

# **Customer loyalty among daily disposable contact lens wearers**

Neelam I. Patel MOptom MCOptom<sup>1,2</sup>, Shehzad A. Naroo MSc, PhD, FCOptom<sup>1</sup>, Frank Eperjesi MBA, PhD, FCOptom<sup>1</sup> & Nicholas J. Rumney MScOptom, FCOptom<sup>2</sup>

1. School of Life and health Sciences, Aston University, Birmingham, B4 7ET
2. BBR Optometry Ltd, Hereford, HR1 2PR

Corresponding Author: Dr Shehzad A. Naroo

Email: [s.a.naroo@aston.ac.uk](mailto:s.a.naroo@aston.ac.uk)

Telephone: +44 (0)121 204 4142

Fax: +44 (0)121 204 4048:

## Abstract

**Background:** Optometric practices offer contact lenses as cash sale items or as part of monthly payment plans. With the contact lens market becoming increasingly competitive, patients are opting to purchase lenses from supermarkets and Internet suppliers. Monthly payment plans are often implemented to improve loyalty. This study aimed to compare behavioural loyalty between monthly payment plan members and non-members.

**Methods:** BBR Optometry Ltd offers a monthly payment plan (Eyelife™) to their contact lens wearers. A retrospective audit of 38 Eyelife™ members (mean±SD: 42.7±15.0 years) and 30 non-members (mean±SD: 40.8 ± 16.7 years) was conducted. Revenue and profits generated, service uptake and product sales between the two groups were compared over a fixed period of 18 months.

**Results:** Eyelife™ members generated significantly higher professional fee revenue ( $P<0.001$ ), £153.96 compared to £83.50, and profits ( $P<0.001$ ). Eyelife™ members had a higher uptake of eye examinations ( $P<0.001$ ). The 2 groups demonstrated no significant difference in spectacle sales by volume ( $P=0.790$ ) or value ( $P=0.369$ ). There were also no significant differences in contact lens revenue ( $P=0.337$ ), although Eyelife™ members did receive a discount. The Eyelife™ group incurred higher contact lens costs ( $P=0.037$ ), due to a greater volume of contact lens purchases, 986 units compared to 582.

**Conclusions:** Monthly payment plans improve loyalty among contact lens wearers, particularly service uptake and volume of lens purchases. Additionally the greater professional fees generated, render monthly payment plans an attractive business model and practice builder.

**Keywords:** *Contact lenses, daily disposables, business model, profit, loyalty, professional fees*

## 1 Introduction

2 The UK contact lens market is mature, with only a relatively small yearly growth in  
3 wearers [1]. In total, there are around 3.7 million contact lens wearers in the UK [2],  
4 which represents 7.7% of the adult population and approximately 12% of adults  
5 requiring a refractive correction [1]. Contact lens sales form around 19% of the  
6 optical industry market share [3]. Changes to the Opticians Act made in 2005  
7 allowed contact lenses to be supplied by other businesses, including supermarkets  
8 and Internet based companies. The Mintel Group Limited [3] suggests that online  
9 retailers capture 5% of the optical goods market. A recent survey commissioned by  
10 the Association of Contact Lens Manufacturers (ACLM) suggested that 10% of  
11 contact lens wearers purchase lenses online [4]; the Mintel Group Limited [3] also  
12 reports the same figure. Other non-UK based literature indicates that around 7% and  
13 up to 22.5% of contact lens wearers obtain their lenses from online sources  
14 [5][6][7][8]. Online suppliers have low operational costs and so are able to offer  
15 competitive prices. They may also be perceived as a more convenient mode of  
16 purchase. Despite this, the majority of contact lens wearers remain loyal to their eye  
17 care practitioners (ECP), with 66% to 70% of wearers purchasing lenses from their  
18 practitioner [5][8].

19  
20 A number of concerns exist over wearers obtaining lenses from Internet suppliers.  
21 Dumbleton et al [5] revealed that wearers purchasing lenses from their ECP display  
22 greater compliance than wearers purchasing lenses elsewhere. Furthermore Wu et  
23 al [8] reported that wearers purchasing lenses from Internet suppliers are more  
24 likely to overlook aftercare visits. This cohort of patients has also been associated  
25 with a higher risk of developing serious complications, such as microbial keratitis [9].  
26 Internet supply of contact lenses poses additional threats to optometric practices, by  
27 directly impacting sales and indirectly affecting the awareness of the practice by  
28 reducing footfall [3].

29  
30 As the contact lens market further matures it is likely that the customer churn rate  
31 (the number of customers that defect from a company during a period) will increase,  
32 as is observed in the mobile telecommunications sector [10]. Additionally,  
33 deregulation of the sale and supply of contact lenses has made it easier for  
34 customers to 'shop around', and so optometric practices must work harder to retain  
35 existing customers. Improving customer loyalty and retention has been well studied.  
36 Literature reveals two important factors to improving customer loyalty. Firstly,  
37 customer satisfaction is the strongest component to creating loyal customers [11].  
38 Secondly, factors that make switching service provider difficult. These are known as  
39 'switching costs' [11] and include financial, social and psychological costs [12].  
40 Therefore, a customer that is not completely satisfied with a product or service may  
41 still remain with the existing provider due to perceived switching costs [10]. These  
42 barriers can allow for fluctuations in service quality, which would otherwise result in  
43 customer defection [11]. However, customers tend to only consider switching when  
44 satisfaction falls below a critical level [11][13]. Optometric practices can offer  
45 incentives, such as discounts, to improve customer loyalty. For instance, a discount  
46 may be offered when an annual supply of contact lenses is purchased at the time of  
47 the examination, or there may be a discount on spectacles. In the UK, it is more

48 common practice to offer discounts as part of a monthly payment plan. Monthly  
49 payment plans allow patients to pay for professional care and contact lens products  
50 on a monthly direct debit. Patients are contracted to purchase and receive a given  
51 supply of contact lenses, which is likely to improve compliance, as the patient has no  
52 incentive to overuse lenses or solutions. Monthly payment plans have proven  
53 popular among patients in the UK with 72% remaining on the direct debit plan after  
54 3 years [14]. Although this may be related to perceived switching barriers associated  
55 with the contractual agreement, such as the effort of cancelling the monthly  
56 payment plan and sourcing a new contact lens provider. Also monthly payment plans  
57 offer a 'bundle' package making price comparisons less transparent.

