STASHH CONFERENCE 2026

“FROM STUDENT TO SPECIALIST”

ABSTRACT BOOK

Title: Experiences of Women's Health and Wellbeing Services Among Midlife LGBTQ Individuals: A Qualitative Study

Presenting Author: Sarah Lancaster

Background
Midlife (40–65 years) is a period of significant physical, psychological, and social change, yet Women's Health and Wellbeing Services (WHWS) in the UK remain largely oriented towards fertility and heterosexual norms. LGBTQ individuals in midlife may experience compounded exclusion, resulting in unmet health needs and reduced engagement with care. This study explored barriers and enablers to accessing WHWS among midlife LGBTQ individuals in Sussex.

Methods
A descriptive qualitative study was conducted using semi-structured interviews with 20 LGBTQ individuals aged 40–65 years living in Sussex. Interviews were conducted online or in person between June 2025 and January 2026. Data were analysed using framework analysis informed by the Socio-ecological Model and an intersectional lens. Ethical approval was obtained through the NHS Health Research Authority (IRAS Project ID: 328178).

Results
Three overarching themes were identified. First, participants described a lack of recognition of midlife LGBTQ individuals within WHWS, driven by age-related assumptions and pervasive heteronormativity. Second, limited knowledge of LGBTQ-specific women's health issues among both patients and healthcare professionals led to reliance on informal sources and avoidant health-seeking behaviours. Third, accessibility barriers included poor awareness of services, exclusionary administrative systems, limited appointment flexibility, and negative experiences with reception staff. Sexual health services were viewed more positively due to inclusive booking systems and flexible access, though concerns about digital exclusion remained.

Conclusion
Midlife LGBTQ individuals experience intersecting barriers to WHWS across individual, interpersonal, organisational, and structural levels. Findings highlight the need for inclusive service design, improved workforce education, and administrative systems that recognise diverse genders and sexualities. Addressing these gaps is essential to improving equity, engagement, and health outcomes for midlife LGBTQ populations.

Title: Shame, Stigma, and Colorectal Health Among People Who Engage in Receptive Anal Intercourse: A Qualitative Study of Patient and Clinician Perspectives

Presenting Author: Azeem Aziz Merchant

Co-Authors: Dr Jaime Garcia Iglesias, Dr Richard Vytniorgu

Background

People who engage in receptive anal intercourse ("bottoming"), particularly gay, bisexual, and other men who have sex with men (GBMSM), may experience shame and stigma linked to sexual positioning, masculinity, and anal health. These social and cultural factors intersect with colorectal symptoms and can shape help-seeking behaviours, disclosure of sexual practices, and clinical encounters. Despite this, colorectal healthcare often overlooks the sexual and social contexts of bottoming, with implications for sexual wellbeing and health outcomes. This study explored how shame and stigma influence colorectal health experiences among people who bottom, and identified key stakeholder concerns to inform future research and clinical practice.

Methods

Data was generated through an initial literature review as well as in-depth qualitative engagement with community members who bottom and clinicians working in colorectal and sexual health care. Discussions focused on experiences of colorectal symptoms, sexual practices, healthcare access, communication with clinicians, and language use. Data were analysed using reflexive thematic analysis to identify key themes relating to stigma, disclosure, and care experiences.

Results

Participants described significant anxieties surrounding bottoming and colorectal symptoms, including pain, rectal preparation, anal incontinence, haemorrhoids, irritable bowel syndrome, and cancer concerns. These anxieties often affected sexual practices, self-esteem, and perceptions of desirability, and frequently delayed healthcare engagement. Fear of judgement, heteronormative assumptions, and uncertainty about clinicians' attitudes limited disclosure of sexual practices during consultations. Clinicians reported limited training and confidence in discussing anal sexual practices and integrating sexual wellbeing into colorectal care. Both groups highlighted the importance of affirming language, non-judgemental communication, and recognising sexual pleasure as relevant to colorectal health.

Conclusion

Shame and stigma related to bottoming substantially shape colorectal healthcare experiences and may contribute to delayed presentation, reduced disclosure, and unmet care needs. Culturally informed, person-centred approaches that explicitly acknowledge anal sex and sexual wellbeing are essential. These findings offer key learning points for clinician education, service design, and future research at the intersection of sexual health and colorectal medicine.

