



CooperVision®

# Innovation: the way to a patient's heart?

Understanding the way patients respond to new products and ideas can help eye care practitioners build patient loyalty. This is why contact lenses offer a particularly effective route to business growth.



November 2015

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“ We take pride in providing true value in our eye checks for all of our patients, and our contact lens customers are really important to us as we are able to provide them with regular and long-term eye care by building a strong and loyal relationship.”

**Russell Peake** EYE HEALTH CONDITION MANAGER, BOOTS OPTICIANS

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# Foreword

I am delighted to have had the pleasure of reading this paper, which I would encourage all ECPs (eye care practitioners) to read and take note of the recommendations within.

Reflecting on the title “Loyalty through Innovation” I can’t help but refer back to the advice I share with any consumer facing business in this day and age – which is to build long-term customer relationships based on trust, not on transactions. Let me explain...

Loyal customers aren’t fickle, they don’t shop around. They cherish the simplicity of dealing with a trusted provider. They value the convenience of knowing that they don’t have to go anywhere else and that they are in safe hands, as this gives them one less thing to worry about in their ever more pressured lives. When a customer appreciates what it is you have to offer they won’t bother to waste their precious time shopping around.

In my book I talk about a four step upward cycle of customer engagement – in this paper you will see stats from the Chartered Institute of Marketing that

explain the cost benefits of this process. The steps I talk about include:

- **Attraction:** Drawing in customers in the first place. Through your location and proposition, but also through your reputation and your innovation/ differentiation and the way in which you educate potential customers as to the benefits of what you have to offer.
- **Conversion:** Turning interested browsers into convinced customers. Having taken the time to educate the customer, they have bought in to your proposition and believe your promises.
- **Retention:** When your promises are proven to be true and the customer recognises that they can trust you, they will return and will remain loyal as long as their experiences match what you have promised.
- **Advocacy:** When customers trust you enough to refer you to others they become part of your attraction step! Advocacy only comes about when customers have been delighted and feel confident that their positive experience will be mirrored in the experience of their peers.

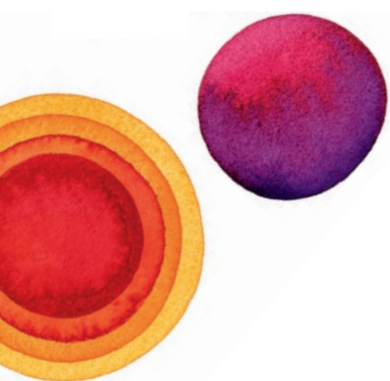
In addition, I often talk about how specialist retailers should not compete on price but on service. Price competitiveness only leads to margin erosion and prevents you from investing in the quality experience that leads to loyalty – so it is a false economy and makes us all busy fools!

However, what I enjoyed most about this paper is the way it walks through the process of developing the “holy grail of loyalty” through leveraging your knowledge, the ability to educate customers, and the importance of providing innovative solutions to patients’ vision requirements. It provides ECPs with a superb summary, collated from a phenomenal 72 sources, which would take hours of reading and research to assess! It is for that reason I would urge all ECPs to read and digest its invaluable content, to take heed of the advice within, and to make the most of the opportunity that innovation presents in securing long-term loyal customer advocates for your business.

Best wishes and here’s to your success.  
**Clare Rayner**, THE RETAIL CHAMPION

# Customer loyalty: the holy grail

The Chartered Institute of Marketing claims that it costs a business 10 times more to acquire a new customer than to market to an existing one, and that repeat customers spend up to 67% more than those newly acquired.<sup>2</sup> So loyalty not only costs less, but delivers more revenue.