58  
59 The contact lens market is becoming increasingly competitive and although only a  
60 relatively small number of contact lens wearers choose to purchase lenses online, a  
61 future threat to optometric practices remains. Twenty-six per cent of contact lens  
62 wearers have considered purchasing contact lenses online [4] and 41% are likely to  
63 do so in the future [15]. There is a gap among peer-reviewed papers on the topic of  
64 contact lenses and customer loyalty, with most information presenting in non-peer  
65 reviewed articles such as market research reports and industry magazine articles.  
66 Monthly payment plans are thought to anecdotally improve customer loyalty,  
67 although there is limited tangible evidence.

68  
69 This study aimed to gain an insight to the tangible effects of monthly payment plans  
70 on customer loyalty among contact lens wearers. The key focus of the study was  
71 behavioural loyalty, and more specifically the uptake of professional services and  
72 sales of contact lenses and spectacles by volume and value.

## 73 74 **Methods**

75 BBR Optometry Ltd, an independent practice based in Hereford offers a monthly  
76 payment plan, called Eyelife™. This allows contact lens patients and spectacle  
77 wearers to arrange monthly direct debits for their professional care. The  
78 professional care package includes eye examinations, contact lens aftercares,  
79 contact lens refitting and emergency appointments. The care plan also includes  
80 supplementary tests such as fundus photography, ocular coherence tomography,  
81 corneal topography and dry eye assessments. Eyelife™ entitles the patient to  
82 unlimited number of appointments, and so if desired they could be reviewed sooner  
83 than their usual recall. Patients can combine Eyelife™ with any contact lens product.  
84 There are multiple tiers to Eyelife™, with varying prices entitling different levels of  
85 discounts on products (table 1). Patients that are not on the Eyelife™ monthly  
86 payment plan receive the same level of care and pay fees for each visit.

87 Table 1
------------

88 A retrospective audit was conducted on daily disposable contact lens wearers at BBR  
89 Optometry Ltd. This study focused on daily disposable wearers as they have been  
90 shown to be more susceptible to Internet supply compared to other frequent  
91 replacement lenses [4]. A comparison of Eyelife™ members with non-members was  
92 carried out to assess influences on patient loyalty. The number of appointments  
93 (contact lens aftercare, eye examination and combined aftercare and eye  
94 examination), number of spectacle dispenses, average dispense value and contact

95 lens sales (by volume and value) were recorded for both groups for a fixed 18 month  
96 period. Revenue, costs and net profit were categorised as professional service,  
97 spectacle or contact lens sales.

98  
99 Subjects aged 19 to 69 and in full time daily disposable contact lens wear during a  
100 fixed period from June 2011 to November 2012 were included in the study. Eyelife™  
101 patients were only included if membership was continuous during the 18 month  
102 audit period. Exclusion criteria were as follows: diagnosis of diabetes mellitus or  
103 glaucoma or a positive family history of glaucoma, as these factors can influence the  
104 interval between examinations.

105  
106 Electronic records of daily disposable contact lens wearers were analysed at the  
107 practice site. Ethical approval for this study was obtained from Aston University  
108 Ethics Committee. All data collected was tabulated in Microsoft® Excel® (Microsoft  
109 Corporation, Redmond, Washington, USA). Statistical analysis was conducted using  
110 IBM® SPSS® Statistics 22 (IBM Corporation, Armonk, New York, USA) and Microsoft®  
111 Excel®. A Shapiro-Wilk test was conducted on all data sets to determine distribution  
112 normality. Statistical comparisons between Eyelife™ members and non-members  
113 were conducted using Mann-Whitney U test and Independent T-Test for non-  
114 parametric and parametric data sets respectively. A P-value less than 0.05 was  
115 considered significant.

116

## 117 **Results**

118 Two hundred and sixty-eight patients at BBR Optometry Ltd were identified as  
119 current daily disposable contact lens wearers, however only 86 met the inclusion  
120 criteria for this study. Eighteen subjects were excluded as they were diagnosed with  
121 glaucoma or diabetes mellitus, or had a positive family history of glaucoma. The  
122 audit comprised of 38 Eyelife™ members (11 male and 27 female) and 30 non-  
123 members (12 male and 18 female). The age ranged from 20 to 67 years for the  
124 Eyelife™ group and was 20 to 69 years for the non-members group; mean age ( $\pm$  SD)  
125 was  $42.7 \pm 15.0$  years and  $40.8 \pm 16.7$  years ( $P=0.771$ ) for the Eyelife™ and non-  
126 member group respectively. Both groups consisted of long-term contact lens  
127 wearers, on average wearing lenses for  $12.0 \pm 5.5$  years and  $10.3 \pm 4.3$  years  
128 ( $P=1.231$ ) for the Eyelife™ and non-member group respectively. The most recent  
129 lens was fitted 8 years ago for the Eyelife™ group and 6 years ago for the non-  
130 members.

131 

Figure 1
----------

132

133 

Figure 2
----------

134 Figure 1 shows that Eyelife™ members have a greater uptake of eye examination  
135 services compared to non-members ( $P<0.001$ ). However, there were no significant  
136 differences found in the number of aftercare ( $P=0.169$ ) and combined appointments  
137 ( $P=0.459$ ) between the two groups. Eyelife™ members appear to generate much  
138 higher professional service revenue ( $P<0.001$ ) and profit ( $P<0.001$ ) compared to non-  
139 members (figure 2). The mean cost of providing professional services was  
140 significantly greater for the Eyelife™ group (figure 2) at £70.83 in contrast to £56.24  
141 for the non-member group ( $P=0.032$ ).

