# HCP07 ‘Denise’ - Interview transcript 18/12/2023 by Teams.

0:0:0.0 --> 0:0:1.160  
Catherine Beresford  
Was that for me?

0:0:0.370 --> 0:0:1.490  
HCP07  
OK. Yeah, yeah.

0:0:3.280 --> 0:0:6.600  
Catherine Beresford  
And I'll just make it so that we don't have to watch the transcription.

0:0:7.0 --> 0:0:8.880  
HCP07

Oh yeah, that's quite off putting, isn't it?

0:0:8.840 --> 0:0:10.240  
Catherine Beresford  
Yeah, exactly.

0:0:11.240 --> 0:0:11.720  
Catherine Beresford  
And.

0:0:13.200 --> 0:0:19.800  
Catherine Beresford  
Start recording, so you should get a message to say that the recording has started. Can you see that?

0:0:20.150 --> 0:0:20.590  
HCP07  
I can.

0:0:28.880 --> 0:0:29.600  
HCP07

Sure.

0:0:21.200 --> 0:0:35.720  
Catherine Beresford  
Perfect. Something else I should mention is if possible, avoid saying the names of people or places just for the purposes of confidentiality. But don't worry if you forget because I do go through everything and you know I can edit it out of the transcription.

0:0:34.700 --> 0:0:35.740  
HCP07  
OK. Yeah.

0:0:37.440 --> 0:0:37.920  
Catherine Beresford  
Yeah.

0:0:38.420 --> 0:0:46.780  
Catherine Beresford  
OK, so as part of beginning and again it's completely voluntary if you want to tell me this or not, but would you mind just confirming your age?

0:0:47.220 --> 0:0:48.820  
HCP07  
Yeah, I'm [confirms age].

0:0:49.0 --> 0:0:52.640  
Catherine Beresford  
And you, what ethnicity do you consider yourself to be?

0:0:52.820 --> 0:0:53.740  
HCP07

[confirms ethnicity].

0:0:53.830 --> 0:0:54.950  
Catherine Beresford  
Thank you.

0:0:56.230 --> 0:1:10.670  
Catherine Beresford  
OK, So what I'm interested in to start off with is could you tell me about your role in working with individuals who've got advanced liver disease? And I'm particularly focusing on those individuals who've got decompensated liver disease.

0:1:11.120 --> 0:1:17.200  
HCP07  
Yep, so I work as part of the Advanced Clinical Practitioners team.

0:1:22.650 --> 0:1:23.250  
Catherine Beresford  
Yes.

0:1:21.270 --> 0:1:24.790  
HCP07  
In in a busy

0:1:26.20 --> 0:1:26.420  
Catherine Beresford  
Yeah.

0:1:24.830 --> 0:1:27.270  
HCP07  
University Hospital.

0:1:28.230 --> 0:1:28.350  
HCP07  
And.

0:1:36.80 --> 0:1:36.760  
Catherine Beresford  
I see.

0:1:29.70 --> 0:1:37.390  
HCP07  
We really focus primarily on the decompensated cirrhosis patients, so we review them in clinic.

0:1:39.70 --> 0:1:42.630  
HCP07  
For management of diuretics to control ascites, managing encephalopathy and review risks with regards to variceal bleeding and whether patients need

0:1:52.260 --> 0:1:52.900  
Catherine Beresford  
Yes.

0:1:53.390 --> 0:1:57.510  
HCP07  
endoscopy and we also see patients on our planned day case unit.

0:2:2.750 --> 0:2:6.790  
HCP07  
Where we perform ascitic drains, large volume paracentesis.

0:2:17.60 --> 0:2:17.500  
Catherine Beresford  
Yeah.

0:2:10.810 --> 0:2:17.850  
HCP07  
And also support the ward in the management of patients with decompensated liver disease. I've also got a long history of working with patients that require liver transplantation. So.

0:2:29.530 --> 0:2:41.250  
HCP07  
Prior to the current role, I'm in for a long time, I was the liver transplant, clinical nurse specialist. And so that of obviously, obviously involved

0:2:43.880 --> 0:2:44.560  
Catherine Beresford  
Yes.

0:2:41.680 --> 0:2:53.320  
HCP07  
Patients that had decompensated cirrhosis. So I would see, you know, I've been looking after patients with with decompensated cirrhosis for most of my most of my career.

0:2:51.320 --> 0:2:56.520  
Catherine Beresford  
Yeah. Yeah, yeah. Yeah. How long have you been in your current role?

0:2:56.530 --> 0:3:1.490  
HCP07  
My current role, about six months probably.

0:3:1.500 --> 0:3:1.900  
Catherine Beresford  
Yeah.

0:3:3.50 --> 0:3:5.210  
HCP07  
And the previous role 12 years.

0:3:8.70 --> 0:3:9.710  
HCP07  
Yeah, yeah.

0:3:18.130 --> 0:3:18.690  
HCP07  
OK.

0:3:20.750 --> 0:3:20.950  
HCP07  
Mm hmm.

0:3:6.650 --> 0:3:24.170  
Catherine Beresford  
Oh gosh, yeah. So, a lot of experience. So, I'm I'm for this research. I'm focusing on individuals who aren't on the transplant list and their kind of pathway. So, in the area where you work, what services would those individuals typically access?

0:3:24.610 --> 0:3:29.50  
HCP07  
So the outpatients outpatient review and

0:3:34.900 --> 0:3:35.340  
Catherine Beresford  
Yeah.

0:3:30.490 --> 0:3:38.90  
HCP07

Inpatients. When they come in decompensated and also those that we arranged planned day case for paracentesis.

0:3:42.970 --> 0:3:49.330  
Catherine Beresford  
Yes. Yeah. And what from your point of view, what's works well for those individuals at the moment?

0:3:50.410 --> 0:3:56.410  
HCP07  
I think have our our planned paracentesis works very well because it prevents hospital admission.

0:4:4.920 --> 0:4:4.960  
Catherine Beresford  
M.

0:4:11.280 --> 0:4:11.880  
Catherine Beresford  
I see.

0:4:14.520 --> 0:4:15.40  
Catherine Beresford  
Yeah.

0:4:2.890 --> 0:4:21.850  
HCP07  
They can plan their lives around when they're going to come in, for example. You know, we have a few people that are on like regular two weekly or every 10 days. They come in for a drain. They'll have their bloods done in advance. So, it means that that we can just crack on and and and do the drain without hanging around.

0:4:23.820 --> 0:4:24.220  
Catherine Beresford  
Yeah.

0:4:24.770 --> 0:4:25.730  
HCP07  
And and.