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When his chronically red eyes brighten and whiten, you will create a loyal patient. And that loyal patient stays with your practice and refers his family and friends.<sup>1</sup>

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According to the Harvard Business Review, loyalty is where a customer stays with a provider who treats them well and offers good value in the long term, even if that provider doesn't always offer the best price. And genuine loyalty leads to profitability.<sup>3</sup>

## Loyalty protects the practice

Loyalty matters to eye care practitioners (ECPs). They recognise that not only does loyalty keep patients coming back, but it reduces the time spent looking for new patients – enabling them to focus on patient care. It also mitigates the difficulty of straddling both healthcare and retail: whilst they're clinicians, ECPs must also protect their bottom line. So it's better for everyone – patients and ECPs alike – if patients draw themselves into the practice.

## How can loyalty be built?

Countless business books and opinion pieces offer suggestions on how to build loyalty. Of course, one way to do it is to offer the lowest prices – but it's not the only way, and choosing brands which pursue this strategy may be short-sighted for patients (in the end, one tends to get what one pays for).

Most ECPs would probably say they build patient loyalty by providing 'great service', although service is a subjective concept and difficult to measure. And if most practices make this claim, how can a new patient choose between them?

One route to loyalty building, which is often overlooked, is innovation, yet a survey by PricewaterhouseCoopers found that 80% of chief executive officers believe that innovation creates competitive advantage as well as efficiencies.<sup>4</sup>

And when a patient discovers that their life is better because of their new contact lenses, a loyal customer is born; loyal both to the contact lenses and to the ECP who fitted them.

## Stay still or innovate?

There's an important point in the Harvard Business Review definition of loyalty 'even if that provider doesn't always offer the best price'.

In general, Western Europe is a highly developed market with multiple suppliers providing a wide range of products, in similar categories, to increasingly savvy consumers (and eye care fits this setting). Two key things tend to happen in such circumstances:

- Manufacturers, wholesalers and retailers feel forced to compete on price, leading to widespread margin-slashing.
- New business models offer new benefits and conveniences; for example, online retailing can deliver lower prices due to the economies available.

## Faced with such challenges, ECPs are given three principal choices:

1. They can maintain their status quo – in other words, they can choose not to change. Patients are increasingly unlikely to remain loyal to this model.
2. They can choose to see these challenges as opportunities; for example, positioning themselves as price-cutters and/or as online retailers. Patients may or may not choose to be loyal to these models.
3. They can choose to defend themselves by adding extra value to their customer relationships: shifting focus away from price and providing additional reasons for patients to come and to stay. Patients are most likely to be loyal to ECPs that choose this model.

Option 1 does not involve change. The other two options require some kind of innovation: both mean creating a distinctive proposition for the market – ensuring the market understands what they are about and building points of difference, which should highlight the practice as substantially different from, and more attractive than, competitors.

Of course, it would be very difficult for thousands of ECPs to be substantially different from one another. However, for smaller independents it's certainly possible to use innovation to create a proposition which makes them stand out from their local or regional competitors, and for larger multiples to build more innovation into their business models and their products.

The link between innovation and loyalty is important. It enables ECPs to protect and differentiate their practices, whether they choose to innovate around products, services or their business model.



# Feeling 'better' inherently demands innovation

ECPs have a primary objective: to help people to see and feel better. This implies change, because something new must happen in order to bring about this effect.

Since patients tend to need regular eye care, and usually for the remainder of their lives, feeling better can't happen only once. So the ability for patients to keep feeling better will require continuous innovation.

## 1: The innovation gap

Regular new product developments are essential to help more patients see better, enjoy better comfort, and experience better eye health. And exciting innovations in eye care are certainly happening, from silicone hydrogel daily disposable contact lenses<sup>5</sup> to eye drops which could replace cataract operations and even prevent cataracts from forming.<sup>6</sup>

The market offers a wide array of contact lens options for patients who are remarkably keen to consider new products. Research has found that 93% of contact lens wearers would like to try a new lens which would improve comfort, and 97% would like to try lenses which offer better eye health (and 83% of those would be willing to pay more for it).<sup>7</sup> So patients are looking for innovation, but are they getting it?