142 Figure 3

143

144 Figure 4

145

146 Figure 5

147 Figure 3 shows that only 36.8% of Eyelife™ members invested in spectacles during  
148 the 18 month audit period and only 33.3% for the non-member group. There was no  
149 significant difference ( $P=0.790$ ) in the mean number of spectacles purchased  
150 between the two groups (figure 3). Figure 4 demonstrates trends in average  
151 spectacle dispense values between the two groups. The mean average dispense  
152 values for the Eyelife™ group and non-member group were £295.82 and £232.49  
153 respectively, and displayed no statically significant difference ( $P=0.369$ ). Eyelife  
154 members' generated, on average, £311.01 revenue and £102.30 profit in spectacles  
155 sales compared to £262.79 revenue and £46.45 profit from the non-member group.  
156 However revenue ( $P=0.522$ ), costs ( $P=0.807$ ) and profits ( $P=0.435$ ) generated  
157 through spectacle sales were not found to be statistically different between the two  
158 groups.

159 Figure 6

160

161 Figure 7

162 Figure 6 shows income generated from contact lens sales. Mean revenue generated  
163 through contact lens sales was similar between the two groups ( $P=0.337$ ). The mean  
164 profit generated through contact lens sales for the Eyelife™ group was £168.21 and  
165 £214.22 for the non-member group ( $P=0.560$ ). Figure 6 reveals Eyelife™ members to  
166 have significantly greater ( $P=0.037$ ) costs related to contact lens sales, £301.27  
167 compared to £250.13 for non-members. Eyelife™ members purchased many more  
168 units of contact lenses as displayed in figure 7, particularly conventional and silicone  
169 hydrogel sphere lenses. The numbers of toric lens sales were similar (figure 7). The  
170 Eyelife™ group bought almost twice as many units of contact lenses than the non-  
171 member group, 986 compared to 582 units respectively. Figure 8 illustrates that  
172 both groups tended to purchase higher volumes of mid-value contact lenses, the  
173 non-member group more so (72%) than the Eyelife™ group (43%). Eyelife™  
174 members had a more even distribution of lens purchases across the 3 price ranges,  
175 compared to the non-member group (figure 8). Figure 9 reveals the percentage of  
176 subjects that were fitted with low, mid and high-value contact lenses. The majority  
177 of subjects from both groups were wearing mid-value contact lenses. A higher  
178 percentage of Eyelife™ members, 24% compared to 10%, are wearing low-value and  
179 high-value contact lenses compared to non-members (figure 9).

180 Figure 8 here

181

182 Figure 9 here

183 The overall mean revenue generated in the 18-month period was £738.76 for  
184 Eyelife™ members and £589.01 for non-members ( $P=0.026$ ). The overall mean profit  
185 produced by Eyelife™ members was £289.02 compared to £235.54 for non-  
186 members ( $P=0.231$ ).

187

188 **Discussion**

189 Contact lens wearers are seen as high net worth clients at many optometric practices  
190 [16]. The aim of this study was to investigate the relationship between monthly  
191 payment plans and customer loyalty among daily disposable contact lens wearers.

192

193 **Professional service uptake**

194 Eyelife™ members have a more frequent uptake of eye examinations compared to  
195 non-members (figure 1). Eyelife™ members are encouraged to have more regularly  
196 eye examinations, every year, as opposed to every 2 years. This supports the notion  
197 that monthly payment plans *“bring patients back into the practice more regularly”*  
198 [17]. The Eyelife™ monthly payment plan has no limit to the number of services a  
199 patient wishes to book. This may explain the higher amount of services attended by  
200 Eyelife™ members, particularly those prepared ‘to get their monies worth’. Also the  
201 concept of unlimited appointments may lead Eyelife™ members to become less  
202 hesitant to arrange additional unscheduled appointments for minor complications or  
203 concerns, lowering the risk of developing serious complications. Dumbleton et al [5]  
204 revealed that patients purchasing contact lenses from their ECP tend to return more  
205 frequently for examinations compared to patients obtaining lenses elsewhere.  
206 Interestingly all Eyelife™ subjects had purchased contact lenses from BBR  
207 Optometry Ltd, whereas only 90% of the non-member group had acquired lenses  
208 directly from the practice. The number of contact lens aftercare and combined  
209 appointment visits between the two groups were similar, and so the Eyelife™ plan  
210 fails to encourage more frequent contact lens checks.

211

212 The most popular appointment type amongst both groups is the combined type,  
213 with both groups on average attending for at least one combined appointment  
214 during the 18-month audit period (figure 1). Many subjects also attended an  
215 aftercare only appointment (figure 1). Therefore on average all subjects attended  
216 some form of contact lens aftercare at least once during the 18-month period,  
217 suggesting all subjects were compliant towards the recommended minimum 12-  
218 month interval between contact lens check-ups.

219

220 The Eyelife™ group generated far higher professional service revenue and profits  
221 (figure 2), which were not only statistically significant, but will also have a positive  
222 impact on the business. Efron et al [18] calculated the annual revenue from contact  
223 lens professional fees to be £150. This was based on the first 12 months of contact  
224 lens wear. The current study suggests that professional fees generated from contact  
225 lens wearers are less than this, particularly from wearers not on a monthly payment  
226 plan. However the current study is based on established wearers rather than the first  
227 12 months of contact lens wear, which would include initial fitting appointment fees.

228

229 Figure 2 also demonstrates a statistically significant difference in the costs associated  
230 with providing professional care between the 2 groups. This is likely related to the  
231 difference in service uptake as the Eyelife™ group booked more appointments in  
232 total.

233

234 **Spectacle sales**

235 Eyelife™ members attend more frequently for eye examinations creating an ideal  
236 opportunity to supply spectacles and sunglasses since 80% of contact lens wearers  
237 also wear spectacles [17]. However this study found relatively low spectacle  
238 purchases amongst both groups of daily disposable contact lens wearers. Over 60%  
239 of patients in both groups did not purchase any spectacles (figure 3), despite 94.7%  
240 and 86.7% of Eyelife™ members and non-members attending at least one eye  
241 examination or combined appointment during the audit period. This study implies  
242 that contact lens wearers have a low spectacle dispense conversion rate compared  
243 to spectacle wearers; 44% of spectacle wearers purchased new spectacles in the last  
244 12 months and 35% purchased a pair 1-2 years ago [3]. However, it is possible that  
245 these patients may have purchased spectacles elsewhere. Eyelife™ members are  
246 entitled to discounts on spectacles and so it would be assumed that Eyelife™  
247 members would choose to purchase spectacles from the practice rather than  
248 shopping elsewhere.