Title: Why some people do not consent to sharing their HIV status with General Practitioners: A Service Evaluation

Presenting Author: Holly Parberry

Background

This service evaluation explored why some people with HIV do not consent to sharing their HIV status with their General Practitioner (GP). We aimed to identify any modifiable factors to increase the proportion of people who consent to GP communication. This is important because not sharing HIV status can have significant clinical consequences. Notably, drug–drug interactions, sub-optimal frequency of cervical screening, and nonprovision statins.

Methods

A case note review was undertaken of people attending a UK HIV clinic who had declined sharing of HIV status with their GP. Qualitative data were analysed using thematic analysis to identify common themes around not sharing status. Ethical approval was not required as there was no change to the care received.

Results

There were a total of 310 people accessing HIV care of whom 7 (2.3%) did not consent to GP communication. 5 were eligible for statin treatment based on BHIVA guidelines, of whom 4 (80%) were not prescribed one. All participants had an undetectable viral load on antiretroviral therapy. Reasons found for not sharing status with the GP included confidentiality, knowing some of the staff at the GP practice, HIV stigma and previous negative experiences. One participant reported a negative experience at the GP practice, where they were accused of ‘spreading AIDS’.

Conclusion

Despite the clinical benefits, there are still a small proportion of people who decline to share their HIV status. Whilst their wishes should ultimately be respected, barriers to sharing status, such as concerns around confidentiality and stigma, must be addressed as a matter of urgency, in order to optimise care and quality of life. Educational initiatives aimed at primary care are crucial. A succinct BHIVA-endorsed document, created in collaboration with people with lived experience might reduce barriers to sharing HIV status, thus improving patient care

Title: Findings from infectious disease screening of individuals seeking asylum in South East Scotland, 2024-2025

Presenting Author: Robyn Adams,

Co-author: Sarah Clifford

Background

Despite rising numbers of people seeking asylum in the UK, there are limited data describing their healthcare needs following arrival. In Scotland, there is currently no consistent national guidance defining what sexual health, blood-borne virus (BBV), or infectious disease screening should be undertaken for people seeking asylum, or which services are responsible for delivering this care. This study aimed to evaluate the findings from a newly established infection screening programme for people seeking asylum in South East Scotland.

Methods

A retrospective review of electronic records was conducted for individuals attending the infection screening programme between November 2023 and January 2026. Results of tests for HIV, hepatitis B, hepatitis C, syphilis, chlamydia, gonorrhoea,schistosomiasis, strongyloidiasis, latent tuberculosis and enteric pathogens were collected. Demographic data including age, sex and country of origin were collected.Caldicott approval was granted by NHS Lothian.

Results

Results were available for 291 individuals. Ninety-eight per cent were male, with a median age of 26 years (IQR 22–32), and participants originated from 22 countries.Positive serology for schistosomiasis was identified in 20% of individuals and serology in 10%. Enteric pathogens were detected in 6%. 4% of individuals had active hepatitis B infection and there was a <2% detection rate of HIV infection.

Conclusion

Asymptomatic infection screening of individuals seeking asylum in Scotland identified a burden of infectious diseases, including blood-borne viruses with potential for long-term morbidity and onward transmission. These findings support the development of national guidance and structured policy for infectious disease screening in this population. These results also emphasise the importance of recognising opportunities to offer screening when people seeking asylum present to healthcare services

Title: Improving the CNWL Quick PrEP Service by Reducing Pathway Rejections – A Quality Improvement project

Presenting Author: Harini Poyyamozhi

Background

Pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV acquisition yet delays and rejections within rapid access pathways can reduce its public health impact. A “Quick PrEP” pathway was introduced to streamline access for people at risk of HIV. However, high rejection rates and avoidable delays were identified, limiting timely initiation and widening inequalities in access. This quality improvement (QI) project aimed to reduce pathway rejections by 50% within three months andidentify demographic inequalities.

