

# A good sense of EWMA

As I sit with my elderflower tonic in the bar at Kings Cross Station waiting for my train home, I am looking back at the whirlwind of a week that has just been at the European Wound Management Association (EWMA) Conference London 2024! In combination with the Society of Tissue Viability, the organisers of EWMA put on a fantastically successful event. EWMA is the largest wound care conference in Europe, and this year was based in the Excel, London, with 4,995 attendees, to be exact, from across the world, from 94 countries and 165 exhibitors. The theme for the event was collaboration and much of the work presented demonstrated the value of working together to optimise outcomes. I was lucky enough to be one of the 800 invited speakers delivering on my area of expertise at the event. With bags of nervous energy in full flow, I had two poster presentations and a 75-minute mainstream presentation planned with my colleagues Prof. Paul Chadwick and Dr. Helen Branthwaite, showcasing the skillset and role of UK podiatrists and podiatric surgeons in the management of the diabetic foot. If I say hundreds of hours have gone into this presentation, it wouldn't be an exaggeration and I was nervous at how our audience would receive the patient journeys we had created of Bill and Pam, and with the amazing high-profile speakers presenting on simultaneous streams, if we would be addressing an empty room!

The conference began with an invitation-only speaker's dinner, a short coach journey to the Skyline London, rooftop restaurant with beautiful views overlooking the Tower of London. A glass of bubbles, a beautiful sky and backdrop and welcoming speeches from the conference organisers was the perfect start to the 3-day conference. I felt privileged to be sat amongst colleagues including Prof. Paul Chadwick, Joanne Casey and Victoria Milbourn as we reflected on our careers, journeys in podiatry so far and what to expect of the next 3 days.

Approaching the Excel London the next morning was a moment of realisation for me, this conference was HUGE! Having really worked on my pre-presentation/public speaking nerves over the past 12 months, I did feel a pang of anxiety as I entered the enormous conference centre. It was filled with the bright logo of EWMA 2024 with a multitude of flags and banners preceding myriad exhibition stands. We had a dedicated speakers lounge, a much-needed resource providing peace amidst the mayhem. On arrival of my colleagues and following a final run through, we were ready to go.

Our presentation outline was to showcase the scope of podiatry and podiatric surgery in the UK. This was developed from discussions during my previous attendance at the Pisa Diabetic Foot Course in 2023. There, I discussed the scope in the UK with international attendees and conference organisers, some of which did not have the profession of podiatry in their country, let alone podiatric surgery.

The vital role of podiatry in the UK is evident in my work every day. Following my project role for the Royal College of Podiatry in 2023, building on international recruitment and advancing clinical practice, I wondered how countries manage the high-risk foot (and any foot pathology) in the absence of this crucial profession. Given the workload for UK podiatrists', the reliance on medical doctors in these countries to provide assessment and care of the lower limb must be immense. Podiatry is a profession that is proven, with a growing evidence base, to provide a safe, effective and focused management of the lower limb, with multiple capabilities, including preventative strategies, therapeutic interventions, surgical scope (surgeons), rehabilitation and leadership. One, therefore, wonders how this is managed in other parts of the world and whether the sands will shift for lower-limb care provision, with the need for podiatry being recognised and developed in these countries.

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With this in mind, the development of our 'showcase' had to incorporate a simplistic demonstration of podiatric care in the UK, but also being mindful that professionals wanted to learn from our expertise, experiences, reflections and evidence-based advanced practice. Therefore, we showcased our skillset and scope through Bill and Pam's patient journeys. One journey demonstrated 'the road to hell' where possible barriers to care were demonstrated; sex, isolation, cognitive impact, social habits, lack of education in both healthcare settings and in patient groups with low health literacy, missed opportunities, lack of process, workforce pressures, political resistance to the development of musculoskeletal and podiatric surgery services, and the deteriorating presentation finally led to limb loss and loss of life. A comparison journey, 'the road to well' demonstrated excellent standards of care which were preventative, personalised, proactive and podiatry led, engaging the patient who had maximum support and motivation and grasped every opportunity given, maximising their quality of life and life expectancy.

At 2.15pm in South Gallery 13-14 under the diabetic foot stream, our room was filled, and the presentation delivery was seamless. The expertise and top-class public speaking of our Pod-God, Prof. Paul Chadwick, and the finesse and effortless confidence of our prehabilitation/rehabilitation Queen, Dr. Helen Branthwaite, complimented the narrative and my clinical contribution perfectly. The narrative flowed and was evidence-based, and with my surgical background, the personal reflections and experiences added a practical element for our audience. Feedback was fantastic following a good range of questions. I thoroughly enjoyed the creativity this presentation allowed for and the delivery with this team. Thank you to Paul and Helen for this and for their support and encouragement. Downtime and a lovely tapas and glass of sangria at Tapa Tapa was well deserved that evening!