249  
250 The mean number of spectacle sales and average spend of spectacles were similar  
251 between the two groups (figures 3 and 4). Therefore the monthly payment plan and  
252 accompanying discounts failed to entice Eyelife™ members to purchase more  
253 spectacles and upgrade to higher value products. Hence this monthly payment plan  
254 designed for contact lens wearers did not generate significantly greater spectacle  
255 sale revenue or profits compared to the non-member group.

#### 256 257 **Contact lens sales**

258 Keynote Limited [1] reported that the annual spend on daily disposable contact  
259 lenses was around £200 to £400, and Efron et al [18] calculated annual spend to be  
260 £378.98. The current study shows a higher spend on contact lenses (figure 6), by  
261 both groups, as this audit encompassed an 18-month period rather than 12 months.  
262 However if values reported in published literature [1][18] are projected to represent  
263 an 18-month period, they become comparable. Therefore it seems reasonable to  
264 assume that subjects of this study represent normal daily disposable contact lens  
265 purchase behaviour.

266  
267 Both groups produced similar levels of revenue and profit from contact lens sales  
268 (figure 6). However the cost of lens supply was significantly different, with the  
269 Eyelife™ group incurring more costs, £307.27 compared to £250.13 (figure 6). This  
270 finding could be the result of greater volume of contact lens sales displayed by the  
271 Eyelife™ group or greater value of contact lens sales. The value of contact lens  
272 purchases by both groups was similar (figure 8). Both groups of daily disposable  
273 wearers favoured mid-value lenses (figure 8). The calculated cost per unit (total  
274 contact lens cost divided by total units sold) was found to be £11.61 for the Eyelife™  
275 group and £11.60 for the non-members. Therefore monthly payment plans do not  
276 influence the value of contact lens purchases. The greater costs incurred is the likely  
277 result of a substantially higher volume of contact lens purchases by the Eyelife™  
278 group; 986 units compared to 582 units (figure 7). Eyelife™ members receive a  
279 discount towards any contact lens purchases (table 1) and so, despite a greater  
280 volume of sales the mean revenue appears deflated, and consequently renders a  
281 lower profit margin (figure 6).

282

283 It could be argued that the distribution of refractive error amongst the two groups  
284 may influence the volume of contact lens sales. Both groups consisted of full time  
285 wearers, however a patient with a higher refractive error might be more proactive in  
286 keeping on top of their lens supply. Additionally those with higher refractive errors  
287 may wear lenses for longer hours and so may have been fitted with newer materials  
288 such as silicone hydrogel. Figure 7 shows Eyelife members to purchased more  
289 silicone hydrogel lenses than non-members. The refractive errors for study subjects  
290 were reviewed. The best sphere (BS) contact lens prescription was recorded for each  
291 eye and then averaged (excluding direction, minus or plus). The average BS for  
292 Eyelife™ members was 4.33, and was found to be significantly greater (P=0.039)  
293 than 3.64 for non-members. This factor may have influenced patients into self-  
294 selecting onto the Eyelife™ plan and purchasing a greater volume of contact lenses.  
295 Alternatively this may be a direct result of the discount received by Eyelife™  
296 members or due to switching barriers associated with monthly direct debits.

297

### 298 **Revenue and profit**

299 Monthly payment plans allow realistic fees to be charged for professional services,  
300 creating less reliance on product sales to produce profit [19]. This allows for a more  
301 sustainable business model, particularly in such a competitive market. This study  
302 found that of all the revenue streams, professional service revenue demonstrated a  
303 statistically significant difference. The Eyelife™ members generated almost double  
304 professional service revenue (figure 2) and thus produced significantly greater  
305 overall revenue. However, there was no significant difference in the overall profit  
306 generate by the two groups. Therefore despite producing more revenue, monthly  
307 payment plans do generate more profitable. This is due to the greater costs incurred  
308 through a higher volume of discounted contact lens sales (figure 6).

309

310 This study indicates that charging appropriately for professional services provides  
311 the opportunity to supply products at competitive prices and will encourage contact  
312 lens patients to remain loyal to the practice. Additionally a pricing structure with a  
313 higher professional service fee and lower commodity cost is advantageous as  
314 incomes generated from services are VAT exempt. Eyelife™ members purchased  
315 significantly more contact lenses (figure 7). It is uncertain whether this was the result  
316 of competitive prices or other factors such as refractive error, switching costs and  
317 customer satisfaction. Offering competitive prices may also improve compliance and  
318 encourage contact lens wearers to refrain from overusing lenses [5][6].

319

### 320 **Limitations**

321 There are a number of limitations to this study. Study subjects consisted of a  
322 relatively small sample. Post hoc statistical power calculation of the presented  
323 sample size is 67%. The greater the statistical power, the more likely the null  
324 hypothesis is rejected correctly. The ideal statistical power is 80%; for which this  
325 study would require a sample size of 95 subjects, to detect a difference of £150 in  
326 overall mean revenue at a significance level of 0.05. The sample also mostly  
327 comprised of female patients. A recent survey suggested that females are less likely  
328 to purchase contact lenses from Internet based companies [4]. The majority of

329 subjects were long-term customers of the practice, which may also influence  
330 customer loyalty. Additionally long-term customers tend to perceive higher  
331 switching barriers than short-term customers [20][21]. This study was isolated to  
332 daily disposable contact lens wearers and also to a single optometric practice, and so  
333 the results of this study may not portray other contact lens populations.