Methods

A QI project was delivered using six Plan-Do-Study-Act (PDSA) cycles. Data was collected on 198 Quick PrEP applications over a ten-month period, including application outcomes and demographic variables. Stakeholders, including nurse prescribers, administrative staff and service users contributed to pathway review and intervention design. Changes implemented included updating patient-facing information, revising the standard operating procedure, introducing a prescriber rota, removing an age-based access restriction, and delivering educational sessions for nurse prescribers focused on eligibility and exclusion criteria. Baseline performance was tracked using qualitative statistics and run charts.

Results

Rejection rates fell progressively and were reduced to zero following implementation of the most impactful interventions: the revised standard operating procedure and staff teaching. Staff reported improved clarity, confidence, and consistency in decision-making, and nurses felt empowered to manage routine cases with appropriate escalation. Service user feedback highlighted faster and smoother access to PrEP. Demographic analysis suggested under-representation of nonWhite British, Black, and Asian subgroups, indicating the need for monitoring of equity in the Quick PrEP service. Limitations included incomplete data capture and single-site data; however, the interventions are generalisable to other clinics.

Conclusion

Targeted pathway refinement, clear guidance, and staff education can eliminate avoidable rejections and improve timely access to PrEP. This project demonstrates how transferable QI interventions can strengthen prevention pathways, enhance staff confidence, and support equitable sexual health care. Ethical approval was not required as this was a service evaluation using anonymised data

Title: Contraception following termination of pregnancy: an audit of long-acting reversible contraception uptake in South West Scotland

Presenting Author: Lauren Hunter

Co-authors: Robyn Adams, Dr Soosan Romel

Background

Abortion services form a growing part of sexual and reproductive healthcare provision in Scotland, with termination of pregnancy (TOP) rates reaching record levels. TOP represents a key opportunity to initiate contraception and prevent future unintended pregnancies. Long-acting reversible contraception (LARC), including implants and intrauterine devices, is highly effective and routinely discussed at the time of TOP. LARC uptake remains variable and declined significantly in 2020 following pandemic related service disruption, with rates still below pre-pandemic levels. This audit examined LARC uptake following TOP in a South West Scotland clinic and patients' reported reasons for their contraceptive choices.

Methods

A retrospective review of medical records was conducted for all patients undergoing TOP during six-month periods in 2019 and 2024. Data were extracted from electronic records. Variables included number of TOP procedures, planned contraception at initial consultation, contraception initiated after follow-up, and documented reasons for non-provision of LARC. Ethical approval was not required.

Results

In 2019, 65 patients underwent TOP compared to 176 in 2024, representing a 170% increase. At initial consultation 52% (2019) and 51% (2024) intended to use LARC. After follow-up 29% (2019) and 30% (2024) were provided with LARC. The most common reason for declining LARC in both years was preference for a short-acting method. In 2024 there was a notable rise in patients opting for condoms, natural cycle tracking methods, partner vasectomy, or declining contraception altogether.

Conclusion

Although half of patients initially intend to use LARC, only one-third initiate it. Despite increasing TOP numbers, LARC uptake has remained static. Growing preference for short-acting or non-hormonal contraceptive methods warrants further exploration to understand evolving patient choice and identify opportunities to improve uptake of highly effective contraception. Investigating sources of contraceptive information, including social media's influence, could help address misconceptions and inform strategies to improve uptake of highly effective contraception.

Title: Adherence to British HIV Association (BHIVA) guidelines in HIV2 management: a clinical audit

Presenting author: Kaya Daldal

Background

Although HIV is predominantly attributable to HIV-1, a small proportion of HIV-2 infections are notable across the UK. HIV-2 is distinguished through disparities in its disease course and virological characteristics, requiring specific considerations in monitoring and management.This audit aims to assess local service delivery of HIV-2 care relative to the British HIV association (BHIVA) HIV-2 auditable standards.

Methods

A retrospective clinical audit was carried out in a large urban HIV service. Case notes of HIV-2 patients were reviewed from January 2019-2026 with BHIVA-derived parameters, including timely monitoring of viral load (VL) and CD4 counts and appropriate antiretroviral therapy (ART) initiation. Ethical approval was not required.

