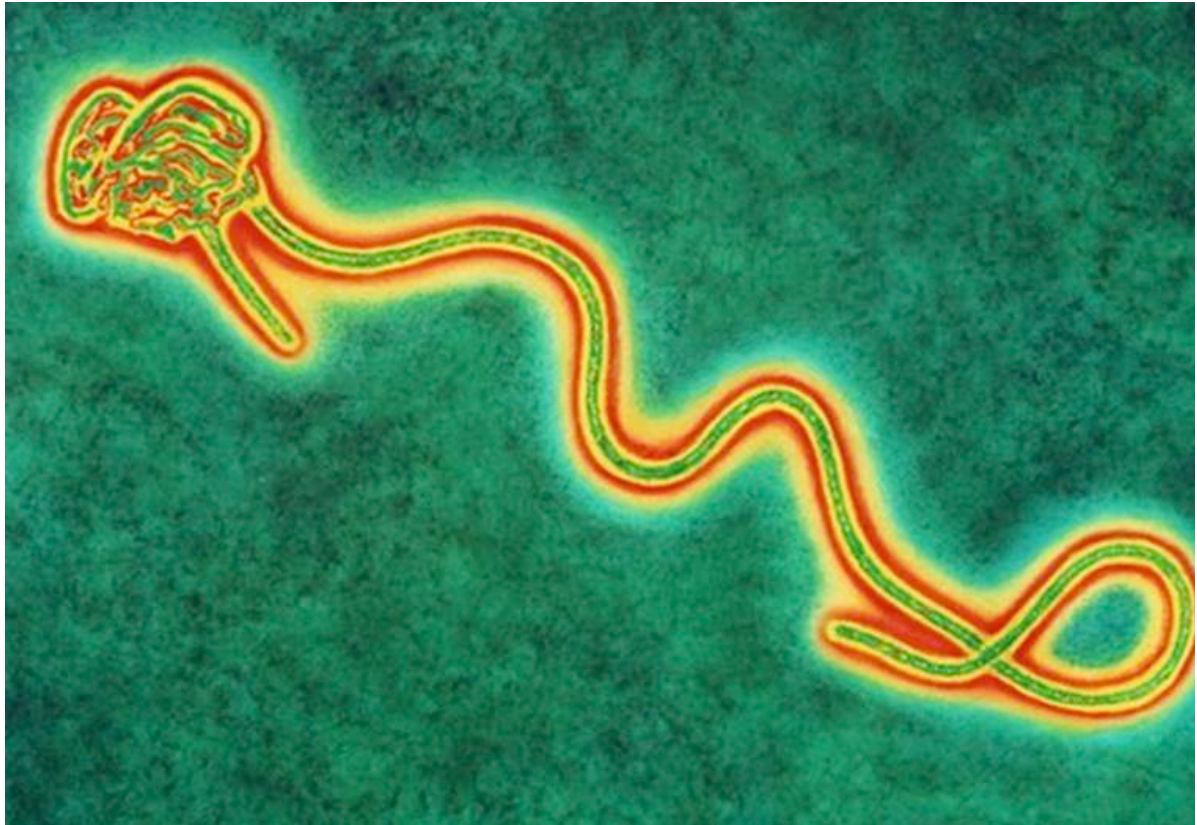


What the NHS can learn from the Ebola crisis

5 DECEMBER, 2014 | BY [JACQUI THORNTON](#)



When Ebola hit Sierra Leone, a British team was already there helping boost the health system. Jacqui Thornton reports on their work during the crisis and what the NHS can learn from their dramatic experiences.

The mission of King's Health Partners is to transform healthcare locally and globally – both in south London where the organisation is based, and in the developing world.

One of its members, King's College Hospital, began working with Somaliland 13 years ago with charity the Tropical Health and Education Trust to support the development of medical and

nursing schools.

Clinical staff flew out to train both fledgling healthcare professionals and their trainers.

Their success led to the establishment of the King's Centre for Global Health in 2011, directed by surgeon Andy Leather who pressed the partnership to expand to Sierra Leone – another post-conflict country with strong links to the UK.

This time they wanted to take a broader emphasis on policy and service provision as well as training.

The four Ebola lessons are:

1. [The importance of infection control](#)
2. [Dealing with the psychology of Ebola](#)
3. [How to use volunteers' experience with Ebola in the UK](#)
4. [Development of interprofessional teams and leadership skills](#)

Learning from Africa

So, two years ago King's College London teaching fellow Oliver Johnson, along with a couple of volunteer junior doctors, flew to Freetown to support its government in strengthening its vulnerable health system.

Jill Lockett, director of performance and delivery of King's Health Partners, said it was not a hard decision as she clearly saw benefits to the NHS from the learning, as well as the assistance given to Sierra Leone.