Fresh and early, I was ready for a full day of being a member of the audience and visiting the exhibition stands. I attended some fabulous presentations, one in particular sticks in my mind, an introduction to the DIALECT consortium, chaired by Dr. Nina Petrova and led by Prof. Sicco Bus. It introduced a much-needed paradigm shift towards personalised

medicine in the management of the diabetic foot. A very exciting innovative, interdisciplinary, and international research and training collaboration aiming to develop new personalised risk stratifications, biomechanical foot models, and innovative activity and adherence profiles. We were introduced to three of the four PhD projects as part of this: Alice Dardon, diabetes distress and foot ulcers; Alessandro Vicentini, foot and wound tissue properties during healing and remission; and our own homegrown star from the UK - Victoria Milbourn, the Charcot Foot. These presentations were stimulating and exciting to observe and I look forward to following the journey of these doctoral candidates and await the achievements of the projects. I also wonder how this could be mirrored internationally from a surgical perspective.

Other excellent sessions over the conference included Mr. Naseer Ahmad presenting his 'whole systems approach' the journey of Manchester to M.A.R.S, complete with a groovy soundtrack and creative, innovative and captivating imagery showcasing the excellent work they have achieved by rebalancing and prioritising services and demonstrating better economical working alongside achieving good clinical outcomes. I attended a great update on wound care and nutrition; there were International Working Group on the Diabetic Foot updates and guideline summaries by Prof. Frances Game and Prof. Sicco Bus, Charcot updates and antibiotic stewardship updates. A paradigm shift in person-centred lower-limb care, implementing an evidence-based and cost-effective approach, chaired by Prof. Sebastian Probst and Prof. Joachim Dissemond, discussed the importance of robust clinical evidence while Dr Leanne Atkin gave a powerful delivery of saving the healthcare system with cost-saving treatments: a universal concern. Joanne Casey delivered a strong presentation showcasing the UK education program and Legs Matter strategy, with a focus on the 10-point plan to tackle harm within the NHS and a call to action for leaders, decision makers and clinicians within the NHS to rethink harm and prioritise action on leg and foot conditions.

Even though this conference was the largest I have attended so far, the networking opportunities were ample and as ever the legends of the diabetic foot world were there to greet and catch up with;

Prof. Frances Game, Dr. Nina Petrova, Mr. David Russell, Dr. Prash Vas, Prof. Sicco Bus, Dr. Robert Frykberg and Prof. Paul Chadwick. It was a delight to also be in the presence of my fellow podiatry colleagues, growing legends in their own fields Consultant Podiatrists Aaron Barber and Matt Allen, and podiatrists Emily Haworth, Pradeep Solanki, Jo Casey, Dr. Helen Branthwaite, Dr. Peta Tehan, Abbie Dagg, Andrew Sharpe and Rebecca Rowlands.

The final evening hosted the conference dinner, a three-course dinner and show at the Troxy, where we were entertained by a Queen tribute band. A splendid evening with hundreds in attendance, a real mixture of all health professionals from multiple countries enjoying the wine and throwing out moves on the dancefloor. We joined the tissue viability nurses — what fun they were! A personal highlight for me, though, was singing *We Will Rock You* with Prof. Sicco Bus on the dancefloor and *Radio Gaga* with Dr. Robert Frykberg!

The final morning, amidst attending my final sessions, was the delivery of my final presentations; two poster presentations. Presenting on two areas close to my heart, demonstrating the effectiveness of podiatric surgery in the high-risk foot and our scope of practice in managing acute diabetic foot infection and limb preservation. The evidence base to support our work is growing internationally, with more evidence being published, but barriers to growth remain. The conference theme was collaboration, so building on that theme and recognising the role of the podiatrist and podiatric surgeon as key members of the multidisciplinary team (MDT) in the UK would seem an imperative.

The first poster demonstrated that collaborative working between podiatric surgery and integrated diabetic foot co-ordinators in secondary care reduces length of stay and improves patient

outcomes. I used our NDFA data and Get It Right First Time (GIRFT) data to show our reduction in length of stay (L.O.S) since the development of these roles in the acute service (2004 L.O.S was an average of 33.7 days which has reduced to an average of 6.57 days by 2022). Mortality and re-ulceration rates data showed that 65% of patients were alive and ulcer-free at 12 weeks (higher than the UK average), and our GIRFT minor amputation data showed that we carry out most of our minor amputations (below the ankle) as day case procedures.

The second poster I demonstrated was a case series review of haemolytic *streptococcus B* (GBS) diabetic foot infection, highlighting and illustrating the unpredictable nature of this type of infection. GBS in diabetic foot ulceration often results in amputation due to severe damage to tissue. Three of the four cases presented required a level of amputation. In this presentation, I hoped to highlight the need for a high level of suspicion, the importance of effective MDT involvement and care coordination, medical management and that rapid surgical intervention is often required to salvage tissue and limb. Foot function was preserved with the focused skillset of the podiatric surgery team optimising the patients' outcomes.

I can only close by saying thank you, EWMA 2024, for the experience; it has been an invaluable one, and it has been an honour to be involved and to be invited to present. As my portfolio continues to grow in the diabetic foot, clinically and academically, I hope to be one day seated in the legends corner. Until then, I will continue to provide my patients with the best evidence-based practice and surgical care and work with my fantastic colleagues and team to grow our name and status in the management of the diabetic foot. ■