Results

0.32% of the HIV cohort were living with HIV-2 (n=8), including one dual-infection (HIV1&2). Patient age range: 27-65 years; median age of diagnosis was 43.5. Majority were female (87.5%, n=7) and West African (87.5%, n=7), mostly Ghanian (50%). Three patients were diagnosed in antenatal clinics (37.5%).

Of 98 VL tests ordered during the period, 84 were correctly ordered as “HIV-2 PCR” (85.7%). 14 (14.3%) were incorrectly ordered as “HIV-1 PCR”, unsuitable for detecting HIV-2. CD4 counts of seven patients (87.5%) and VL for one patient (12.5%) were monitored less frequently than BHIVA recommends. Patients on ART (87.5%, n=7) were on appropriate regimes as per BHIVA guidelines. One patient not on ART had an appropriate CD4 count.

Discussion

Inconsistencies within managing HIV-2 were identified, suggesting a suboptimal understanding of HIV-2 compared to HIV-1.

These findings represent an opportunity to increase awareness of HIV-2 management. This could be supported by: visible flagging on patient notes to signify HIV-2 infection, embedding links to current BHIVA guidelines on notes and creating a tailored documentation proforma specific to HIV-2 monitoring/management needs. In light of our findings, we would encourage other services to audit their HIV-2 cohorts too.

Title: Scabies Beyond Deprivation: A Re-examination of Demographic Patterns within a Tertiary Sexual Health Service

Presenting Author: Sophie Heppenstall

Background
Scabies affects an estimated 200 million people worldwide and is increasingly recognised in high-income countries. Although long associated with socioeconomic deprivation, contemporary epidemiological data indicate broader transmission patterns, with no consistent sex-based difference in prevalence. Against a backdrop of rising UK diagnoses, we examined whether demographic patterns within an urban tertiary sexual health service reflect or challenge these prevailing assumptions.

Methods
A retrospective review of all attendances clinically coded as scabies was conducted over a 12-month period (August 2024 - August 2025). Following removal of duplicates, demographic data including age, sex, sexual orientation, ethnicity and Index of Multiple Deprivation (IMD) quintile were extracted from electronic records. This was conducted as a service evaluation using routinely collected data, ethical approval was not required.

Results
Seventy-two individuals were identified. The cohort was predominantly male (90%, n=65), with a mean age of 27.8 years (range 17-55); 76% identified as heterosexual (n=55), 20% as gay or lesbian (n=14), 4% as bisexual (n=3). Most individuals identified as White (81%, n=58). Presentations were evenly distributed across all five IMD quintiles (14-15 per quintile), with no clustering in the most socioeconomically deprived areas.

Conclusion
In this urban sexual health population, scabies presentations did not demonstrate a socioeconomic gradient and were overwhelmingly among young men. The absence of deprivation clustering challenges simplified socioeconomic narratives in high-income settings. The marked male predominance contrasts with global reports of broadly equivalent sex prevalence and may reflect service-interface effects, whereby genital nodular disease preferentially prompts sexual health attendance. These findings highlight how patterns observed within sexual health services may differ from population-level epidemiology and underscore the importance of maintaining a low threshold for diagnosis across diverse patient groups. In the setting of rising national diagnoses, services should prioritise clinician education and inclusive public health messaging to support equitable recognition and management.

Title: Pooled NAAT sampling: a sustainability project

Presenting Author: Sophie Robertson

Changing healthcare practices to become more sustainable will limit lasting damage to the environment and reduce the threat to human health. In gay, bisexual and other men who have sex with men (GBMSM), samples required for Chlamydia trachomatis and Neisseria gonorrhoeae nucleic acid amplification test (NAAT) include first pass urine, rectal swab and pharyngeal swab, each placed into its own PCR bottle. Due to unused components, significant waste is generated. As such, the aim of this study was to identify the potential for pooled NAAT sampling (PS) in asymptomatic GBMSM in one sexual health service, considering environmental and economic cost. The number of testing kits and waste was quantified using latest clinic data. The cost of the specimen collection kits and the cost to run the NAAT assay was provided by the lab. Using a proposed sampling method from the literature, the number of specimen collection kits required was quantified as well as the potential waste and cost. All samples were collected using components of the Abbott multi-collect specimen kit, each containing 1 swab, 1 pipette and 1 PCR bottle. In one week, 39 asymptomatic GBMSM were tested using 117 kits. Costs totalled £4914 and waste generated included 39 unused swabs and 78 unused pipettes. If PS was implemented, there would be a £3042 saving and only 78 kits would be required. Considering evidence presented in this paper and based on literature, PS could be implemented at this clinic. There is a cost benefit and there is less waste generated using PS. Steps to be considered before making a comprehensive pilot recommendation have been identified. Furthermore, we identified recommendations that can be made to make current practice more sustainable. These are small sustainable changes that could reduce waste and carbon emissions contributing to sustainable healthcare.