0:4:28.780 --> 0:4:39.420  
HCP07

Yeah. And also, I should say we're we're very heavily involved in those patients that are reaching the the end stage of their liver disease.

0:4:40.780 --> 0:4:43.580  
HCP07  
And I'm trying to manage their symptoms at home.

0:4:44.240 --> 0:4:44.920  
Catherine Beresford  
Right.

0:4:48.570 --> 0:4:51.210  
Catherine Beresford  
Oh, yes, yeah, I know about that. Yeah, yeah.

0:4:45.260 --> 0:4:53.820  
HCP07  
And we're involved in the Reduce2 trial. I don't know if you've heard of that. Yeah. So, for assessing.

0:4:55.540 --> 0:5:1.860  
HCP07  
Patient experience between large volume paracentesis and indwelling

0:5:2.90 --> 0:5:2.770  
Catherine Beresford  
Yes.

0:5:4.720 --> 0:5:5.200  
Catherine Beresford  
Yeah.

0:5:2.960 --> 0:5:6.360  
HCP07  
Long long-term drains. So yeah, we're involved with that.

0:5:6.610 --> 0:5:12.850  
Catherine Beresford  
Yeah, yeah. OK. So on the other side of the coin, is there anything that you think doesn't work so well at the moment?

0:5:15.130 --> 0:5:23.10  
HCP07  
I guess the in inability to directly admit patients when you know when someone's decompensating and and we can see that they require a hospital admission.

0:5:31.140 --> 0:5:31.780  
Catherine Beresford  
Yes.

0:5:41.160 --> 0:5:41.800  
Catherine Beresford  
Right.

0:5:32.290 --> 0:5:43.290  
HCP07  
Currently we don't have any ring-fenced beds, so it's very, very difficult and challenging to get people straight to our ward and they'll often have to go via ED [emergency department].

0:5:43.970 --> 0:5:45.90  
Catherine Beresford  
OK.

0:5:44.170 --> 0:5:48.250  
HCP07  
And you know that is not a pleasant experience for anyone.

0:5:46.510 --> 0:5:49.510  
Catherine Beresford  
Yeah. No, no.

0:5:49.810 --> 0:5:55.730  
HCP07  
Let alone someone that's, you know, got decompensated liver disease and is potentially in the last months of their life.

0:5:56.200 --> 0:6:1.640  
Catherine Beresford  
Yeah, So what is there anything that you think could make that experience different?

0:6:0.270 --> 0:6:9.430  
HCP07

Well, we're up - We're hoping that we're moving wards shortly and we're hoping to have a couple of ring-fence beds.

0:6:9.500 --> 0:6:10.380  
Catherine Beresford  
Oh, I see.

0:6:11.30 --> 0:6:12.630  
HCP07  
So hopefully that would

0:6:17.150 --> 0:6:17.830  
Catherine Beresford  
Yes.

0:6:22.310 --> 0:6:22.990  
Catherine Beresford  
Yeah.

0:6:14.70 --> 0:6:23.870  
HCP07  
Would be, you know, it will give us a bit more control and it will enable us to directly admit people to the place they need to be.

0:6:23.890 --> 0:6:34.930  
Catherine Beresford  
Yeah, yeah. And in the area where you're working then, which professionals are generally involved in caring for people who've got advanced liver disease, who are decompensated?

0:6:39.300 --> 0:6:39.340  
Catherine Beresford  
M.

0:6:35.390 --> 0:6:44.910  
HCP07  
Well, we've got, you know we we've got a full MDT. So, it would be us, the advanced clinical practitioners who are all nurses.

0:6:45.10 --> 0:6:45.490  
Catherine Beresford  
Yeah.

0:6:46.470 --> 0:6:47.150  
HCP07  
Doctors.

0:6:47.570 --> 0:6:47.970  
Catherine Beresford  
Yeah.

0:6:48.590 --> 0:6:54.430  
HCP07  
We have some Dietetic support, but not enough, and we're hoping to increase that.

0:6:56.990 --> 0:7:0.670  
HCP07  
We don't really have access to Allied health professionals other than for the ward patients.

0:7:8.90 --> 0:7:8.170  
Catherine Beresford  
Mm.

0:7:14.630 --> 0:7:15.270  
Catherine Beresford  
OK.

0:7:17.800 --> 0:7:19.600  
Catherine Beresford  
Oh, right, OK.

0:7:22.30 --> 0:7:22.790  
Catherine Beresford  
It's interesting.

0:7:10.230 --> 0:7:25.510  
HCP07  
And we do have a clinical psychologist on the team, but at the moment she's only involved with the transplant patients. Her hours have just been increased. So, we're hoping that perhaps there would be some availability.

0:7:26.810 --> 0:7:27.850  
HCP07  
But we'll see.

0:7:28.370 --> 0:7:43.370  
Catherine Beresford  
Yeah. OK. So, if the individuals that you're working with who have got decompensated advanced liver disease or their carers, if they if they do need to support advice information, where do they tend to go?

0:7:44.320 --> 0:7:46.520  
HCP07  
So us.

0:7:46.930 --> 0:7:47.810  
Catherine Beresford  
Mm hmm yeah.

0:7:48.240 --> 0:7:53.160  
HCP07  
I think is in the majority. We also refer patients to the palliative care team community palliative care team, so they might go to them.

0:8:10.580 --> 0:8:11.260  
Catherine Beresford  
Yes.

0:8:2.920 --> 0:8:11.960  
HCP07  
But I would say on the whole, it's us we offer, you know they have our contact details, we offer a lot of telephone advice and triaging.

0:8:12.530 --> 0:8:13.50  
Catherine Beresford  
Yeah.

0:8:13.680 --> 0:8:16.160  
HCP07  
And you know, signpost them to.

0:8:19.640 --> 0:8:20.280  
Catherine Beresford  
Yes.

0:8:17.620 --> 0:8:25.20  
HCP07  
The liver charities and we've also we've also got a a patient support group, A peer support group.

0:8:25.30 --> 0:8:25.870  
Catherine Beresford  
Alright.

0:8:28.280 --> 0:8:28.960  
Catherine Beresford  
Yeah, yeah.

0:8:35.570 --> 0:8:36.850  
Catherine Beresford  
Are there? Yeah.

0:8:39.430 --> 0:8:39.990  
Catherine Beresford  
Yeah.

0:8:26.880 --> 0:8:43.720  
HCP07  
I helped set that up and and a lot of the the patients on there are transplant patients but but equally there are non-transplant patients on there and we're trying to. We're really trying to push that so that it's more accessible to to those people that don't necessarily find it easy to access services.

0:8:51.70 --> 0:8:52.590  
Catherine Beresford  
Yeah, yeah.