In 2014, a CooperVision study found that upgrades are downplayed: 52% of vision-correction patients weren't offered contact lenses by their ECP.<sup>8</sup> This supports Europe-wide research which shows that only half of hydrogel lens users are kept informed about new lenses on the market.<sup>9</sup>

With patients so keen to upgrade to the next innovation, the market should be flourishing. But while the European contact lens market grew by 3.3%<sup>10</sup> in 2014, the UK & Ireland market declined in value by almost 6%, more than any other country-region surveyed (by contrast, Belgium/Luxembourg grew by almost 12%). The value of contact lens care per wearer was also lowest in the UK & Ireland.<sup>11</sup> This idea of value is important: it suggests that there is pressure on prices, rather than demand. And we have seen that customer loyalty can be an effective weapon against price-based competition.

“ About 90% of people needing vision correction could wear contact lenses – but far too few of them are ever told. ”

David Brett-Williams SPECSAVERS, LUTON

Picture this: on one side of a river patients stand anxiously while on the other side there are plenty of boats, but not enough ferrymen are coming across to collect them. In other words, patients want the next development in lenses, which often already exists, but they are not always being told about it. How can a bridge be built across that river so that everyone's needs are met, from patients to ECPs and even contact lens manufacturers?

## 2: The innovation spiral

On one hand, we have existing contact lens users who are interested in upgrading regularly to better lenses. On the other hand there are patients who have never had contact lenses before: perhaps they didn't previously need vision correction, or only ever had glasses; they may simply be the next generation of patient.

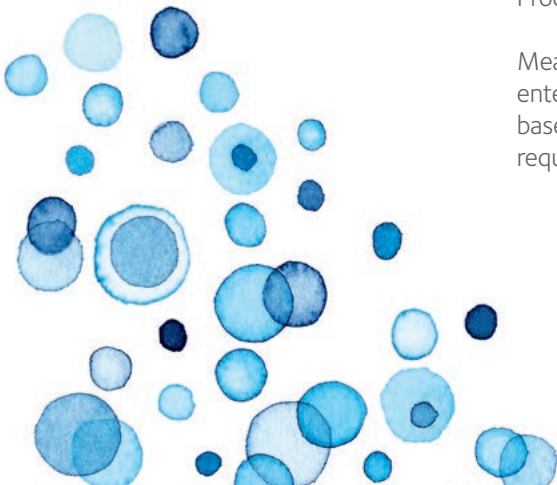
So while existing Patient A, who has been wearing Product 1, finds Product 2 to be an exciting and innovative upgrade. Product 2, however, is simply the baseline for new Patient B (after all, it's the first contact lens they've tried) and so, for them, innovation will mean Product 3.

Meanwhile, new patients are soon to enter the market, with Product 3 as their baseline, so innovation for them will require Product 4. And so it goes on.

## 3: Service-led innovation

While contact lens patients will say that nothing beats the pleasure of a new product which is easier to wear, more comfortable and better for their eye health, it's not just products which can make them feel better. As consumers, most of us recognise that we feel better when:

- we are listened to as an individual
- we get more than we expected
- we pay less than we expected
- we strengthen our relationships
- we enjoy the buying experience
- we are pleasantly surprised
- we have a new experience
- we learn something useful
- our buying decision is vindicated or endorsed by someone
- our feedback is used to improve services/products
- we feel satisfaction after complaining.



## What all this tells us

1. The innovation gap tells us that there are plenty of product-level innovations, which is exactly what contact lens wearers want, but the bridge between patient and product needs clearer signposting.
2. The innovation spiral tells us that there is pressure on the market to deliver a steady stream of 'newness' to patients. However, the market can't (and shouldn't attempt to) deliver new products at a rapid-fire pace.
3. Service-led innovation provides ECPs with the opportunity to introduce their own ideas for helping and delighting their patients – whether that's through their knowledge, merchandising, service levels, pricing, trial strategy, use of technology, patient communications, or anything else.