Title: Closing a curriculum gap: A gamified, multi-modal teaching of the male genital exam

Presenting Author: Shantelle Awofadeju

Background

The Year 5 curriculum requires students to independently perform a male genital examination and identify common clinical signs, yet formal teaching on this skill is completely absent. This misalignment between expected learning outcomes and actual teaching leaves students underprepared for assessments and future clinical practice. To address this, we developed an inclusive, low-cost, multimodal session using existing departmental resources.

Methods

This one-hour session was delivered within the 3-hour Genito-Urinary Medicine (GUM) tutorial to groups of 6-8 year 5 students during their GUM attachment. The session used a stepwise, scaffolded approach based around Miller's framework, peer learning, and active recall.

The teaching fellow first demonstrated the full examination, linking to common pathologies and clinical reasoning throughout. Next, the students practised the examination in pairs using an examiner-style checklist, providing structured peer feedback in a low-stakes environment. The session ended with a "Match the Pathology" game using six abnormal and one normal testicular model, with double-sided cards (diagnosis on one side; signs and definitions on the other) to strengthen discrimination skills and consolidate learning.

Students completed anonymised pre/ post-session confidence ratings (0–10) and provided qualitative feedback. Consent was obtained, and ethical approval was deemed unnecessary following governance review.

Results

Mean confidence significantly improved in both performing the examination (1.9 to 8.1) and in recognising common pathology (2.4 to 7.7). 100% of the students recommended this session to future cohorts, frequently describing it as well-structured, interactive and highly practical.

Conclusion

This session effectively closed a curriculum gap and rapidly improved learner confidence. Its' structure makes it inclusive by supporting different learning styles and easily reproducible, scalable, adaptable for other clinical skills teaching. The next steps include a workplace-based assessment and later formative re-assessment to evaluate their competency.

Title: Fixed Drug Eruption secondary to Doxycycline Treatment

Presenting Author: Lydia Miles

Background

Doxycycline is commonly prescribed in genitourinary medicine to treat Chlamydia Trachomatis, non-gonococcal urethritis and syphilis infection. Fixed drug eruption (FDE) is a rare adverse drug reaction, presenting with mucocutaneous lesions which can be misdiagnosed as sexually transmitted infections.

Clinical Scenario

A 24-year-old heterosexual male attended a sexual health service with a painful ulcer on the distal shaft of his penis. In the preceding week, the patient had been diagnosed with Chlamydia urethritis and prescribed a course of Doxycycline for seven days. Within four days of commencing this medication he developed a 4cm well-demarcated ulcer with erythematous margins, superficial sloughing and contact bleeding. The patient was immunocompromised, taking Nilotinib, a targeted therapy for Leukaemia. He denied systemic symptoms, trauma or sexual contact since commencing Doxycycline.

Differential diagnoses included genital herpes, syphilis, chancroid, malignancy and FDE secondary to Doxycycline.

Investigations included PCR swabs for Herpes Simplex Virus and Syphilis, a point-of-care test and serology for Syphilis and HIV and nucleic acid amplification tests.

Management

The patient was empirically treated for Herpes Simplex Virus with Aciclovir whilst awaiting results. Upon review after seven days, the penile lesion had reduced in size, however a new erosive lesion had appeared on the dorsum of his right foot, in addition to post-inflammatory hyperpigmentation on the forearms. All laboratory results were negative which supported a diagnosis of FDE.