0:9:0.100 --> 0:9:1.420  
Catherine Beresford  
Yeah, yeah.

0:8:53.640 --> 0:9:4.720  
HCP07  
And yeah, that can be a really useful, useful platform, actually peer support so, but for clinical concerns I would say.

0:9:6.340 --> 0:9:11.60  
HCP07  
The majority of support comes from the Advanced Clinical Practitioners.

0:9:16.840 --> 0:9:17.40  
HCP07  
Mm hmm.

0:9:11.250 --> 0:9:26.890  
Catherine Beresford  
I see. Yeah. OK. Yeah. I mean, it's just thinking about some things that have come up in previous interviews. I've I've got the impression that some of the work that you do, it sounds like maybe compared with some other specialisms that perhaps you have to be quite proactive in terms of the support that you're offering to individuals - is that fair to say?

0:9:32.70 --> 0:9:47.270  
HCP07  
Yeah, yeah, absolutely. Yeah, definitely. I think you know, particularly with the alcohol related liver disease patients, often we have to, you know, for example someone was due in clinic yesterday and they didn't arrive.

0:9:54.250 --> 0:9:54.770  
Catherine Beresford  
Yeah.

0:9:55.310 --> 0:9:58.230  
HCP07  
And most specialties would it was the 2nd.

0:10:0.100 --> 0:10:0.820  
Catherine Beresford  
Yes.

0:10:5.390 --> 0:10:5.510  
Catherine Beresford  
Hmm.

0:10:0.970 --> 0:10:11.410  
HCP07  
And most specialties would just discharge back to the GP at that that point. But you know, he'd been an inpatient with decompensated liver disease

0:10:12.610 --> 0:10:17.850  
HCP07  
Had been started on diuretics and we haven't seen him since.

0:10:19.50 --> 0:10:25.10  
HCP07  
And you know, so I phoned him fine to to find out why he wasn't able to attend.

0:10:24.780 --> 0:10:25.420  
Catherine Beresford  
Yes.

0:10:26.370 --> 0:10:30.930  
HCP07  
Got in touch with the GP, were they, you know, to to ask them to send out

0:10:34.260 --> 0:10:34.820  
Catherine Beresford  
Yeah.

0:10:40.740 --> 0:10:41.460  
Catherine Beresford  
Right.

0:10:32.110 --> 0:10:42.390  
HCP07  
District nurses to take his bloods at least because he initially last week when he didn't attend, he said it was 'cause he couldn't afford to get to the hospital, couldn't afford the bus fare.

0:10:42.570 --> 0:10:43.90  
Catherine Beresford  
Yeah.

0:10:47.290 --> 0:10:47.850  
Catherine Beresford  
Yeah.

0:10:44.350 --> 0:10:51.430  
HCP07  
And then yesterday, he said it was his mental health stopping him getting there. So, you know, I think we have.

0:10:53.190 --> 0:11:1.510  
HCP07  
We have a responsibility to try and find ways to engage with those people that aren't able to access services in the way we as as healthcare professionals expects people to behave because

0:11:11.180 --> 0:11:11.900  
Catherine Beresford  
I see.

0:11:13.290 --> 0:11:17.50  
HCP07  
You know this group of patients just are they're not able

0:11:18.790 --> 0:11:19.390  
Catherine Beresford  
Yeah.

0:11:17.190 --> 0:11:20.630  
HCP07  
Often not able to do it for a variety of reasons.

0:11:20.850 --> 0:11:38.50  
Catherine Beresford  
Yeah, yeah. OK. That makes sense. So I mean, obviously, you've kind of given me some impression of it anyway, but if you got any specific examples of when you think care for a person with advanced decompensated liver disease was particularly positive, is there anything that stands out in your mind?

0:11:41.880 --> 0:11:42.680  
HCP07  
I think.

0:11:45.970 --> 0:12:0.450  
HCP07  
I I'm thinking of a lady that that, that we've we've got at the moment who had been admitted to the ward with an episode of decompensation with encephalopathy and ascites in the summer.

0:12:1.30 --> 0:12:1.150  
Catherine Beresford  
Hmm.

0:12:2.50 --> 0:12:6.250  
HCP07  
She had been absent. She's been abstinent from alcohol for five years.

0:12:9.840 --> 0:12:10.400  
Catherine Beresford  
Yes.

0:12:7.610 --> 0:12:10.610  
HCP07  
But has advanced liver disease and

0:12:12.50 --> 0:12:14.210  
HCP07  
You know, when she came back to see me in clinic

0:12:37.410 --> 0:12:37.850  
Catherine Beresford  
Yeah.

0:12:15.850 --> 0:12:42.290  
HCP07  
After the admission 'cause she'd been she had ascites, and so came back to our clinic for monitoring and management. And although I've feel sure it was discussed with her while she was in, she was obviously encaphalopathic and perhaps didn't hear or retain or or understand all the information. She really didn't have a great.

0:12:48.270 --> 0:12:48.750  
Catherine Beresford  
Yeah.

0:12:55.700 --> 0:12:56.300  
Catherine Beresford  
Yes.

0:12:43.440 --> 0:12:59.520  
HCP07  
Grasp of of how severe her liver disease was, and so at that point it was really important to sort of ensure her and her family understood that she was, you know, probably within the last year of her life.

0:13:0.880 --> 0:13:1.40  
HCP07  
And.

0:13:4.930 --> 0:13:5.410  
Catherine Beresford  
Yeah.

0:13:2.760 --> 0:13:10.440  
HCP07  
We were able to explore that at some some length. I spent quite a bit of time explaining the the different

0:13:14.310 --> 0:13:14.950  
Catherine Beresford  
Yes.

0:13:13.90 --> 0:13:24.850  
HCP07  
Symptoms and and side effects of liver disease and how we would manage them, talk, talk to her about her prognosis

0:13:29.300 --> 0:13:29.420  
Catherine Beresford  
Hmm.

0:13:26.90 --> 0:13:31.530  
HCP07  
And it would came as a real shock to her and her daughter, who came to clinic with her.

0:13:38.170 --> 0:13:38.730  
Catherine Beresford  
Yeah.

0:13:43.190 --> 0:13:43.710  
Catherine Beresford  
Yeah.

0:13:33.690 --> 0:13:44.570  
HCP07  
And so I brought them back to clinic quite soon after that so that we could revisit it. And we've we've seen her her quite a bit in the last couple of months.

0:13:44.970 --> 0:13:46.410  
HCP07  
Managing different.

0:13:49.630 --> 0:13:58.110  
HCP07  
Complications associated with their liver disease. We've we've put her in touch with with the pallative community palliative care team.

