to know what's happening in other areas.

0:37:31.820 --> 0:37:32.20  
HCP06  
Yeah.

0:37:32.130 --> 0:37:43.730  
Catherine Beresford  
So it's sort of part of having those conversations and then you know, I hope that the people that I speak to have liver disease, it's giving them an opportunity to have their voice heard as well. So yeah.

0:37:58.750 --> 0:37:59.470  
Catherine Beresford  
OK.

0:38:1.340 --> 0:38:4.140  
Catherine Beresford  
Yes, yeah, that sounds sensible.

0:38:8.880 --> 0:38:10.280  
Catherine Beresford  
OK. Yeah.

0:37:42.140 --> 0:38:11.980  
HCP06  
Yeah, yeah. I I I think so. It's interesting. We have. We had a strategy as part of the IQILS accreditation, which I are you aware of the IQILS? So IQIL stands for improved improving quality in liver services and it might be something you might just want to just have a quick look at. Yeah, it's an accreditation process. It's the Royal College of Physicians kind of host it and they host a lot of the accreditation.

0:38:15.150 --> 0:38:15.510  
Catherine Beresford  
Yeah.

0:38:17.470 --> 0:38:17.790  
Catherine Beresford  
Yeah.

0:38:18.970 --> 0:38:19.530  
Catherine Beresford  
Right.

0:38:25.970 --> 0:38:26.530  
Catherine Beresford  
OK.

0:38:32.150 --> 0:38:32.790  
Catherine Beresford  
Yes.

0:38:12.180 --> 0:38:32.980  
HCP06  
Really rolled out ever since, like 2014 that when we had NHS liver and the liver Tsar and I was part of that, it was called it was called something else then that it was called Quest but now it's called IQILS and there's quite a big focus in there around sort of end of life care and as I said, you know, we were part of that, but it's when we were when we went through our accreditation, we we I think we were the third in the country to become an accredited centre.

0:38:51.500 --> 0:38:52.100  
Catherine Beresford  
Yeah.

0:38:53.970 --> 0:38:55.90  
Catherine Beresford  
Right, yeah.

0:39:6.340 --> 0:39:6.900  
Catherine Beresford  
Yeah.

0:39:8.280 --> 0:39:8.760  
Catherine Beresford  
Yeah.

0:38:45.400 --> 0:39:19.640  
HCP06  
But what what was really difficult was to find patients who could give feedback who weren't transplant patients and or people who have, like chronic disease like autoimmune or PBC. They weren't. They weren't decompensated, and they weren't all cirrhotic, but they did have symptoms and and even at our strategy day, I I, I. So, we have a strategy day twice a year. We have a meeting for the whole team and I tried to get patients to come in the morning and to a business meeting.

0:39:31.640 --> 0:39:32.360  
Catherine Beresford  
Yes.

0:39:34.140 --> 0:39:35.660  
Catherine Beresford  
Yeah, I see. Yeah.

0:39:20.680 --> 0:39:53.440  
HCP06  
To talk about, you know what, what would you like to us to do differently? It's so difficult and it's we have quite a big group down here called the {name of group]. But it's very transplant focused and and I think one of the things that we could do better and if I had more time and and as a nurse consultant, I should have this because I have a percentage of my, Oh my God. Everyone's beeping because of this IT business [IT system down at the hospital] and a percentage of my time should be about you know.

0:39:55.50 --> 0:39:55.770  
Catherine Beresford  
Yes.

0:40:0.550 --> 0:40:0.990  
Catherine Beresford  
Yeah.

0:39:53.960 --> 0:40:7.560  
HCP06  
Research, audit, improving services. What I want to do, what I would do is I want to go on the ward and actually talk about ward experiences for people because that's really challenging for them.

0:40:7.100 --> 0:40:8.260  
Catherine Beresford  
Yeah, yeah.

0:40:23.730 --> 0:40:24.290  
Catherine Beresford  
Yes.

0:40:28.730 --> 0:40:29.490  
Catherine Beresford  
Sure.

0:40:9.0 --> 0:40:29.840  
HCP06  
Like when they're in hospital and one of the things that the patients told me and I think maybe you could explore this as well is so my ANPs I'm I'm asking them to spend time on a each week on the ward, not to go and do the jobs of a junior doctor, but to add more quality to the experience.

0:40:38.290 --> 0:40:40.610  
Catherine Beresford  
Right. Yeah, yeah.

0:40:49.620 --> 0:40:51.140  
Catherine Beresford  
Yeah, yeah.

0:40:52.530 --> 0:40:53.730  
Catherine Beresford  
Sure.

0:40:57.840 --> 0:40:57.960  
Catherine Beresford  
Hmm.

0:41:0.660 --> 0:41:0.900  
Catherine Beresford  
Hmm hmm.

0:41:3.550 --> 0:41:4.30  
Catherine Beresford  
Yeah.

0:41:5.150 --> 0:41:5.870  
Catherine Beresford  
I do, yeah.

0:41:6.980 --> 0:41:9.140  
Catherine Beresford  
Yeah, yeah, yeah.

0:41:10.700 --> 0:41:12.20  
Catherine Beresford  
Hmm. Hmm. Hmm.