Key Learning

As Doxycycline use increases with rising STI rates and the adoption of DoxyPEP, sexual health practitioners may encounter higher rates of FDE, a recognised adverse reaction associated with tetracyclines. Increased awareness of FDE is therefore important when assessing genital lesions to allow early intervention, avoid misdiagnosis and re- exposure to the causative drug. This case highlights that host factors may also influence the presentation and severity of some drug reactions, including immunocompromised status and polypharmacy.

Title: Bridging the gap between HIV Guidelines and Primary Care: Implementing New BHIVA Statin Guidance for people living with HIV in the Primary Care Setting

Presenting Author: Madeleine Corkery-Hayward

Background
People living with HIV (PLWH) have an increased risk of cardiovascular disease (CVD) independent of traditional risk factors. The Randomized Trial to Prevent Vascular Events in HIV (REPRIEVE) demonstrated that statins significantly reduce major adverse cardiovascular events in people living with HIV aged ≥40 years, irrespective of baseline CVD risk. Consequently, British HIV Association (BHIVA) issued guidance in March 2024 recommending statins for primary CVD prevention in this population regardless of estimated risk.

This audit evaluated adherence to guidance in a large primary care network (serving ~85,000 patients), and subsequently assessed whether a targeted recall intervention would improve uptake.

Methods
Electronic patient records identified PLWH aged ≥40 years, and were reviewed for statin prescriptions or documented discussions. Patients without documented discussions received two text messages inviting them to a targeted clinic; non-responders were contacted directly. This audit did not require formal ethical approval.

Results
Twenty-nine people living with HIV aged ≥40 years were identified (mean age 61 years; range 50–81years; 22 men [76%], 7 women [24%]). Of these, 14/29 (48%) had statin prescriptions. Of the remaining patients, four (27%) had previously discontinued statins, and one (3%) had a documented discussion without prescription. Eleven patients (38%) were contacted via the recall pathway and had lipid lowering therapy discussion, with eight (73%) initiating treatment (seven statins, one ezetimibe) and three (27%) declining following shared decision-making.

Conclusion
The implementation of BHIVA statin guidance for PLWH in primary care was sub-optimal. However, a low resource recall pathway combining targeted messaging with medication reviews significantly increased uptake of statins, thus bridging the gap between primary and secondary care to reduce cardiovascular morbidity in this population.

Title: A scoping review on gay and bisexual men who have sex with men, and transgender women's attitudes towards use and knowledge about doxycycline post-exposure prophylaxis for prevention of bacterial sexually transmitted diseases

Presenting Author: Fergal Fouhy

Background

This mixed-methods scoping review examined knowledge, acceptability, and use of doxycycline post-exposure prophylaxis (doxyPEP) for preventing bacterial sexually transmitted infections (STIs) among gay and bisexual men who have sex with men (GBMSM) and transgender women (TGW). As STI rates increase in these populations, doxyPEP has emerged as a potential prevention strategy, and some individuals had already begun self-sourcing it before official implementation. Understanding awareness, barriers, and facilitators to its use is important for informing future policy and clinical guidelines.

Methodology

The review followed JBI scoping review methodology and PRISMA-ScR reporting guidelines. Searches were conducted across three electronic databases and supplemented with manual reference screening.

Results

24 studies were included. Five main themes were identified: awareness and knowledge of doxyPEP, previous doxyPEP use, willingness to use it, barriers and concerns, and facilitators or predictors of use. Overall awareness and prior use were low, although many participants expressed willingness to try doxyPEP. Key barriers included concerns about antimicrobial resistance (AMR), potential side effects and safety, uncertainty about effectiveness, stigma, pill burden, risk compensation, cost, prescription requirements, and limited access to reliable information.

Discussion

Facilitators and predictors of doxyPEP use included prior STI diagnoses, current HIV pre-exposure prophylaxis (PrEP) use, living with HIV, higher education levels, peer influence, perceived STI risk, and information from healthcare professionals. Certain sexual behaviours associated with higher STI risk—such as multiple partners, group sex, condomless sex, chemsex, and sex with female partners—were also linked to increased likelihood of use. Overall, awareness and uptake remain limited, partly because many studies predate official doxyPEP rollout. Addressing concerns about AMR and side effects and providing clear, consistent guidelines will be important to support appropriate and effective implementation.