This important juncture underlines the fact that, while innovation is essential, product-level innovation alone can't be the panacea. The inference is firstly that product development can't deliver all the innovation the market needs, and secondly that innovation need not originate only from manufacturers. Paul Plsek, a consultant who has looked at the way healthcare systems work, points out that there is plenty of scope for doing 'new things' in healthcare delivery:

"While the public generally marvels at the scope and pace of innovation in high-profile medical technologies, there is less praise about innovation on basic clinical, business and service delivery processes. We routinely take the latest medical technologies of the 21st century and embed them within a service delivery and patient flow process – with its appointments, waiting rooms, and so on – that has remained fundamentally the same since the 1950s."<sup>12</sup>

All of this is good news, because it places more control in the hands of the ECP. It highlights the fact that they themselves have the freedom to build innovation into their own businesses, however they may interpret that. And since the link between innovation and loyalty is clear, they can use this strategy to directly affect their business success.

“ In eye care, we've been followers. We've adopted a similar business model to the pharmaceutical industry. It's time to try out other models and approaches.”

**David Brett-Williams**  
SPECSAVERS, LUTON



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# Learning from others

## Retailers are innovating innovation

Non-retail industries (such as technology and manufacturing) tend to see innovation in terms of product development. For retailers, however, the most influential change comes from customer engagement. In other words, it's just as much about the retailer's own business model and the customer experience they deliver as about the products they sell.<sup>14</sup>

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If you want to see the future coming, 90% of what you need to learn, you'll learn from outside your industry.<sup>13</sup>

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Retailers are getting savvier too, often understanding shoppers better than the manufacturer brands do. They're carving out a role for themselves as part of the 'test and learn' cycle, keen to see how innovation impacts on shoppers – to the extent that they're looking for faster, better new product launches and insisting on becoming a key part of the feedback loop.<sup>15</sup>

We've already seen that ECPs are in the curious (and, some might even say, invidious) position of being retailers as well as providing patient care. But learning from successes in the retail sector can be helpful.

For example, retail innovation is about making shopping easier: by reducing the amount of effort consumers have to put in (less information overload, simpler decision-making and easier communication), customers will come back to the store – which equals loyalty.<sup>16</sup> By learning from retail strategies, ECPs can introduce new service-level innovations which will, in turn, deliver rewards in enhanced patient loyalty and word-of-mouth recommendation.





## Open innovation delivers ideas

While the traditional model is for organisations to deliver innovation from within (from certain people or departments, such as R&D, for example), the Harvard Business Review suggests that “A vast number of useful innovations come not from some scientist and engineer tinkering in a lab, but from people who would best be described as users solving their own problems.”<sup>17</sup>

This presents an interesting opportunity for ECPs. What if innovations were delivered not only in the form of products, and not just from boffins and senior managers, but as ideas from employees and even patients?

‘Open innovation’ is the process whereby employees, customers and even the public come up with new ideas for products and services.<sup>18</sup> It’s not just a cute idea to make people feel involved: it expects to generate ideas which make a real difference to the business, even if 999 ideas must be discarded before The Big One comes along. For example:

- The National Eye Institute in Maryland ran a contest for curing various eye-related diseases – and received 538 research proposals.<sup>19</sup>
- When patients were asked for their ideas, the National Primary Care Development Team saw a four-fold reduction in mortality for patients with coronary heart disease and a 60% reduction in average waiting times to see a GP.<sup>2</sup>
- Waitrose’s Hot Ideas scheme trials innovations: the first product to emerge was a home product-scanning device which lets people pre-load their shopping basket in-store.<sup>21</sup>
- Amazon Prime was the result of an employee’s bright idea.<sup>22</sup>
- British Airways saves £600,000 a year on fuel thanks to an idea submitted via an online employee suggestion box.<sup>23</sup>
- Argos runs an annual ‘hackathon’ to spark ideas: it led to a hugely successful children’s wish-list app.<sup>24</sup>
- Sony’s First Flight innovation programme sells employee product ideas via a crowdfunding website.<sup>25</sup>