0:13:58.500 --> 0:13:58.940  
Catherine Beresford  
Yeah.

0:13:59.670 --> 0:13:59.910  
HCP07  
And.

0:14:6.140 --> 0:14:6.340  
Catherine Beresford  
Mm hmm.

0:14:8.810 --> 0:14:8.930  
Catherine Beresford  
Hmm.

0:14:1.150 --> 0:14:23.710  
HCP07  
Really sort of worked with her and her family. Quite, quite a lot, virtually as well. So, you know, getting her bloods done at her GP so she doesn't have to come up to the hospital, then reviewing them, changing her diuretics like that so that you're minimising dragging people up to the hospital.

0:14:25.630 --> 0:14:26.710  
HCP07  
And you know.

0:14:28.390 --> 0:14:38.430  
HCP07  
But, but it was important to have have her coming to clinic regularly to start with to ensure that they understood and support them in that diagnosis.

0:14:37.390 --> 0:14:39.470  
Catherine Beresford  
Yeah, yeah.

0:14:55.150 --> 0:14:55.910  
Catherine Beresford  
Hmm mm hmm.

0:14:39.710 --> 0:15:1.390  
HCP07  
And you know, they've been in touch today with, you know, some more issues that she's she's undergoing and, you know, had to really reiterate with with her husband today that you know that I felt that she was entering the last months of her life and really we needed to focus on on her comfort at home.

0:15:1.950 --> 0:15:2.470  
Catherine Beresford  
Show.

0:15:5.180 --> 0:15:6.420  
Catherine Beresford  
Hmm. Yeah, sure.

0:15:2.100 --> 0:15:13.180  
HCP07  
As that's her preferred place of care and I think think our understanding as the advanced clinical practitioners in particular and the the medical.

0:15:22.190 --> 0:15:22.830  
Catherine Beresford  
Yes.

0:15:25.890 --> 0:15:26.250  
Catherine Beresford  
Yeah.

0:15:14.140 --> 0:15:31.300  
HCP07  
Team as well, but understanding the importance of exploring think issues like that and advanced care planning with, you know, things like a preferred place of care. You know she could, she could have been admitted today. But I know she doesn't want that.

0:15:31.250 --> 0:15:31.930  
Catherine Beresford  
Yes.

0:15:32.620 --> 0:15:36.860  
HCP07So you know, supporting the family in, in

0:15:38.260 --> 0:15:40.580  
HCP07  
Managing her safely at home.

0:15:40.840 --> 0:15:43.560  
Catherine Beresford  
Yeah. Yeah. Thank you.

0:15:46.290 --> 0:15:46.410  
Catherine Beresford  
Hmm.

0:15:42.820 --> 0:15:49.860  
HCP07  
I think I think that's what what we are learning and and developing really as a team.

0:15:51.370 --> 0:15:51.810  
Catherine Beresford  
So.

0:15:51.150 --> 0:15:59.990  
HCP07  
Working a bit sort of differently, so the traditional care care model of bringing people up to clinic, et cetera.

0:16:0.720 --> 0:16:2.40  
Catherine Beresford  
Yeah, I see what you mean.

0:16:2.690 --> 0:16:9.730  
Catherine Beresford  
And have you got any examples that stand out in your mind when you think that care was not how you would want it to be for somebody?

0:16:13.560 --> 0:16:15.0  
HCP07  
I'm sure there must be many.

0:16:23.680 --> 0:16:24.120  
Catherine Beresford  
Yeah.

0:16:16.280 --> 0:16:30.440  
HCP07  
But, but I think it's when people aren't engaged in in the service, you know, perhaps they've never accessed it before and they and they end up coming in through accident and emergency.

0:16:31.960 --> 0:16:37.480  
HCP07  
Spending a long time on the ward and having a distressing

0:16:39.300 --> 0:16:40.340  
HCP07  
Time during that.

0:16:39.680 --> 0:16:42.40  
Catherine Beresford  
Yes, yeah, yeah.

0:16:53.860 --> 0:16:54.540  
HCP07  
Yeah.

0:16:43.600 --> 0:16:57.520  
Catherine Beresford  
In previous interviews, it's sort of come up a little bit - It's been mentioned about professionals who don't have a background in liver disease, that there can be a lack of understanding about the needs of people with liver disease. Have you got any thoughts about that?

0:16:57.920 --> 0:17:4.80  
HCP07  
Yeah, I think there's a well there. First of all, there's a lot of stigma associated with liver disease.

0:17:4.200 --> 0:17:4.680  
Catherine Beresford  
Yeah.

0:17:5.360 --> 0:17:8.40  
HCP07  
And and I would say that that is prevalent throughout the health care providers as well.

0:17:12.210 --> 0:17:12.930  
Catherine Beresford  
Yeah.

0:17:24.100 --> 0:17:24.780  
Catherine Beresford  
Yes.

0:17:32.150 --> 0:17:32.270  
Catherine Beresford  
Hmm.

0:17:14.50 --> 0:17:33.410  
HCP07  
About causes of liver disease, but also limited understanding of of how patients may present and what what their needs are, I think often when someone has advanced liver disease they have, they have high care needs. You know they're not well people and often

0:17:39.400 --> 0:17:43.200  
HCP07)  
General practitioners, for example.

0:17:44.820 --> 0:17:45.420  
Catherine Beresford  
Yes.

0:17:43.240 --> 0:17:45.560  
HCP07  
Will refer straight to us.

0:17:50.820 --> 0:17:51.460  
Catherine Beresford  
Right.

0:17:45.900 --> 0:17:52.660  
HCP07  
And and and would prefer that we manage them, but that's not always necessary. And and I think.

0:17:59.650 --> 0:18:0.170  
Catherine Beresford  
Yeah.

0:18:9.570 --> 0:18:10.930  
Catherine Beresford  
OK. Yeah.

0:18:14.740 --> 0:18:14.860  
Catherine Beresford  
Hmm.

0:17:55.50 --> 0:18:16.970  
HCP07  
I think that that is something that could be worked upon. You know we've we've had lots of interactions with our local GPs trying to you know try to upskill and and and and increase knowledge around liver disease and.

0:18:17.10 --> 0:18:21.810  
HCP07  
I think I think that would would help if we were able to engage with them more.

0:18:23.370 --> 0:18:25.370  
HCP07

But yes, certainly I think there is limited understanding of the needs of of patients with decompensated liver disease and especially you know those that are still using alcohol.

0:18:38.110 --> 0:18:38.590  
Catherine Beresford  
Yeah.

0:18:39.130 --> 0:18:39.290  
HCP07  
And.

