Pathway guideline:

Integrated Dry Eye Disease Pathway

An end-to-end service pathway, integrated with the hospital eye service, to support the identification, early intervention, and long-term management of patients with Dry Eye Disease (DED). The pathway aims to improve the efficiency and accuracy of case-finding for DED with management in primary eyecare wherever possible and fits within the Optometry First framework.

Practitioners are expected to work within their own competency and experience, following the College of Optometrists clinical management guidelines
Dry Eye (Keratoconjunctivitis Sicca, KCS) - College of Optometrists (college-optometrists.org)
and be familiar with NICE Clinical Knowledge Summary on dry eye syndrome
Scenario: Management | Management | Dry eye syndrome | CKS | NICE

Assessment of Suitability and Triage

For patients who have symptoms and / or signs suggestive of dry eye disease (DED).

Patients may self-present (including those with a diagnosis of DED, previously discharged to self-care, experiencing a flare-up) or be directed to the Optometry service following:

- Care navigation (typically following presentation to pharmacy or general practice)
- Referral following a sight test (same practice or another optometry practice)
- Triage from an alternative urgent service (e.g., MIU, A&E, eye casualty) or NHS 111
- Transfer from the Hospital DED service with a management plan

Initial assessment of suitability (by telephone, referral triage or in person) will result in, either:

- Signpost to self-care.
- Deflect to sight test /contact lens assessment
- Scheduling of an appointment within the service, with the most appropriate practitioner, risk-prioritised based on clinical need.
- Identify "red flag" symptoms and signpost to emergency services, same day, following local protocols

Following locally agreed protocols, patients self-presenting with very minor symptoms, and no previous history of DED, may be signposted to self-care. This should be in the form of a leaflet, which should include advice on how and when to return to the service if symptoms do not resolve or worsen.

Patients already under the hospital DED service will be identified and where appropriate co-managed within the optometry tier 2 service, following discussion with their consultant lead. Similarly, patients previously known to the hospital or integrated DED service, who may have

been discharged to selfcare experiencing a flare-up or changes in symptoms, may also be triaged directly to the tier 2 integrated DED service.

Initial Clinical Assessment and Management (Tier 1)

Initial assessment of symptoms and signs, clinical decision making and differential diagnosis by the assigned practitioner, following locally agreed clinical management guidelines supported by guidance from College of Optometrists and NICE CKS Dry eye syndrome.

Clinical assessment will be appropriate to presenting symptoms, this will include but is not limited to:

- Full ocular and medical history
- Visual acuity assessment
- Anterior segment assessment including tear film assessment and eyelid assessment

Assessment may be supported by tools to evaluate an individual's symptomatology, such as Ocular Surface Disease Index (OSDI).

Outcomes of initial assessment:

- Manage within the service. Provide verbal and written management plan on non-pharmacological and pharmacological management, self-care advice and follow up, as required.

  Follow up assessments may be booked routinely, or patient initiated, for a period of 3 months after which the patient discharged to self-care. Or, if following 3 months of support, the patient remains symptomatic and/or uncontrolled a referral should be made to a practitioner delivering the tier two service for people with moderate DED in need of long-term management.

- Refer to GP for management of systemic conditions
- Refer for hospital assessment and management with appropriate urgency (Red flags, severe DED requiring specialist intervention or unrelated pathology)
- Signposting to support service e.g., smoking cessation services
- Referral to tier 2. If signs / symptoms are suggestive of more advanced DED, the patient may be immediately referred to a tier 2 practitioner for assessment and management.

Clinical Assessment and Management (Tier 2)

The Integrated Tier 2 Optometry DED service is suitable for patients with moderate disease or stable severe disease and will be delivered by practitioners with the appropriate experience and up to date clinical and pharmaceutical knowledge relevant to DED and its management.

The tier 2 optometry service is integrated with the hospital dry eye service and will accept referrals from the tier 1 optometry service as well as patients with DED under the care of the hospital service and suitable for continued care in the community. These patients will be

transferred to a named practitioner with a management plan.

Clinical assessment will be appropriate to presenting symptoms, and delivered in line to the individual management plan, this will include but is not limited to:

- Detailed ocular and relevant medical history
- Documentation of previous treatment strategies and adherence to management plan
- Visual acuity assessment
- Anterior segment assessment including tear film assessment and eyelid assessment
- Further discussion and evaluation of risk factors and social history (e.g., alcohol intake, smoking status, occupation)
- OSDI assessment, or similar
- Additional ocular assessments such as
    - Schirmer
    - Oxford grading system
    - TBUT
    - Eyelid disease assessment
    - Intra ocular pressure

Outcomes

- Establish an individual management plan with routine, or patient initiated follow up, as required.
- Continuation / reaffirm current management plan (stable disease) with appropriate recall and / or patient initiated follow up.
- Amended management plan (uncontrolled disease) with appropriate recall and / or patient initiated follow up
    - New topical pharmacological intervention and/or
    - New Oral pharmacological intervention in collaboration with the lead Ophthalmologist and/or
    - Punctal plugs
- Seek consultant opinion, advice, and guidance from hospital eye service to co-manage the patient
- Referral to hospital eye service for more specialist intervention.
- Referral to GP for management of systemic condition
- Discharge to self-care with advice.

A management plan will typically cover a year of care and aim to support the patient to ultimately self-manage their condition. Patients can remain under the service for more than one year if their individual management plan requires it and discharge to self-care is not appropriate.