## Co-creation gets users involved

According to a 2014 European Commission report, consumers play the most important role when it comes to driving innovation:

*“In the retail sector... how and where customers shop is governed by emerging technology and innovation, incurred by consumers. The challenge for retailers is how to deliver customer satisfaction... demographic, societal, and economic change will have a significant impact on the outlook for growth and consumption in the coming years... It will be a more educated population.”<sup>26</sup>*

While this may seem challenging, the fact that customers are driving and demanding change means their resistance to it is significantly reduced. In fact, as we saw with open innovation, they’ll often come up with the ideas! Alternatively, they’ll work with suppliers through a process known as ‘co-creation’

to create the kind of products and services they want to buy – transforming market research into a far more dynamic, creative process.<sup>27</sup>

For example, FedEx worked with external medical staff and suppliers to develop a sophisticated logistics technology which manages critical variables such as location, temperature and pressure in order to ensure on-time, zero-defect delivery of live tissues for organ donation. Microsoft worked with customers and call-centre agents to make their customer experience more personal and responsive, and Burberry invites customers to suggest changes to fashion designs.<sup>28</sup>



## 10 ways to encourage innovation in the practice:

1. Get teams working collaboratively: dialogue generates ideas.
2. Make use of social networks, on- and off-line, to engage staff and patients.
3. Run special projects to produce ideas on specific issues.
4. Hold 'innovation days' to encourage blue-sky thinking.
5. Welcome everyone's ideas, even the weird and wonderful ones.
6. Think 'outside the practice': not everything has to happen within your four walls.
7. Try out new ideas, boldly and rapidly.
8. Permit second chances: adapt ideas before abandoning them.
9. Allow failure to happen without censure.
10. Accept that most ideas won't have legs – all you need is that one game-changer.

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Be ambitious, think outside the box and embrace opportunities to step outside of your comfort zone; decide what it is about your business that offers your patients something unique... Establish the best way to get your message to those groups and never underestimate the power of 'free' or low-cost marketing.<sup>29</sup>

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# How innovation happens

Innovation is accelerating. While it took decades for half of all homes to get a telephone, mobile phones achieved the same feat in less than five years.<sup>31</sup>

Consumers are always looking for better solutions from suppliers, and technology makes those solutions possible, sooner. So suppliers are delivering and communicating these new solutions at an astonishing rate: Mintel adds 33,000 new packaged consumer goods from 62 countries to its Global New Products Database every month.<sup>32</sup>

How can there possibly be room for so many products? Well, there isn't. 95% of new products fail, according to Acupoll.<sup>33</sup> This sounds dispiriting; if so many products fail, why bother trying?

However, this news is also liberating. It means that failure needn't be the end: it's a normal part of the process and an opportunity for learning. It means that the market has a way of self-levelling, so that the best ideas, with the best execution and communication, can find their way to the top rather than drowning in the morass of other ideas. It means that ideas can be trialled without expecting each one to be a raging success – which, in turn, encourages more people to come forward with more ideas. Often, the best innovations are the nth iteration of an idea which wasn't as feasible as people first thought. And the best ideas of all address real customer needs, from the very inception of the idea to the way it is delivered and serviced in the market.

However, no one wants to waste precious time or money on innovations which have a good chance of failure. So to have the best chance of success, it's worth exploring some innovation theory.

## Degrees of innovation

There are three levels of innovation:<sup>34</sup>

- **Radical** innovations are rare, creating entire new industries and exponential growth (perhaps we could equate this to the creation of the contact lens).
- **Breakthrough** innovations produce significant changes and major growth (such as the development of the silicone hydrogel lens).
- **Incremental** innovations are small changes to existing technologies and business models, delivering less growth (an example might be a way to make fitting easier for silicone hydrogel multifocals).