But she had no idea at that time of the pivotal role her team would come to play in the devastating Ebola outbreak.

The harder decision was whether to stay once the disease took hold as other organisations and individuals pulled out.

By the time the outbreak started, Dr Johnson and his team had

built up a good relationship with the Ministry of Health and the leadership of the 300 bed Connaught Hospital in Freetown.

‘The hard decision was whether to stay once the disease took hold as others pulled out’

Ms Lockett says: “Part of the success we’ve had around keeping the Connaught Hospital systems safe is because of the bedrock of work in the relationship with the government and the fact that we were there much earlier, pre-Ebola. There is a relationship of trust, something we have worked very hard at.

“The Sierra Leonean government know that we’re there to support them; we’re not there to build our own hospital, we’re helping them run their hospital as best they can.”

Ms Lockett believes that the consistency of practice imparted to local health workers by Dr Johnson has been “phenomenally successful” in saving lives.

“Oliver and his team have been able to work across the hospital and with the government so that good clinical practice and good solid guidelines are applied consistently,” she says.

“They are now discharging patients alive from the Ebola pathway, which if you’d asked us three months ago we would have thought was unlikely.”

With one full time employee on the ground, between six and 20 volunteers in the country at any one time, aided by the London programme office, Ms Lockett describes the King’s Sierra Leone Partnership as “a very small investment for a significant outcome”.

She says: “We know that the virus will run its course and we will revert back to our normal practice.”

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On the Ebola front line

When Dr Johnson, now programme director of the partnership, arrived in Sierra Leone in 2012 his role was to coordinate and manage capacity building - as a specialist in global health he had moved away from clinical practice.

But in August this year, when the Ebola outbreak started to overwhelm Freetown, he had to step in to coordinate the 16 bed isolation unit at Connaught Hospital, alongside his infectious disease consultant colleague Marta Lado.

They did whatever it took, including bagging up bodies and mopping floors, in order to keep the unit and the hospital open.

He has still found what is happening in Freetown as “devastating and draining”.

He says: “It’s unprecedented and overwhelming. Precedent is a bit of a problem - we’ve been working off the old manuals and it’s taken a long time to realise we were dealing with something different.”

At the start of the outbreak, King’s was asked by the health minister to join her Ebola taskforce, working on a national preparedness plan for hospitals.

He remembers: “We were still being told by the experts there has never been a major outbreak of Ebola, and if this gets really bad there will be a few hundred cases. No one thought we’re going to see a massive urban outbreak or one that spreads across the entire country.”

In August, there was a shift, with a huge increase in cases around Freetown, including the tragic death from Ebola of the

local doctor in charge of the isolation unit.

“We were asked to step up our support and take over the management of the unit as part of the effort to keep staff safe and the hospital open,” Dr Johnson says.

“Suddenly our ‘backseat’ training role really changed.

‘A few hours after kids walked in they were dead and you’re putting them in a body bag’

“For a couple of months, every day was so extraordinary, I come home and it felt like my brain had not processed what I’d seen. Kids would walk in and chat with you about their lives; a few hours later they’re a bit confused; a few hours after that, they’re dead and you’re putting them in a body bag.

“Particularly when it’s people you know, such as your colleagues, it’s devastating, and you wonder who’s next? For months, it was the grind of deterioration.”

Three months after this nadir, the operation has become more sophisticated, with IV lines, the use of anti-vomiting agents and antibiotics, better screening at the hospital door, and a high throughput of patients in the unit.

His team of volunteers from the UK has now expanded to 15 healthcare professionals, including seven senior doctors, a pharmacist and a community psychiatric nurse, working with local staff whom he describes as “inspiring... their heroism is vivid”.

In total, the unit has seen 700 suspected Ebola cases, with more than 400 confirmed. The aim is a 100 per cent patient turnaround in 24 hours. On average they have 10 new admissions a day into the unit with three deaths, two negative discharges and five positive cases referred on to treatment

centres.

He is hopeful for the future. “We are still seeing more patients every day than we are opening up beds. But close on the horizon a lot of capacity is coming online. I wouldn’t say we’re turning the corner - but we’re at the corner.”

Generally, global health experience can only benefit the UK, according to Mr Leather.

He says: “From an NHS point of view, we’re not going to solve our current problems by looking in; we have to look out, we have to learn, and there are all sorts of learning that we bring back.”

Specifically, King’s Health Partners believe there are lessons that the NHS can learn from its team in Sierra Leone in:

- infection control;
- the psychology of dealing with such a virulent virus;
- how to use NHS staff with experience of Ebola; and
- how to bring on excellent healthcare leaders.