0:18:45.260 --> 0:18:45.740  
Catherine Beresford  
Yeah.

0:18:41.290 --> 0:18:47.10  
HCP07)  
There's often the perception that they've brought it brought this on themselves, and they're difficult to manage.

0:18:47.910 --> 0:18:48.30  
Catherine Beresford  
Hmm.

0:18:48.730 --> 0:18:48.850  
HCP07  
But.

0:18:50.900 --> 0:18:51.300  
Catherine Beresford  
Yeah.

0:18:55.300 --> 0:18:55.500  
Catherine Beresford  
Mm hmm.

0:18:51.550 --> 0:18:56.830  
HCP07  
But it doesn't mean that they that that shouldn't happen, and that shouldn't take place.

0:18:57.480 --> 0:19:9.360  
Catherine Beresford  
Yeah. Thank you. And something else that sort of come up a little bit is issues around services being under pressure and the impact that that can have on staff well-being. Have you got any thoughts about that?

0:19:9.590 --> 0:19:23.350  
HCP07  
Yeah, I think that's prevalent throughout the NHS, isn't it? You know, the availability of beds, for example. You know, there's a constant pressure to get people discharged from hospital and not to admit them to hospital.

0:19:24.950 --> 0:19:29.150  
HCP07  
And you know we're we're constantly firefighting, I would say.

0:19:29.630 --> 0:19:29.750  
Catherine Beresford  
Hmm.

0:19:30.590 --> 0:19:33.70  
HCP07  
And I think that is hard going.

0:19:34.580 --> 0:19:34.980  
Catherine Beresford  
Hmm yeah.

0:19:35.310 --> 0:19:43.270  
HCP07  
You know not and also like not having the support services available, you know most of these patients.

0:20:8.210 --> 0:20:8.890  
Catherine Beresford  
Mm hmm yeah.

0:20:9.620 --> 0:20:11.140  
HCP07  
And I think also.

0:20:12.840 --> 0:20:15.320  
HCP07  
What we what we're seeing in liver disease is

0:20:20.350 --> 0:20:20.470  
Catherine Beresford  
Hmm.

0:20:23.520 --> 0:20:23.920  
Catherine Beresford  
Yeah.

0:20:18.20 --> 0:20:27.500  
HCP07  
People dying younger, you know, it's. I'm sure you're aware that it's, you know, the commonest cause of death in in people between 35 and 50, I think it is.

0:20:40.190 --> 0:20:40.630  
Catherine Beresford  
Yeah.

0:20:45.720 --> 0:20:46.80  
Catherine Beresford  
Yeah.

0:20:34.860 --> 0:20:46.180  
HCP07  
And you know, we're regularly seeing young people with advanced decompensated liver disease who have a very poor prognosis and.

0:20:51.850 --> 0:20:52.290  
Catherine Beresford  
Yeah.

0:20:49.220 --> 0:20:55.500  
HCP07  
That's. You know, that's difficult and there's not great deal of services available to them.

0:20:57.100 --> 0:21:8.60  
HCP07  
I often think that you know patients without a cancer diagnosis, a disadvantage when it comes to having a long, you know, long term condition and

0:21:7.760 --> 0:21:8.360  
Catherine Beresford  
Yes.

0:21:14.610 --> 0:21:15.50  
Catherine Beresford  
Yeah.

0:21:9.820 --> 0:21:18.460  
HCP07  
You know a life-limiting condition if you've got a cancer diagnosis with that, then there's a lot of support, financially and otherwise available.

0:21:23.210 --> 0:21:25.50  
Catherine Beresford  
Yeah, yeah, yeah.

0:21:29.290 --> 0:21:29.690  
Catherine Beresford  
So.

0:21:31.960 --> 0:21:32.640  
Catherine Beresford  
Yeah.

0:21:20.150 --> 0:21:37.510  
HCP07  
But if you don't, tough luck. Really. Yeah. You know, there's not a lot there, which is is really sad. And therefore, I think that then falls on us to to, to try and support people in, in all aspects of of their care.

0:21:39.770 --> 0:21:47.410  
Catherine Beresford  
Yeah. Yeah. So in your opinion, then, what does good care in advanced liver disease look like?

0:21:48.200 --> 0:21:50.120  
HCP07  
Oh, that's a tough question.

0:21:50.440 --> 0:21:51.600  
Catherine Beresford  
So whatever you think.

0:21:53.280 --> 0:21:55.960  
HCP07  
I think having a responsive service.

0:22:2.60 --> 0:22:2.180  
Catherine Beresford  
Hmm.

0:21:57.600 --> 0:22:5.200  
HCP07  
Addressing the needs of the individual, you know one size definitely doesn't fit all with liver disease.

0:22:5.390 --> 0:22:5.830  
Catherine Beresford  
Yeah.

0:22:6.840 --> 0:22:9.320  
HCP07  
And you know us being able to support patients with symptom control in their preferred place of care.

0:22:17.750 --> 0:22:18.150  
Catherine Beresford  
Yeah.

0:22:18.10 --> 0:22:22.250  
HCP07  
It is is what I think we should be aspiring to.

0:22:30.0 --> 0:22:30.120  
Catherine Beresford  
Hmm.

0:22:23.690 --> 0:22:37.610  
HCP07  
Obviously things like someone having a large volume paracentesis well that can't take place in the community, but I think having you know, a day case unit where we can bring people in, do the drain, turn them around the same day

0:22:38.240 --> 0:22:38.720  
Catherine Beresford  
Yeah.

0:22:39.50 --> 0:22:42.250  
HCP07  
is a good service. I think it works really well.

0:22:42.880 --> 0:22:43.80  
Catherine Beresford  
Mm hmm.

0:22:43.850 --> 0:22:47.930  
HCP07  
And having staff there that are used to dealing with these patients.

0:22:47.990 --> 0:22:48.670  
Catherine Beresford  
Yes.

0:22:51.870 --> 0:22:52.430  
Catherine Beresford  
Yeah.

0:22:48.340 --> 0:23:2.900  
HCP07  
So you know, it's one thing I was putting in the drain, but they're then there for, like, at least six hours or whatever. So having staff, then a familiar with with the patients and and their and what's required.

0:23:4.380 --> 0:23:5.260  
HCP07  
Is is good?

0:23:8.240 --> 0:23:8.440  
HCP07  
I've.

0:23:5.960 --> 0:23:17.160  
Catherine Beresford  
Yeah, it. Are their barriers, are there barriers to do you think to to those things then like in the the ideal service, what sort of barriers do you think there are to that?

0:23:19.0 --> 0:23:19.480  
Catherine Beresford  
Yeah.