334

### 335 **Conclusion**

336 This study assessed the influence of monthly payment plans on customer loyalty  
337 among daily disposable contact lens wearers. Monthly payment plan members  
338 purchased a higher volume of contact lenses and attended for more professional  
339 services. Overall monthly payment plan members were found to demonstrate  
340 greater practice loyalty, although there was little influence on the number and value  
341 of spectacles sales. In addition this study suggests that monthly payment plans offer  
342 a more sustainable business model by generating greater professional service  
343 revenue and thus relying less on product sales to generate income. Such a model  
344 that steers away from loss leading allows products to be priced competitively.  
345 Monthly payment plans also align well with other developments in optometry, such  
346 as therapeutic prescribing. Therapeutic prescribing services may not lead to product  
347 sales but will allow contact lens complications to be managed in-house, further  
348 enhancing loyalty and professional value. However uptake of the service and  
349 increase in appointments would need to be considered within the monthly payment  
350 plan fee. Further investigation is required to establish whether similar trends occur  
351 among different lens modalities, new contact lens wearers, new patients and  
352 different types of optometric practices.

353

### 354 **References**

- 355 [1] Key Note Limited, Market Assessment 2010: Opticians & Optical Goods; 5<sup>th</sup> ed. Baxter, J  
356 (Eds), Key Note Ltd, Middlesex, UK, 2010.
- 357 [2] The ACLM Contact Lens Year Book 2013: ACLM Market Report 2012. Kerr, C and  
358 McParland, M (Eds): The Association of Contact Lens Manufacturers (ACLM), Wiltshire, UK,  
359 2013.
- 360 [3] Mintel Group Limited, Optical Goods Retailing – UK. Mintel Group Ltd, London, UK (2010)
- 361 [4] Ewbank. A (2013) Understanding the CL consumer: Part 1 – Buying habits and customer  
362 loyalty. Optician; 6400(245): 38-40
- 363 [5] Dumbleton. K, Richter. D, Bergenske. P and Jones. L. W (2013) Compliance with Lens  
364 Replacement and the Interval between Eye Examinations. Optom Vis Sci; 90: 351-358
- 365 [6] Dumbleton. K, Woods. C. A, Jones. L. W, Fonn. D (2013a) The impact of contemporary  
366 contact lenses on contact lens discontinuation. Eye Contact Lens; 39: 92-98
- 367 [7] Fogel. J and Zidile. C (2008) Contact lenses purchased over the Internet place individuals  
368 potentially at risk for harmful eye care practices. Optometry; 79: 23-35
- 369 [8] Wu. Y, Carnt. N and Stapleton. F (2010) Contact lens use profile, attitudes and level of  
370 compliance to lens care. Cont Lens Anterior Eye; 33: 183 – 188
- 371 [9] Stapleton. F, Keay. L, Edwards. K, Naduvilath. T, Dart. J. K. G, Brian. G and Holden. B. A  
372 (2008) The Incidence of Contact Lens-Related Microbial Keratitis in Australia.  
373 Ophthalmology; 115(10): 1655-1662
- 374 [10] Kim. M-K, Park. M-C, Jeong. D-H (2004) The effects of customer satisfaction and  
375 switching barrier on customer loyalty in Korean mobile telecommunications services.  
376 Telecommun Policy; 28: 145-159

377 [11] Jones. M. A, Mothersbaugh. D. L, Beatty. S. E (2000). Switching Barriers and Repurchase  
378 Intentions in Services. *J Retailing*; 76(2): 259-274  
379 [12] Fornell. C (1992) A national customer satisfaction barometer: The Swedish experience. *J*  
380 *Marketing*; 56(1): 6-21  
381 [13] Colgate. M, Tong. V. T-U, Lee. C. K-C, Farley. J. U (2007) Back From the Brink: Why  
382 Customers Stay. *J Serv Res-U*s; 9(3): 211-228  
383 [14] Bennett. C (2012) Comment: Direct proof of patient loyalty. *Optician*; 6378(244): 10  
384 [15] Optometry Today (2013) News: CL Users Looking Online. *Optometry Today*; 10(53): 6  
385 [16] Ritson. M (2006) Which patients are more profitable? *Contact Lens Spectrum*; March  
386 2006: 38-42  
387 [17] Optometry Today (2012) AGM: CLs 'could be key'. *Optometry today*; 11(52): 26  
388 [18] Efron. S. E, Efron. N, Morgan. P. B and Morgan S. L (2012) A theoretical model for  
389 comparing UK costs of contact lens replacement modalities. *Cont Lens Anterior Eye*; 35: 28-  
390 35  
391 [19] Brogan. R (2011) New Focus 'Web seminar takes stock'. *Optician*; 241(6287): 8  
392 [20] Liu. C-T, Guo. Y. M, Lee. C-H (2011) The effects of relationship quality and switching  
393 barriers on customer loyalty. *Int J Inform Manage*; 31: 71-9  
394 [21] Morgan. R. M and Hunt. S. D (1994) The Commitment-Trust Theory of Relationship  
395 Marketing. *J Marketing*; 58: 20-38

<b>Monthly Payment Plan</b>	<b>Monthly Direct Debit</b>	<b>Spectacle Discount</b>	<b>Sunglasses Discount</b>	<b>Contact Lens Discount</b>
Eyelif <sup>TM</sup> Classic	£8.00	20%	15%	16%
Eyelif <sup>TM</sup> Optimum	£9.95	20%	20%	16%
Eyelif <sup>TM</sup> Select	£11.85	25%	25%	16%
Eyelif <sup>TM</sup> Elite	£14.50	35%	35%	16%