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The mission to create The New is now recognised by businesses and governments across the globe as vital to economic survival.<sup>30</sup>

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While promotions may win quarters, innovation wins decades.<sup>38</sup>

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The examples given on the previous page all relate to products, and specifically products in the eye care sector. However, innovation becomes more interesting when it combines ideas which span different industries, or incorporates products and services.

For example, an incremental innovation might enable patients to re-order and pay for their contact lenses through an app. This would depend on multiple earlier breakthrough and radical innovations, from the development of the tablet computer/mobile phone to online payment mechanisms and, of course, the contact lens itself.

### Where innovation comes from

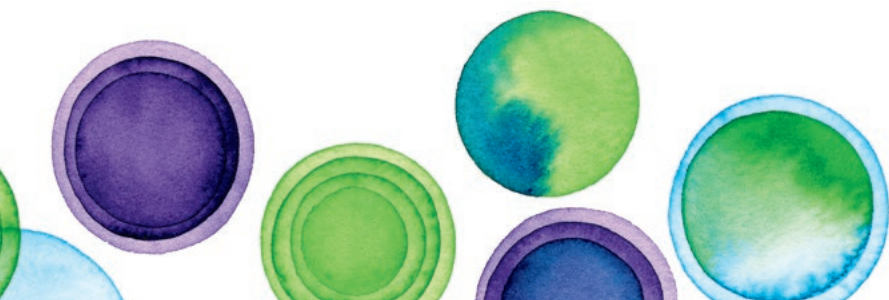
Sometimes innovation is something totally new. Sometimes it's looking around you and merging different ideas – in the way that Uber didn't look at other taxi companies for inspiration for their business model, but at car-sharing services<sup>35</sup> and Google Maps. Primary care clinics may be able to learn from restaurants and drive-throughs, for example, when it comes to innovating product delivery, parking, reception areas and waiting rooms.<sup>36</sup>

According to Canvas8, "Newness is created in the margins, and consumers who rebel against industry norms can offer an insight into where people's needs aren't currently being catered to."<sup>37</sup>

So it's worth ECPs having great dialogue with their patients, as well as monitoring patient forums and social media.

A great new idea doesn't have to serve everyone; in fact, mass-marketing becomes less effective as brands get closer to their consumers. Knowing patients better creates the opportunity to better serve their very particular needs, at a lower cost – if that opportunity is taken.

This means that even small businesses can succeed in a niche market. A change to their business model, products, pricing or communications can deliver the innovation they need to create a real point of difference. After all, big businesses are often hampered by their size, stuck with legacy systems and unable to be agile. If a small company can spot a weakness in a big company, that may provide all the innovation opportunity they need.



### Different and better

Sometimes innovations are new and different; sometimes they're new and better. These are determined by how much the consumer has to change their habits, and the amount of benefit they feel as a result. Ad agency JWT claims that New Coke failed because Coca-Cola tried to position it as new and better (than classic Coke), when actually it was new and different (like Coke Zero).<sup>39</sup>

The ECP may feel that the benefits of a new contact lens are obvious, but the patient may display a more cautious response. After all, they don't know the science behind the product, or how it compares with all the other products on the market. They're the ones whose vision, comfort and health could improve or diminish as a result of any change. They need help to understand what's different, and what's better.

Innovation doesn't have to be earth-shattering. There are real wins to be had from adapting an existing product or service in order to solve a customer's problem.

Consumer develops new habit/s

No change to consumer habit

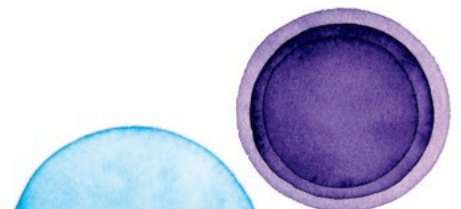
Become a game-changing leader	Become a lifestyle leader
Become a category leader	Become a competitive leader

Tangible benefits to consumer

Intangible benefits to consumer

Adapted from JWT 'New Tier, or New Category?'

