

Customer loyalty among daily disposable contact lens wearers

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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 ± 15.0 years and 40.8 ± 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 ± 5.5 years and 10.3 ± 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

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Monthly Payment Plan	Monthly Direct Debit	Spectacle Discount	Sunglasses Discount	Contact Lens Discount
Eyelif TM Classic	£8.00	20%	15%	16%
Eyelif TM Optimum	£9.95	20%	20%	16%
Eyelif TM Select	£11.85	25%	25%	16%
Eyelif TM 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

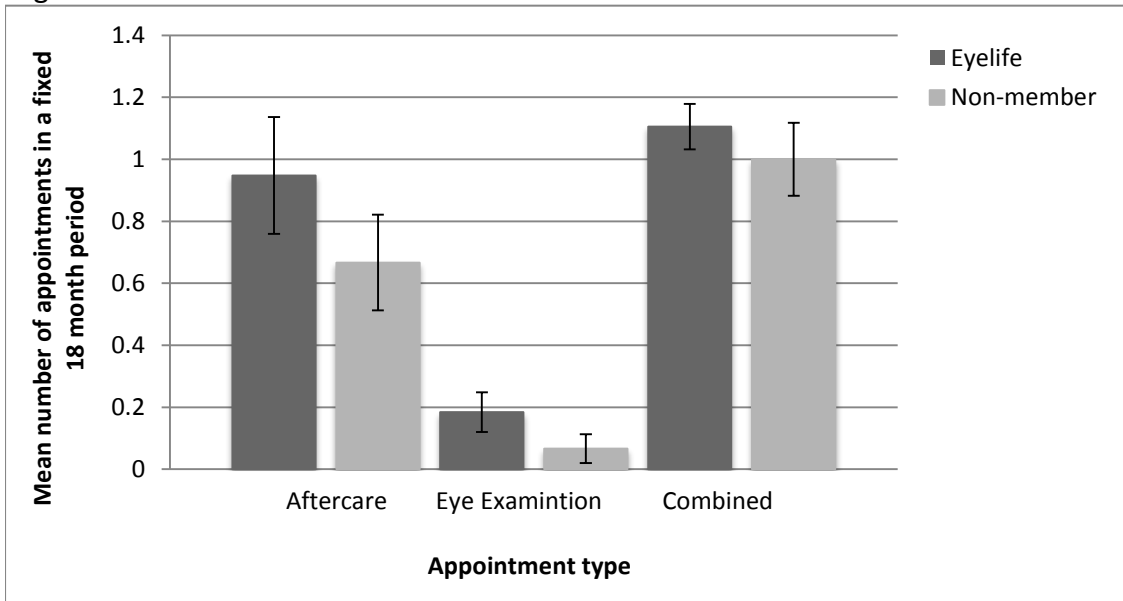


Figure 4