**Table 1.** A summary of monthly payment plans offered to contact lens wearers at BBR Optometry Ltd.

Figure 1

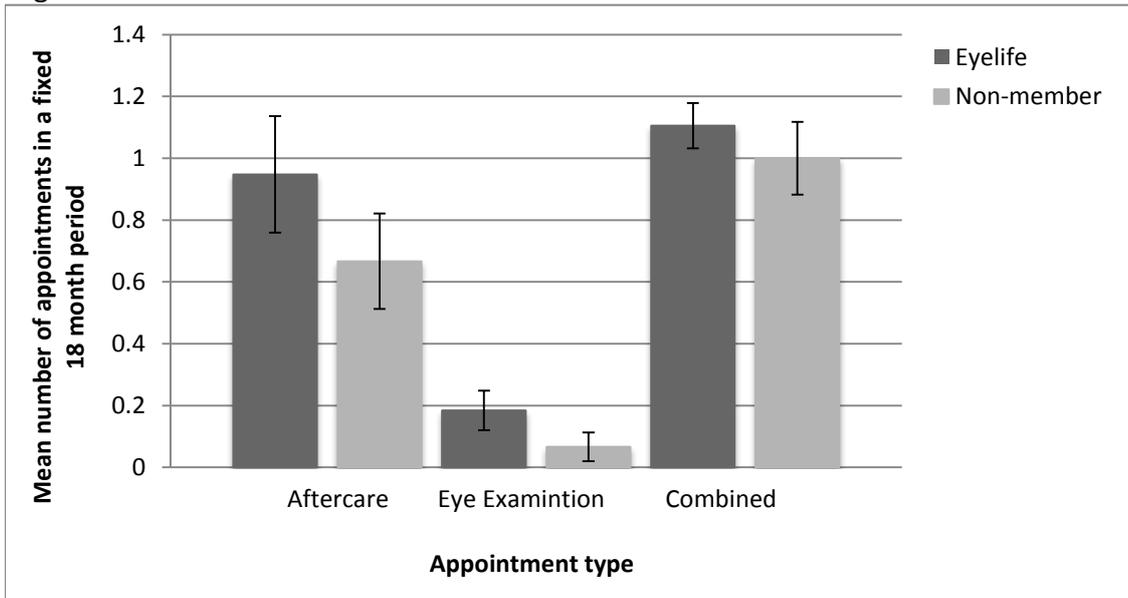


Figure 4

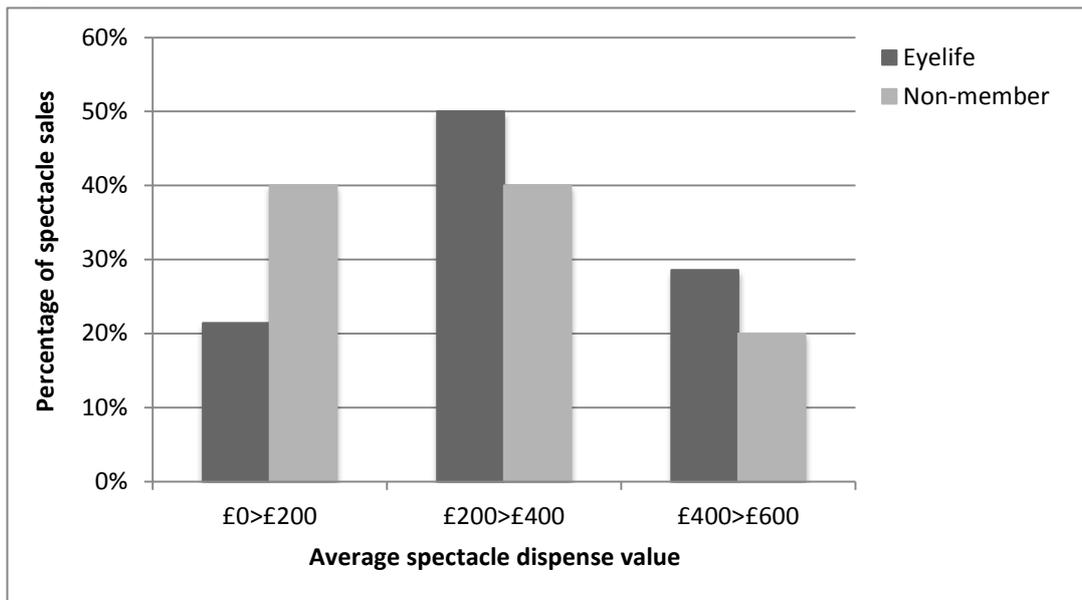


Figure 7

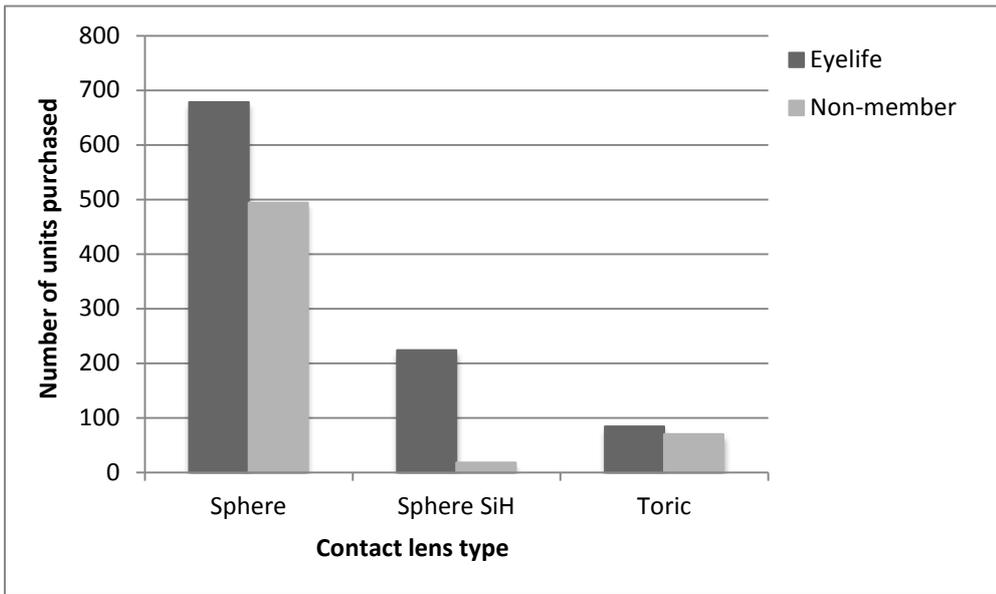


Figure 9

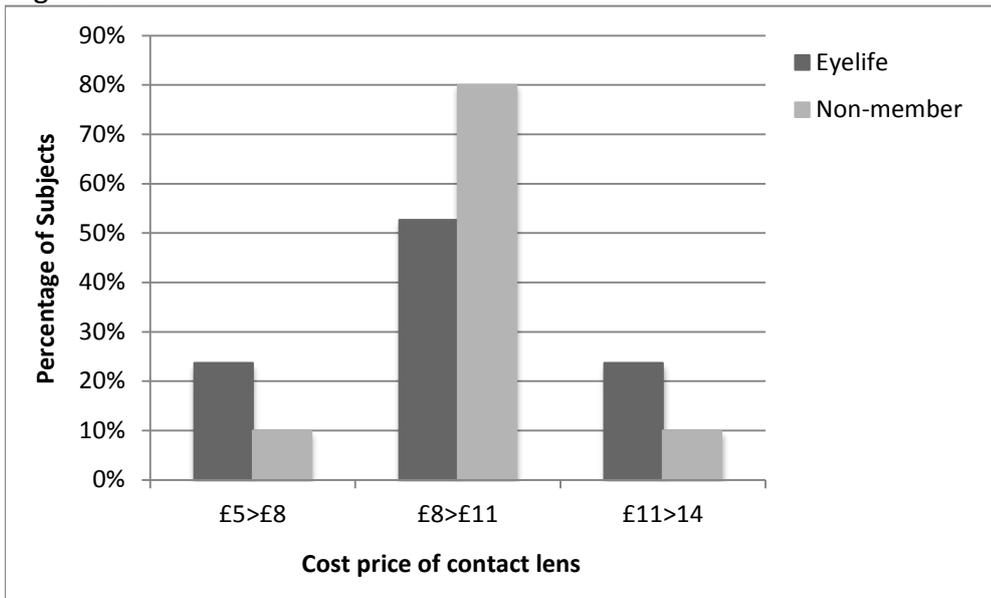


Figure 2

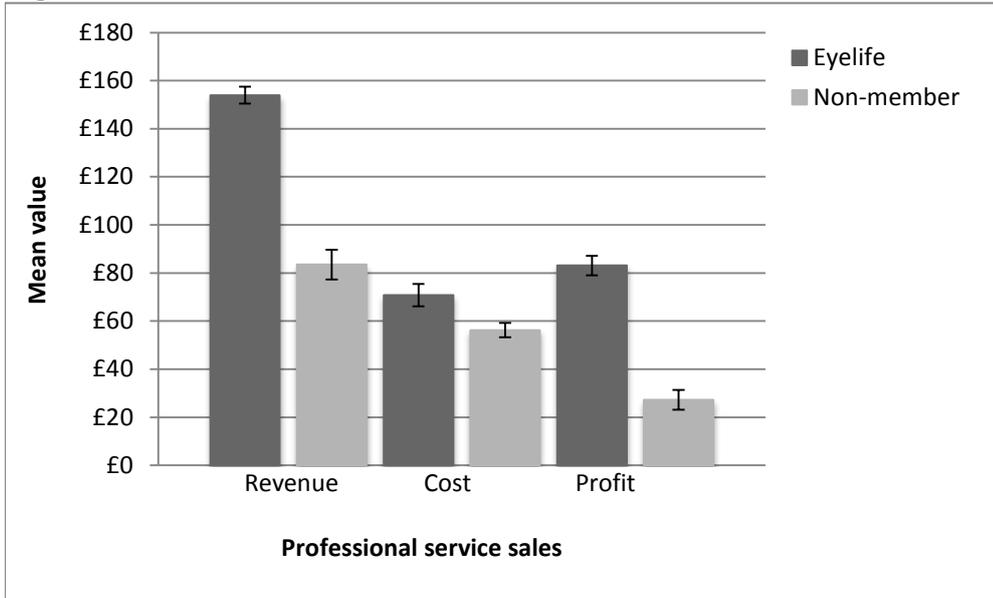


Figure 5

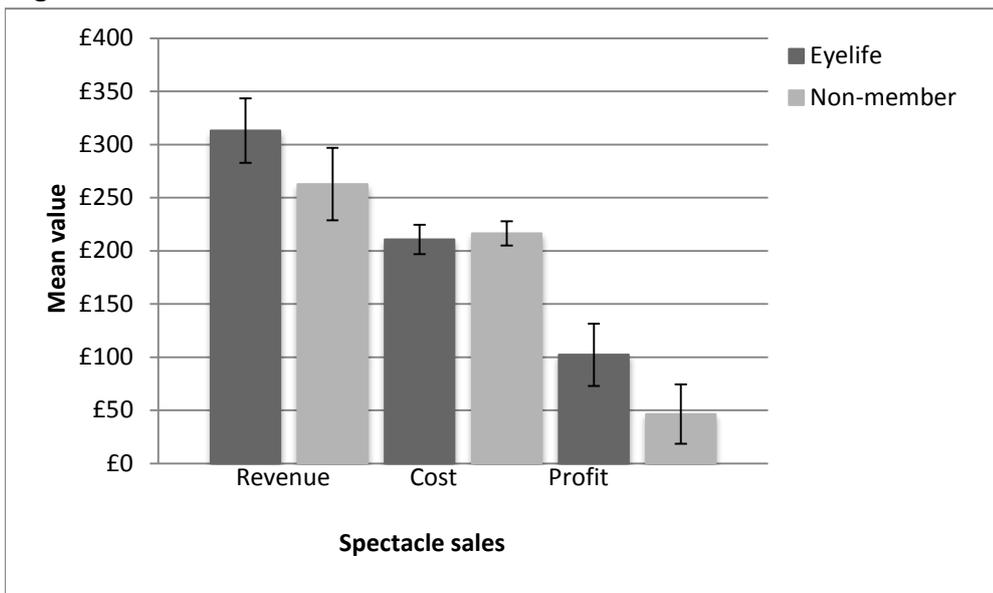


Figure 8

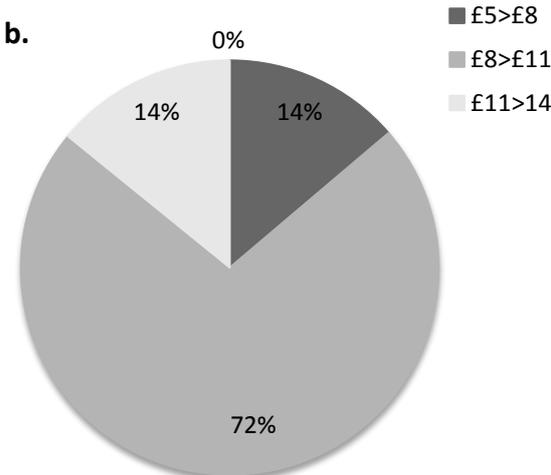
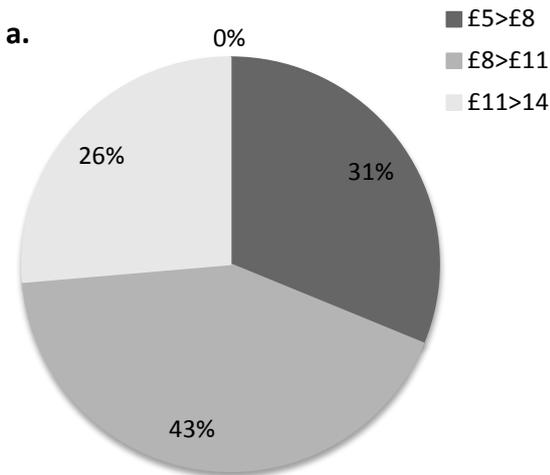


Figure 3

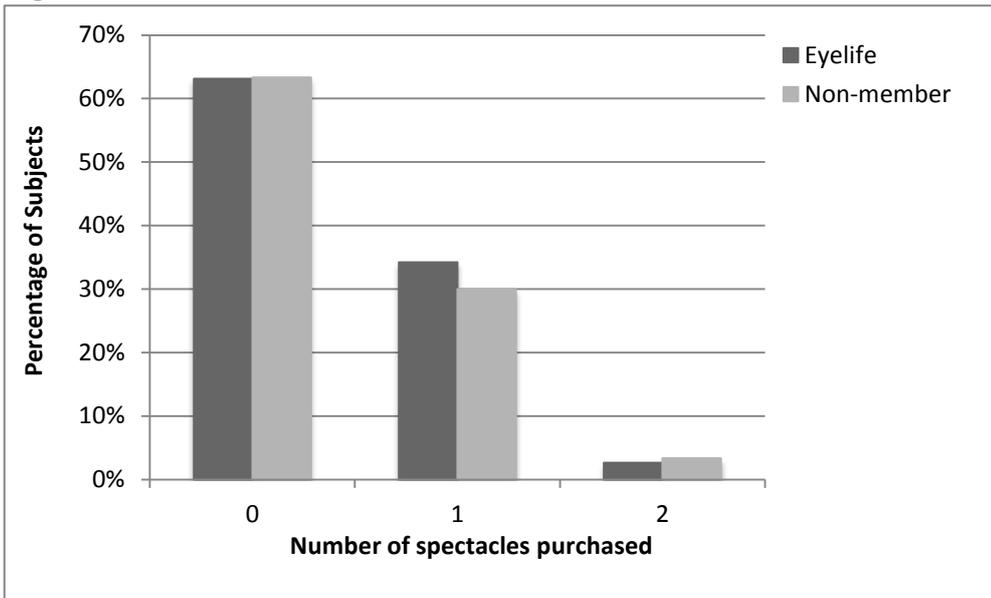