0:40:51.220 --> 0:41:12.620  
HCP06  
Pleased to act as translators, and I think that that's a big area that we don't do well is translating what happens. You might have waited weeks and weeks and weeks for an outpatient appointment. Do you know what I mean? And then you get 15 minutes. What was that all about? And it's that communication and information provision.

0:41:14.180 --> 0:41:20.60  
HCP06  
And going back to this business, you know the whole thing around treatment, escalation plans and DNRs.

0:41:19.670 --> 0:41:21.30  
Catherine Beresford  
Yes, yes.

0:41:21.140 --> 0:41:24.540  
HCP06  
And and that that conversation as well with people.

0:41:32.300 --> 0:41:32.420  
Catherine Beresford  
Hmm.

0:41:26.60 --> 0:41:35.900  
HCP06  
It's it's really interesting. People think that you're just, I don't. I want to be resuscitated. You know, that's a big issue in liver disease as well.

0:41:46.730 --> 0:41:48.890  
Catherine Beresford  
Yeah, yeah, yeah.

0:41:36.60 --> 0:41:57.900  
HCP06  
And so that so that that kind of how we give information to patients, I think and understanding that from somebody who's you know who's decompensated now is really challenging for them because on top of that, even if they haven't got a diagnosis of hepatic encephalopathy, if you look at the statistics around encephalopathy.

0:41:57.860 --> 0:41:58.460  
Catherine Beresford  
Yes.

0:42:0.900 --> 0:42:1.100  
Catherine Beresford  
Mm hmm.

0:42:2.340 --> 0:42:3.460  
Catherine Beresford  
No.

0:42:10.620 --> 0:42:12.260  
Catherine Beresford  
Right. OK.

0:42:17.170 --> 0:42:17.930  
Catherine Beresford  
Yes.

0:42:21.80 --> 0:42:21.480  
Catherine Beresford  
Yeah.

0:42:29.570 --> 0:42:30.530  
Catherine Beresford  
Yes.

0:41:58.410 --> 0:42:30.850  
HCP06  
A lot of patients will have it, but it's just not overt and it's and actually it's one of, you know, the decompensated care bundle is all about ascites. It doesn't even mention encephalopathy. So again, if you if you want more information on encephalopathy, the rifaximin people, they're really good to talk to because they've got lots of information. But actually, what's that experience like when when we know that, you know, many of our patients are also on antidepressants, you know?

0:42:31.50 --> 0:42:32.570  
HCP06

They're depressed their mood is low.

0:42:37.380 --> 0:42:40.940  
Catherine Beresford  
That's right. Yes, yes. Yeah, yeah.

0:42:42.720 --> 0:42:43.400  
Catherine Beresford  
Yeah.

0:42:47.740 --> 0:42:48.260  
Catherine Beresford  
Yeah.

0:42:51.250 --> 0:42:52.10  
Catherine Beresford  
Mm hmm M.

0:42:54.120 --> 0:42:55.760  
Catherine Beresford  
Yeah, yeah.

0:42:33.90 --> 0:43:1.10  
HCP06  
The impact of fatigue in diabetes, you know which is your background - Isn't it diabetes? Diabetes. You know that quality of life is much reduced just by having a diagnosis of diabetes. So, all of those things as well, it understanding what does that actually feel like for you is is is really difficult, isn't it for people? So So I think if you can wiggle your way in, even if it's even if it's five people.

0:43:1.90 --> 0:43:2.850  
Catherine Beresford  
Yes, yeah, yeah.

0:43:4.390 --> 0:43:5.390  
Catherine Beresford  
Absolutely.

0:43:6.690 --> 0:43:7.170  
Catherine Beresford  
Yeah.

0:43:9.520 --> 0:43:9.920  
Catherine Beresford  
Yeah.

0:43:2.170 --> 0:43:10.650  
HCP06  
To follow them through for a few months would be really great to touch base with them, because I do that I I ring people up quite often.

0:43:13.310 --> 0:43:13.830  
Catherine Beresford  
Yeah.

0:43:15.860 --> 0:43:16.980  
Catherine Beresford  
Yeah, yeah.

0:43:24.300 --> 0:43:25.20  
Catherine Beresford  
Right.

0:43:26.890 --> 0:43:27.410  
Catherine Beresford  
Yeah.

0:43:11.90 --> 0:43:30.490  
HCP06  
Just to sort of say you OK, rather than bringing them up to outpatients, I think a lot of it as well is like is at what point do you say we're not adding anything to you anymore you you call call me when you need me an SOS care I think is not done very well.

0:43:30.810 --> 0:43:31.570  
Catherine Beresford  
Right.

0:43:31.730 --> 0:43:34.250  
HCP06  
So maybe that's another thing you could explore with people.

0:43:34.260 --> 0:43:39.780  
Catherine Beresford  
Yeah. Yeah. No, it's gonna be really good when I get to talk to them.

0:43:40.40 --> 0:43:44.640  
Catherine Beresford  
OK. Right. Well, is there anything else you'd like to say before I stop recording?

0:43:44.650 --> 0:43:45.690  
HCP06  
No, I don't think so.

0:43:46.150 --> 0:43:48.470  
Catherine Beresford  
All right. So let me let me stop recording.