0:23:17.600 --> 0:23:24.520  
HCP07  
Well, money and you know, and bed availability, you know some even though we've got this this unit. There's not always availability. There's not always capacity there. And so you know, sometimes we're leaving people longer than we'd like to.

0:23:35.470 --> 0:23:36.110  
Catherine Beresford  
Yeah.

0:23:36.680 --> 0:23:51.880  
HCP07  
And also things something that I think would be hugely beneficial would be if we had access to a dietician much more readily, so, you know, a patient comes in for a drain, they get seen by us.

0:23:52.920 --> 0:23:53.480  
Catherine Beresford  
Yeah.

0:23:52.850 --> 0:23:54.370  
HCP07  
And dietitian

0:23:59.380 --> 0:24:0.340  
Catherine Beresford  
Yes.

0:24:1.990 --> 0:24:2.790  
Catherine Beresford  
OK.

0:23:55.810 --> 0:24:3.810  
HCP07  
at the same time, because nutrition is so important in liver disease and can make such a difference to an individual so that is something to aspire to, I think.

0:24:7.670 --> 0:24:9.110  
Catherine Beresford  
Yes. Yeah.

0:24:10.30 --> 0:24:10.710  
HCP07  
And then.

0:24:12.360 --> 0:24:16.280  
HCP07  
Perhaps having a bit more accessibility?

0:24:17.780 --> 0:24:29.220  
HCP07  
With with GPpractices, I think that's a massive barrier for us in that you know, patients often really struggle to get their bloods taken.

0:24:36.0 --> 0:24:37.600  
Catherine Beresford  
Yeah, yeah.

0:24:30.610 --> 0:24:38.770  
HCP07  
At the GP practise in advance of coming in for a drain, for example, they just can't get in, they can't get hold of them.

0:24:49.510 --> 0:24:51.30  
Catherine Beresford  
Mm hmm. Mm hmm. Wow. Yeah.

0:24:40.730 --> 0:24:52.530  
HCP07  
And you know, I I, I spent two hours. Well, I'm exaggerating. One hour, 53 minutes yesterday trying to get through to a GP practise and that was on the professionals’ [telephone] line.

0:24:55.40 --> 0:24:56.440  
Catherine Beresford  
Yeah, yeah.

0:24:54.170 --> 0:24:57.690  
HCP07  
You know, to try and facilitate something for a, for a patient.

0:24:59.650 --> 0:25:1.770  
HCP07  
And a that's a huge waste of.

0:25:3.290 --> 0:25:3.490  
Catherine Beresford  
Mm hmm.

0:25:2.330 --> 0:25:9.530  
HCP07  
My time, but it also demonstrates why someone that's feeling really unwell.

0:25:11.160 --> 0:25:12.40  
Catherine Beresford  
Yes.

0:25:13.700 --> 0:25:14.540  
Catherine Beresford  
Yes.

0:25:16.820 --> 0:25:18.700  
Catherine Beresford  
Yeah, yeah, yeah.

0:25:21.480 --> 0:25:22.440  
Catherine Beresford  
Yeah, yeah.

0:25:9.570 --> 0:25:23.770  
HCP07  
Isn't going to be able to do that. You know, I was able to multitask. Obviously being a woman. So, I was doing other things while I was on hold. But still an hour and 53 minutes just to speak to a receptionist.

0:25:24.0 --> 0:25:26.120  
Catherine Beresford  
Sure. Yeah, yeah.

0:25:25.210 --> 0:25:27.330  
HCP07  
It's mental, you know.

0:25:28.380 --> 0:25:28.740  
Catherine Beresford  
So.

0:25:28.130 --> 0:25:30.170  
HCP07  
And I think those sorts of things.

0:25:32.620 --> 0:25:33.900  
HCP07)  
And and sort of.

0:25:36.370 --> 0:25:38.450  
HCP07  
Navigating systems.

0:25:39.60 --> 0:25:39.180  
Catherine Beresford  
Hmm.

0:25:39.650 --> 0:25:40.650  
HCP07  
To try and and allow patients to be seen in a timely appropriate manner.

0:25:49.840 --> 0:25:50.200  
Catherine Beresford  
Yeah.

0:25:49.740 --> 0:25:51.740  
HCP07  
Is is challenging.

0:25:51.870 --> 0:25:52.310  
Catherine Beresford  
Yeah.

0:25:54.150 --> 0:26:5.950  
Catherine Beresford  
So, well, you know when you're talking about these issues, it kind of can sort of prompt things and and make you think of things that you hadn't necessarily sort of thought about much before. Has anything occurred to you during the interview?

0:26:8.420 --> 0:26:17.60  
HCP07)  
Well, it's sort of reinforced my thoughts about dietetics support, which we are trying to push for.

0:26:17.280 --> 0:26:17.920  
Catherine Beresford  
Yes.

0:26:18.620 --> 0:26:25.220  
HCP07  
But also I'm just thinking a little bit about how perhaps we could manage patients a bit more virtually.

0:26:25.690 --> 0:26:26.410  
Catherine Beresford  
Right.

0:26:30.240 --> 0:26:30.840  
Catherine Beresford  
Yeah.

0:26:26.580 --> 0:26:37.380  
HCP07  
Whether that we've got any capacity to do sort of video clinics etcetera, I think that might be something that would be useful for people because it's very hard with someone who's decompensated.

0:26:37.200 --> 0:26:37.880  
Catherine Beresford  
Yes.

0:26:40.160 --> 0:26:40.880  
Catherine Beresford  
Yes.

0:26:45.190 --> 0:26:45.870  
Catherine Beresford  
Yes.

0:26:48.740 --> 0:26:49.380  
Catherine Beresford  
Yeah.

0:26:56.990 --> 0:26:57.790  
Catherine Beresford  
Yeah.

0:26:37.820 --> 0:26:59.140  
HCP07  
To manage them over the phone, for example, because you just don't really know how they are, it's it's hard to assess people over the phone, isn't it? But it, particularly if they're, you know, very complex. But I do wonder whether something like video clinics might be something we could we could consider.

0:26:59.430 --> 0:27:10.350  
Catherine Beresford  
Yeah, I see. Yeah. And is there anything you think that I should know to better understand care experiences for people who've got decompensated liver disease?

0:27:10.610 --> 0:27:13.850  
HCP07  
I think, I mean, you touched on it earlier, but I think.

0:27:33.700 --> 0:27:34.300  
Catherine Beresford  
Yes.

0:27:17.140 --> 0:27:36.20  
HCP07  
The the major thing is, is how our patient experiences. And I think once they hit hepatology, it's very different. But I think you know, there is, like I said, there's a lot of stigma associated with liver disease and I think.