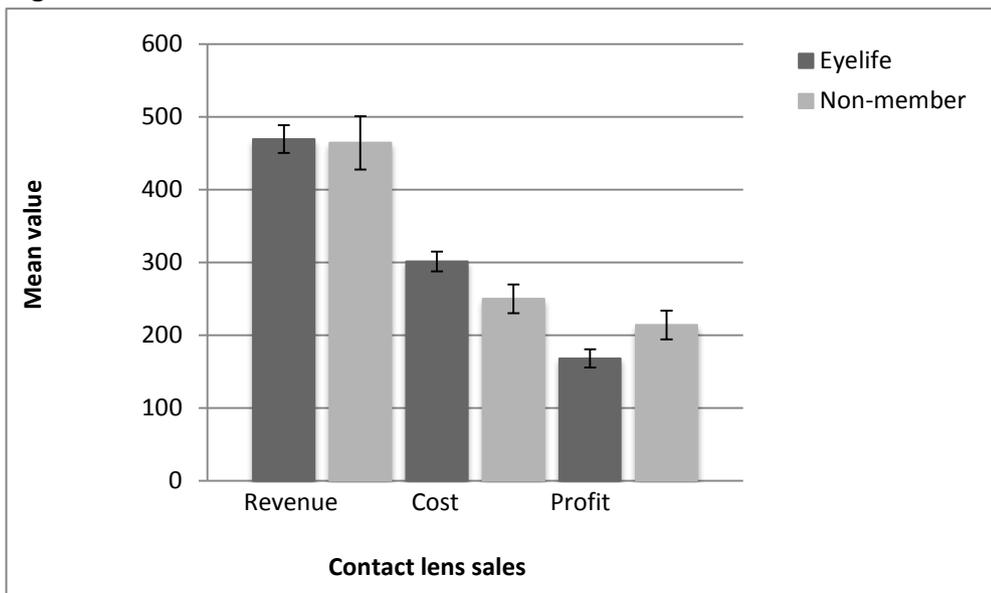


Figure 6





**Figure 1.** A bar chart to represent the mean number of appointments attended by the Eyelife™ group and non-member group during 18 months

**Figure 2.** Mean revenue, cost and profit generated from professional services sales

**Figure 3.** The number of spectacles purchased by Eyelife™ group and non-members during June 2011 to November 2012

**Figure 4.** A bar chart to show the mean value of spectacles purchased by both groups

**Figure 5.** The mean revenue, cost and net profit generated from spectacle sales for Eyelife™ members and non-members

**Figure 6.** A bar chart to show the mean revenue, cost and profit generated by contact lens sales by Eyelife members and non-members

**Figure 7.** A bar chart to display the units of contact lenses purchased by both groups

**Figure 8.** A pie chart to show the cost price distribution of lens units purchased by both groups (a) represents Eyelife™ members and (b) represents the non-member group

**Figure 9.** A bar chart to show the percentage of subjects fitted with each type of lens (categorised by cost price).