Ebola lesson 1: the importance of infection control

5 DECEMBER, 2014 | BY [JACQUI THORNTON](#)

The Ebola crisis has revealed some inadequacies with screening and the flow of patients through processes like decontamination. Infection control must be the bedrock of all health systems

Jill Lockett, director of performance and delivery of King’s Health Partners, says [their work](#) has confirmed that consistent and solid

infection control practice is the bedrock of all health systems.

This includes:

- the use of personal protective equipment;
- the way that healthcare professionals work in pairs on decontamination and disrobing; and
- the care pathway through the isolation facilities to treatment and discharge.

She says: “It’s important to be aware how valuable these UK guidelines have been in keeping the teams and patients safe and that our most significant learning is about working alongside government and in government facilities to implement and spread these guidelines.”

‘Consistent infection control practice is the bedrock of all health systems’

King’s College London teaching fellow Oliver Johnson says that preventing cross contamination through detailed flow measures is vital. “We have red zones, orange zones and green zones, and a lot of our work is looking at the flow of patients and staff to make sure there’s no cross contamination,” he says.

“When you look at the infections in the US and Spain, our impression is that they may have been taught in the classroom to wear hazmat suits, but the screening and flow of patients and practical experience with processes like decontamination may have been inadequate.”

Ebola lesson 2: dealing with the psychology of Ebola

5 DECEMBER, 2014

A campaign of consistent, clear and calm messages can help overcome hysteria caused by a crisis

King's College London teaching fellow Oliver Johnson says it is really important for the NHS not to overreact, and instead to stick to the evidence around Ebola, while acknowledging it is a “scary” disease.

‘Even in Britain we have to guard against hysteria’

He says: “The lesson to learn is that staff in every country get scared and that’s normal, and you can’t blame them.

“A lot of the battle here has been psychological: getting patients to come to hospital, getting staff to know the right questions to ask, and when they’re faced with that patient, staying at their posts.

“Here there were staff strikes and times when patients who were told they had suspected Ebola literally ran out of the hospital.”



Getting staff to know the right questions to ask helps minimise hysteria among the workforce and patients

This was solved, Dr Johnson says, by a campaign of consistent, really clear, calm messaging on the radio, on television, from the health minister and most importantly, from the president, whose leadership was critical.

He says NHS staff can learn from the experience in Sierra Leone.

“Even in Britain we have to guard against hysteria and not think

that we know it all. We've got a lot to learn. It's about sticking to the evidence and not letting it be governed by panic headlines or political pressures."

Ebola lesson 3: how to use volunteers' Ebola experience in the UK

5 DECEMBER, 2014

The NHS needs to draw on staff with the appropriate training, experience and confidence to handle this kind of situation safely

A number of the King's Health Partner's volunteers who have worked in the isolation unit in Freetown are back working in British hospitals.



The NHS needs to draw on expert experience of workers who have returned from West Africa

Andy Leather, director of the King's Centre for Global Health, says: "[The King's Health Partners] volunteer experience will help us respond to patients from West Africa presenting with fever – something that happens on a daily basis."

King's College London teaching fellow Oliver Johnson adds: "These staff have the training, experience and confidence to handle this safely and ensure that such patients are identified immediately, isolated safely and treated effectively."

This could be helpful if Ebola were to come to the UK, as well as providing cultural insight generally into a patient population in south London that includes many people from Sierra Leone.

‘Will we continue to see health workers returned from West Africa stigmatised and undervalued?’

“The key question is whether NHS trusts will draw on these experts and embrace their experience, or whether we’ll continue to see health workers who have returned from West Africa being stigmatised and undervalued.”

Ebola lesson 4: development of interprofessional teams and leadership skills

5 DECEMBER, 2014

Teamwork can accelerate leadership development

Andy Leather, director of the King’s Centre for Global Health, has worked in Somaliland, Ethiopia and Zambia. The surgeon says that working in such intense situations like in Freetown has a number of benefits such as excellent interprofessional working.



Working in intense situations like the Ebola crisis encourages excellent interprofessional working

He says: “There is sometimes a bit of a gap between nursing

and medical teams in the NHS, but when you work so closely and so intensely in a situation overseas like that, you come to respect teamwork, and that's quite powerful to bring that back."

He also believes it can bring on leadership development in an accelerated way.

'When you work so closely in an overseas situation like this you come to respect teamwork'

Mr Leather says: "I'm really pleased that a rising star like Oliver has had the space to excel. I think often we hold people back in the UK and you have to go through such a long learning curve before you finally reach this sort of leadership responsibility.

"But some people are ready for leadership at a much earlier age, and actually giving someone the space to demonstrate that leadership quality, that's important. I'm delighted being a part of that."