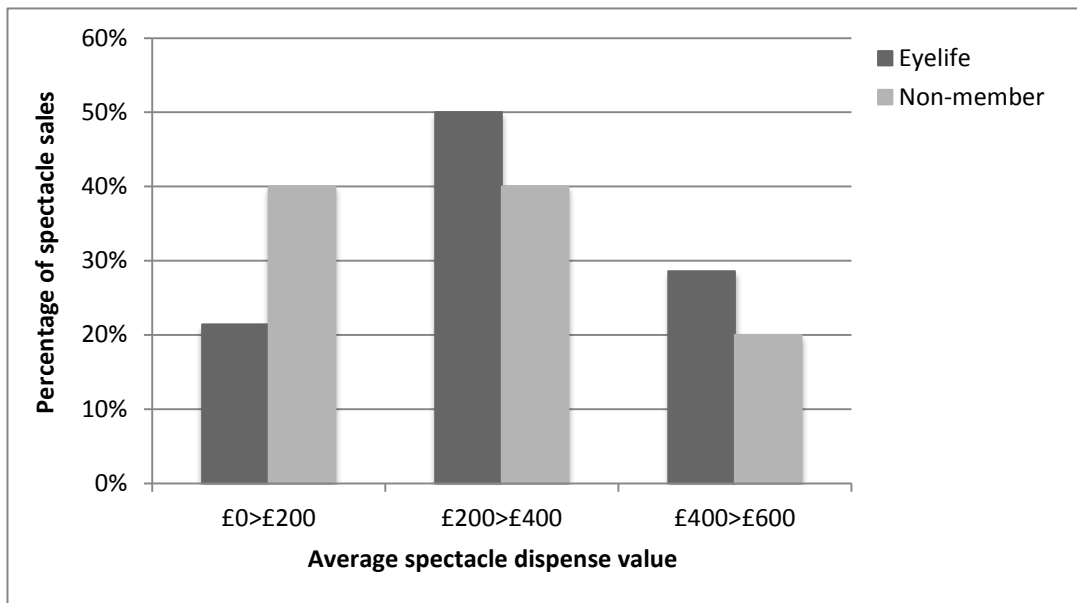


Figure 7

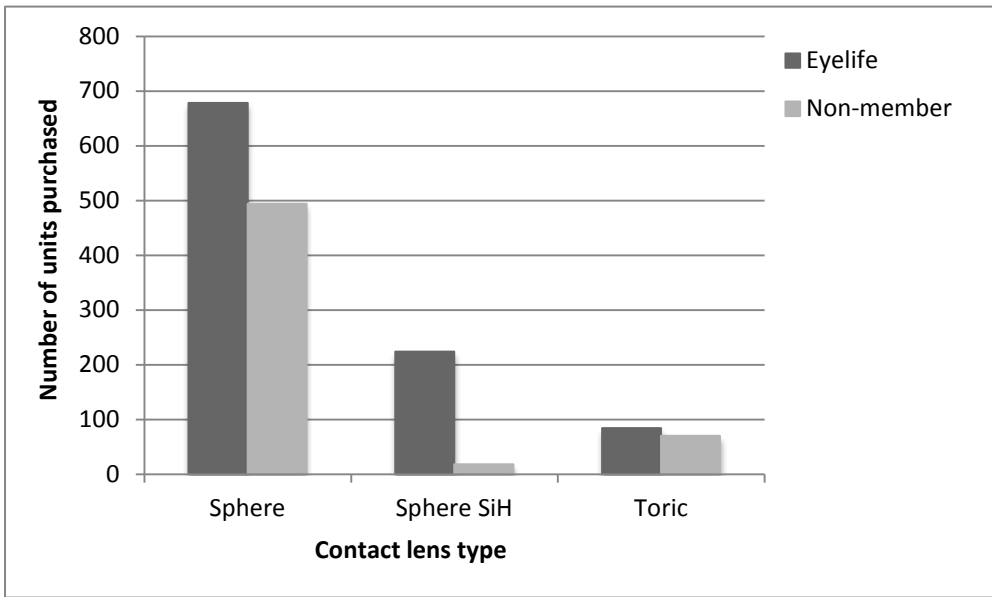


Figure 9

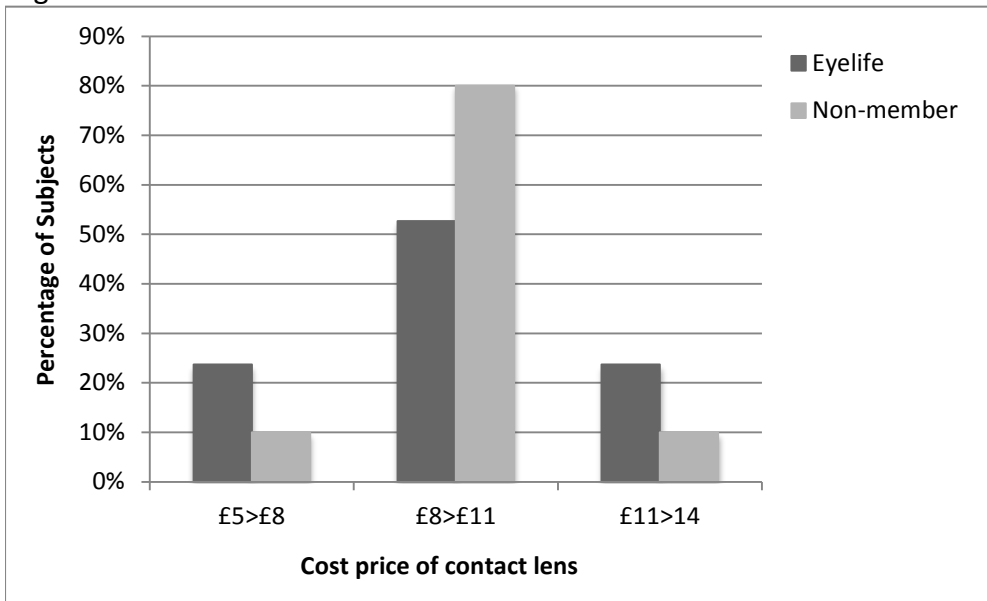


Figure 2

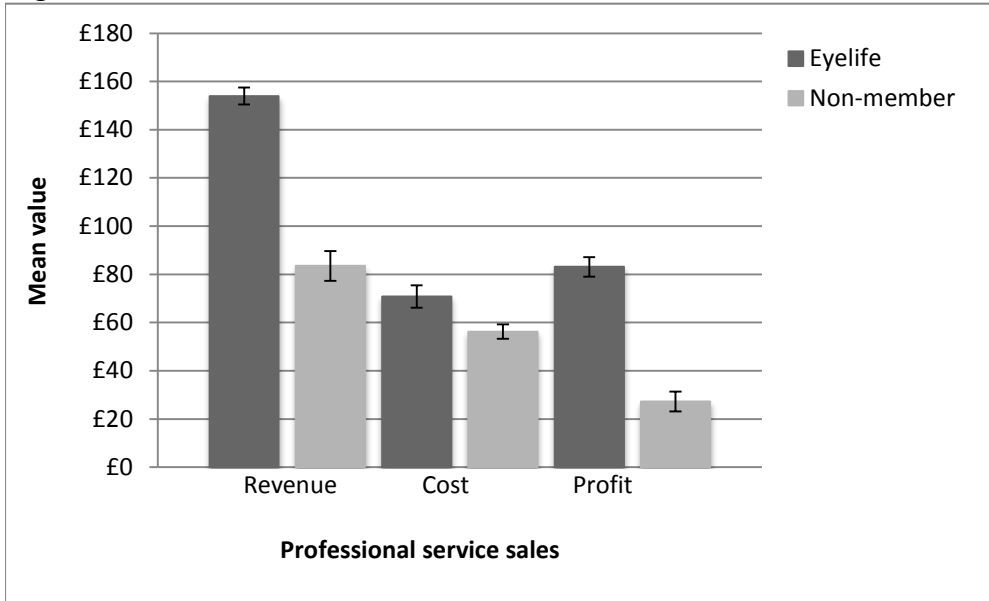


Figure 5

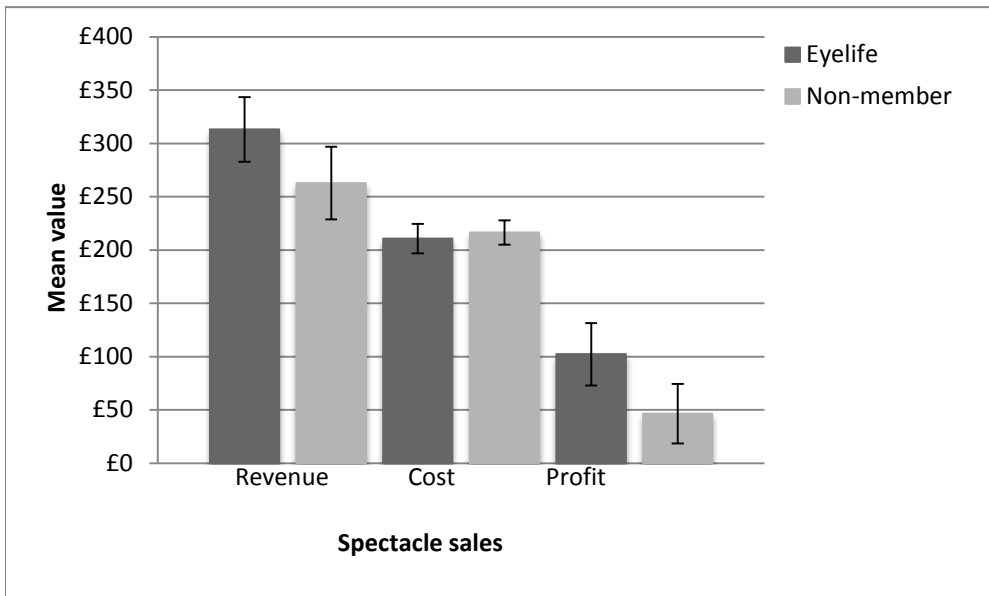


Figure 8

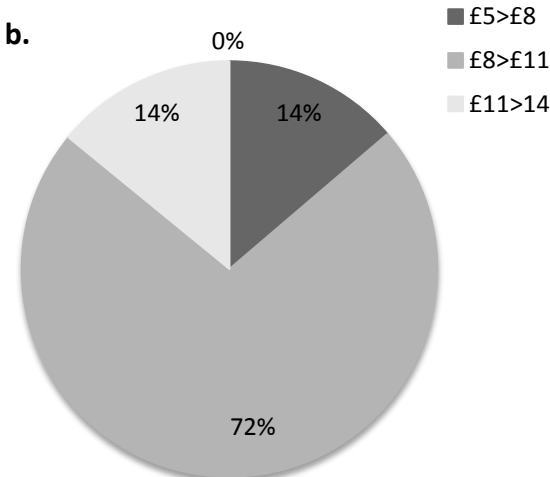
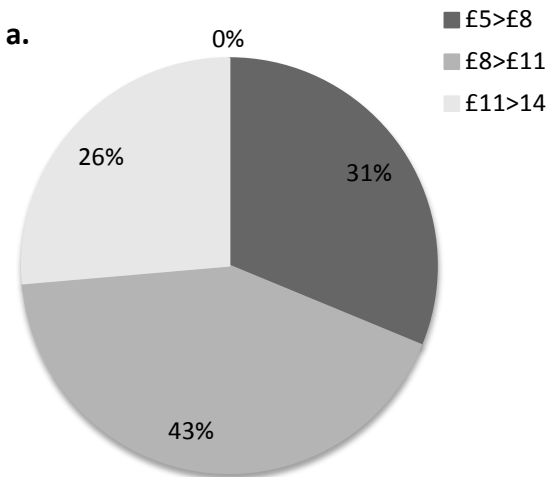