0:27:37.860 --> 0:27:42.260  
HCP07  
How patients perceive their care.

0:27:42.450 --> 0:27:42.850  
Catherine Beresford  
Yeah.

0:27:48.260 --> 0:27:48.300  
Catherine Beresford  
M.

0:27:44.970 --> 0:27:51.130  
HCP07  
Might not be as good as we think it is and might not be as good as we'd like it to be.

0:27:51.300 --> 0:27:51.820  
Catherine Beresford  
Yeah.

0:28:2.120 --> 0:28:2.720  
Catherine Beresford  
No.

0:27:52.510 --> 0:28:9.150  
HCP07  
You know, we're we're very fortunate that we've got a big Encephalopathy team where we are, but that isn't the case in all all hospitals. I'm sure you've seen the the NCEPOD report and the updated NCEPOD report. You know, it's frightening reading.

0:28:8.250 --> 0:28:11.650  
Catherine Beresford  
What's just say that again? So, it's what's it called the?

0:28:15.970 --> 0:28:16.850  
Catherine Beresford  
OK.

0:28:10.910 --> 0:28:17.750  
HCP07  
It's called the NCEPOD, so it's NCEPOD it was first -the first report came out in 2013.

0:28:21.180 --> 0:28:21.940  
Catherine Beresford  
OK.

0:28:22.910 --> 0:28:28.350  
HCP07  
And it basically showed it demonstrated that a huge variation.

0:28:27.960 --> 0:28:28.960  
Catherine Beresford  
Yes.

0:28:31.980 --> 0:28:32.780  
Catherine Beresford  
Yes.

0:28:29.910 --> 0:28:35.190  
HCP07  
In in care received by patients with liver disease, particularly alcohol related liver disease.

0:28:34.840 --> 0:28:36.600  
Catherine Beresford  
Right. Oh yeah.

0:28:36.950 --> 0:28:37.350  
HCP07  
And.

0:28:41.190 --> 0:28:46.870  
HCP07  
Yeah. And you know, it's some lots of unnecessary deaths basically.

0:28:46.500 --> 0:28:46.900  
Catherine Beresford  
Mm hmm mm hmm.

0:28:48.350 --> 0:28:56.870  
HCP07  
And you know, there have been improvements, but I think that that's still sort of persists and I think one of our biggest challenges is with the intensive care units so.

0:29:7.480 --> 0:29:8.600  
HCP07  
Because.

0:29:16.260 --> 0:29:16.700  
Catherine Beresford  
Yeah.

0:29:9.570 --> 0:29:27.210  
HCP07  
When a patient with decompensated liver disease reaches the point that they need intensive care treatment, there is a massive perception that those patients aren't going to survive and are often not really considered for intensive care treatment. And you know, it could be someone's first presentation with liver disease. They might not have known they had liver disease. I think these are, these are the ones that we sort of.

0:29:46.540 --> 0:29:47.100  
Catherine Beresford  
Yes.

0:29:41.210 --> 0:29:53.890  
HCP07  
We find very it very difficult and often really have to fight their case to to get them to ITU. We know that they do have a poor prognosis, but.

0:29:58.540 --> 0:30:0.460  
Catherine Beresford  
Yeah, yeah, yeah.

0:29:56.80 --> 0:30:2.640  
HCP07  
It doesn't mean it's not worth trying, you know, a trial of of that treatment and I think that obviously it us are very.

0:30:9.280 --> 0:30:17.480  
HCP07  
You know they're full all the time and beds are of a, you know, capacity is is stretched. But I do think that is an area where we need to

0:30:29.300 --> 0:30:29.860  
Catherine Beresford  
Yeah, yeah.

0:30:24.160 --> 0:30:30.920  
HCP07  
as a specialty really, really work on and we are doing that in our trust. You know we're we're trying to  
build relationships with our intensive care colleagues. So, if we have anyone that's that that needs intensive care treatment then we invite them to our MDT.

0:30:48.560 --> 0:30:49.240  
Catherine Beresford  
OK.

0:30:58.650 --> 0:30:59.330  
Catherine Beresford  
Yes.

0:31:1.960 --> 0:31:2.680  
Catherine Beresford  
Sure, sure.

0:30:50.10 --> 0:31:6.130  
HCP07

And try and explain like from our perspective where we see see the p - you know the potential for this patient. You know it might not be appropriate to send them to ITU, but we should be having those discussions, and we should be having them early.

0:31:6.630 --> 0:31:6.710  
Catherine Beresford  
Mm.

0:31:8.220 --> 0:31:13.20  
Catherine Beresford  
OK. Thank you. That's really helpful. Is there anything that you'd like to ask me?

0:31:15.630 --> 0:31:18.390  
HCP07  
I just wondering sort of, so what is your sort of aim with this really? What's your project really, I guess, yeah.

0:31:24.200 --> 0:31:56.800  
Catherine Beresford  
Yeah, OK, that's good question. That's what most people are interested to know about. Yeah, absolutely. So, I mean really, I've, I've got two years left almost in which to well, the the This this whole year I can recruit people, interview them and be analysing the data and then have to write it all up in a thesis for the PhD. So obviously there's the whole academic side of it. But then I think perhaps what I think is really kind of more important in the big picture is trying to #1 give people a voice so that they're having the opportunity to sort of

0:32:7.370 --> 0:32:7.490  
HCP07  
Hmm.

0:32:18.420 --> 0:32:18.700  
HCP07  
Yeah.

0:32:23.850 --> 0:32:25.410  
HCP07  
Oh yeah, I'd be interested in that.

0:32:29.960 --> 0:32:31.640  
HCP07  
Yeah, yeah.

0:31:57.200 --> 0:32:34.160  
Catherine Beresford  
You know, express what's going on. Get give insight into the situation from their perspective, whether they be a professional, a carer of somebody or, you know, most importantly, the individuals who are living with advanced liver disease themselves and then really sort of trying to share that. So as much as possible going to various meetings, talks, conferences, writing it up, I've I've had a paper published from my systematic literature review, so I can share that with you. You know, I've gone to the like, there's a organisation that you might have heard of called LIVErNORTH patient support charity. They got me to do a talk for them. So that was good.

0:32:33.680 --> 0:32:34.360  
HCP07  
OK.

0:32:38.590 --> 0:32:39.350  
HCP07  
OK.

0:32:48.540 --> 0:32:50.300  
HCP07Yeah, yeah.