Figure 3

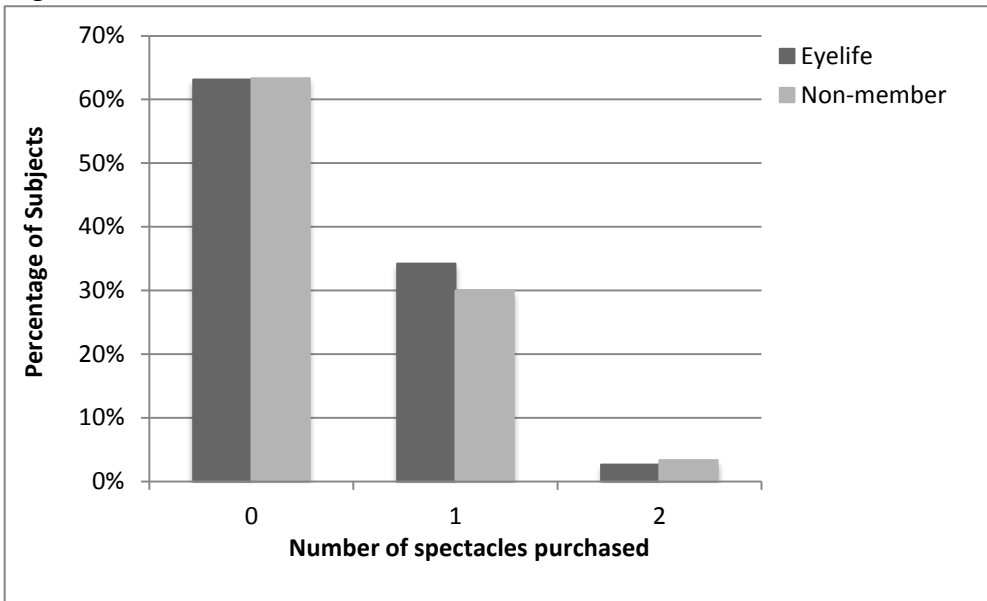


Figure 6

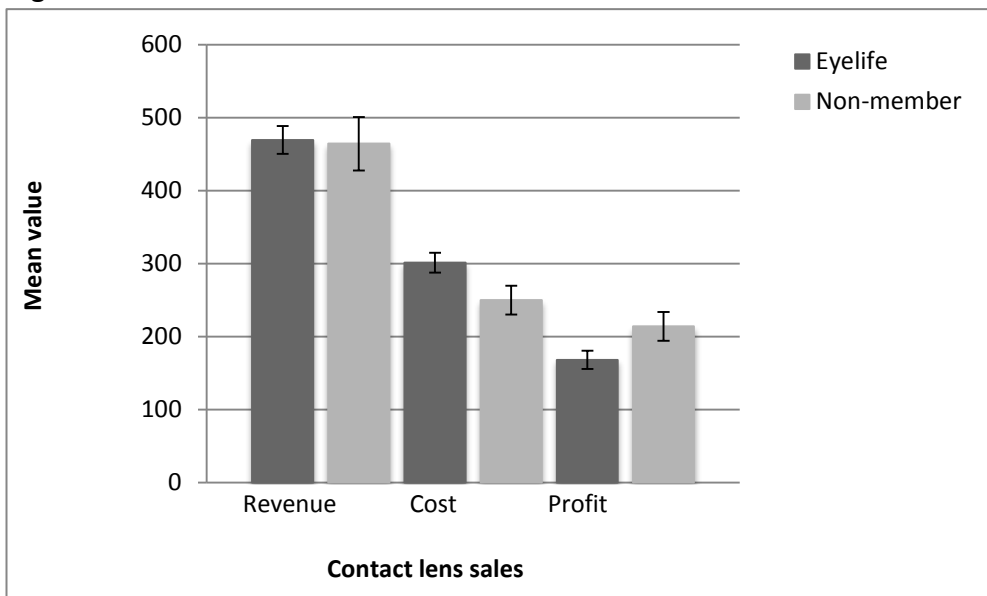


Figure 1. A bar chart to represent the mean number of appointments attended by the Eyelife™ group and non-member group during 18 months

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).