0:32:34.570 --> 0:33:5.810  
Catherine Beresford  
I've got a public involvement group who were actually helping me with the project, and that's people who've got liver disease but not decompensated and carers, so they're sort of overseeing the project as well. So, they're involved because obviously I don't have liver disease. I'm not a specialist working in this field. So, it's about giving people a voice, sharing what I'm finding. I'll be developing a theory coming out of this because it's the type of methodology that I'm using and just really trying to disseminate all that and see, you know, try and influence

0:33:13.630 --> 0:33:14.790  
HCP07

Absolutely.

0:33:17.710 --> 0:33:18.110  
HCP07  
Yeah.

0:33:21.160 --> 0:33:21.600  
HCP07  
Yeah.

0:33:6.40 --> 0:33:26.160  
Catherine Beresford  
It's it's not rocket science in terms of what I'm doing. It's not going to change the world. But you know those small things all add up and make a difference, I hope and I'll try and get more things published so that it gets out there. You know, I do posters at conferences and talks, that sort of thing, but I'm happy to sort of share, you know, anything that I'm finding. I'll share along the way.

0:33:26.80 --> 0:33:27.400  
HCP07  
That'd be great. Yeah.

0:33:27.360 --> 0:33:30.320  
Catherine Beresford  
You know, so I'll send you my paper that I've done.

0:33:29.310 --> 0:33:34.830  
HCP07  
Did you hear - did you hear anything from our patient support group, 'cause? I did post in.

0:33:36.430 --> 0:33:36.510  
HCP07  
Oh.

0:33:44.730 --> 0:33:45.130  
HCP07  
Yeah.

0:33:47.130 --> 0:33:47.530  
HCP07  
Yeah.

0:34:0.80 --> 0:34:0.560  
HCP07  
Yeah.

0:34:4.770 --> 0:34:5.290  
HCP07  
Yeah.

0:33:33.630 --> 0:34:5.550  
Catherine Beresford  
No, I didn't. No, I I said I, you know, one of the things I've said to others as well. It's interesting. I did anticipate that it would be challenging to recruit people who have liver disease and it is, you know, I've got some other kind of networks and things that I'm involved with. But if you do, you know, if you do have anyone where you think they might be willing to talk to me like, you know how you mentioned that lady that you'd been working with sort of just kind of flagging it up and saying, look, if you're interested, you're interested in sharing your experience.

0:34:7.640 --> 0:34:10.680  
HCP07  
Can you can you send me your poster again?

0:34:12.540 --> 0:34:13.820  
HCP07  
Yeah, that'd be good.

0:34:18.560 --> 0:34:23.920  
HCP07  
Yeah, I'll post in the the Facebook group again because.

0:34:27.140 --> 0:34:29.180  
HCP07  
Yeah, you need patients, don't you?

0:34:32.700 --> 0:34:35.220  
HCP07  
Yeah, I think that's part of it, isn't it? Yeah.

0:34:5.760 --> 0:34:36.480  
Catherine Beresford  
At least get in touch with this nurse because she really, you know, wants to. I. Yeah, I'll send you everything out again, you know, I know you're busy. I totally get it. But, you know, if you sort of think or actually maybe they would be willing to speak to Cathy or even if it's thank you. I do. Yeah. And it's now I'm getting to the point where I don't need any more healthcare professionals, but I need the patients and and and fair enough if they're not well enough or they don't want to, but they're, you know their carer wants to they can.

0:34:36.560 --> 0:34:38.40  
Catherine Beresford  
Or a carer and patients can do it together.

0:34:38.500 --> 0:34:39.340  
Catherine Beresford  
You know, and I can.

0:34:38.700 --> 0:34:43.780  
HCP07  
What about patients that that I see you don't want transplant patients?

0:34:43.970 --> 0:34:53.770  
Catherine Beresford  
At the moment, no, I I'm trying not to change that for now because I know it's a different pathway and I know that people's experiences are different.

0:34:55.50 --> 0:35:2.970  
Catherine Beresford  
That might change, but at the moment I've agreed with my supervisors that I will avoid opening up to transplant patients for now if possible.

0:35:5.0 --> 0:35:6.480  
HCP07

OK, I'll have a little think.

0:35:4.490 --> 0:35:15.810  
Catherine Beresford  
So if that does change, I'll let you know, but I'll I will. What I'll do is I'm out this afternoon, but otherwise like. But next week at the latest, I will e-mail you back with the transcript.

0:35:18.870 --> 0:35:19.270  
HCP07  
Yeah.

0:35:20.420 --> 0:35:22.660  
HCP07  
Hopefully. Oh right.

0:35:26.590 --> 0:35:26.990  
HCP07  
Sure.

0:35:34.430 --> 0:35:35.70  
HCP07  
That'd be good.

0:35:37.770 --> 0:35:38.410  
HCP07  
Yeah.

0:35:17.60 --> 0:35:49.540  
Catherine Beresford  
Because I tidy it all up, you know it doesn't pick up certain words correctly, like ascites for example. So, I'll tidy up the transcript and then you can check it just to see if there's anything you want to add or change. Yeah, I'll send you the flyer again and I'll send you the link to the paper that I wrote and then, you know, if you do think of anything else that you want to say or any questions that you've got, just feel free to get in touch with me. I when I've got the results, I will be in touch with people who've taken part in the research. But obviously, as I said, I'm not actually kind of finalising everything until.

0:35:52.290 --> 0:35:53.130  
HCP07  
Yes, sure.

0:35:50.660 --> 0:36:0.140  
Catherine Beresford  
Like later next year in terms of the actual results. But yeah, I mean is there anything else you want to add or any other thoughts you've got before I stop recording?

0:35:58.620 --> 0:36:6.140  
HCP07  
No, I just think it would be really, you know the the really the most important voice in this is the patient.

0:36:5.250 --> 0:36:12.170  
Catherine Beresford  
Yes, totally agree. Yeah, I'm trying to speak to the patients, yeah.

0:36:8.300 --> 0:36:16.140  
HCP07  
You know, because I you must be. You must be OK. Well, you're in the forefront of my mind now. So, hopefully we'll.

0:36:27.720 --> 0:36:29.40  
HCP07  
Yes. Yeah.

0:36:32.680 --> 0:36:33.40  
HCP07  
Yeah.

0:36:34.330 --> 0:36:34.690  
HCP07  
Yeah.

0:36:37.70 --> 0:36:39.310  
HCP07  
OK, will do. Yeah.

0:36:15.600 --> 0:36:42.0  
Catherine Beresford  
Thank you. When we come offline, I'll, I'll e-mail you the flyer and you know yeah even because obviously you can't. I know you can't pass on people's details to me, but but you can pass on my details and you can say look, just jot this lady an e-mail. It doesn't oblige them, but it it's just giving them that opportunity if they want to find out more. All right, shall I stop recording? All right, let me just do that. Now hold on.