Identifying new categories and subcategories and building them from scratch can serve as a powerful path to growth.<sup>46</sup>



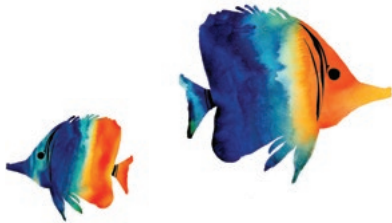
## 6 great examples of adaptation:

1. Convenience – Kingfisher’s smoke alarm sends you a text, and their shed assembles in 60 minutes. Now Kingfisher is growing the whole DIY market, not just their share of it.<sup>40</sup>
2. At-home delivery – When Amazon started delivering books in 1995, it began a massive transformation of retail in general – a change which is still unfolding today.<sup>41</sup>
3. In-car and after-hours delivery – After listening to customer frustrations with the sector, Tide Dry Cleaners in the USA rolled out drive-through windows, and 24-hour storage lockers for after-hours drop-off and pick-up.<sup>42</sup>
4. Cultural adaptation – In Beijing, Starbucks serves green and aromatic teas: still the same brand and message, but with the product adapted for the local market.<sup>43</sup>
5. Faster, flexible payment – Extending the concept behind their contactless Oyster card, TfL now accepts any contactless debit/credit card on tubes and buses – and at the same price.<sup>44</sup>
6. Combining multiple benefits – Pure Package took the concept of home grocery deliveries and combined it with the concepts of gourmet ready meals and dieting systems, and now delivers daily luxury weight-loss meal programmes across London.<sup>45</sup>

# How people react to innovation

## Types of adopter

People react to change and innovation in very different ways. These aren't always obvious: there are 70-year olds who bought an Apple Watch the moment it went on sale, and 25-year olds who've never tried Twitter. Consumers tend to be classified into five 'adopter types':



- **Innovators (2.5%)** – the first to adopt new products, they aren't necessarily younger but are well-educated, with higher incomes and a cosmopolitan outlook and lifestyle. They proactively seek out information and are risk-takers. They buy because they want, not just because they need; they like to be the first to have something, and to be seen to have it.
- **Early adopters (13.5%)** – tend to be opinion leaders when they do adopt, having used extensive sources of commercial and personal information in the purchase decision. They have wide-reaching word-of-mouth networks which influence later adopters.
- **Early majority (34%)** – are less educated than innovators or early adopters, with less social mobility. They wait to see if a new product is successful and watch opinion leaders to know when to follow.
- **Late majority (34%)** – often sceptical of new products, they tend to be older and less educated, adopting innovations because of social pressure or forced choice. Advertising has little effect on them; instead, they rely on information via word-of-mouth from relatives and friends.
- **Laggards (16%)** – disliking change and suspicious of new products and ideas, laggards only accept innovations when forced. They feel alienated from fast-moving society; most are older and of low socioeconomic status.

“ In my opinion, when it comes to creating loyalty, innovation comes second only to listening to my patients in what they do and what limits them from doing that.<sup>iv</sup> ”

**Adnan Malik** SIMS OPTICIANS, TEDDINGTON





Recognising these five types may help ECPs to understand why patients vary in their interest in new products, or continue to feel resistant towards them during trial or use. It can also help ECPs to develop communications, methods and timings for each group.

A word of caution, however: taking these types at face value could backfire. As tempting as it may be to focus contact lens upgrades at innovators, for example, this group is the least loyal of them all – they are venturesome and deal hunters, so they're always looking for discounts, samples and free trials and they'll soon move on. And while laggards might look like really hard work, they can serve as a great way to understand barriers to adoption while also being relatively easy to manage, because staff will have substantial knowledge of the more basic or older products which laggards are only just adopting.<sup>47,48</sup>

“ Building a loyal relationship with patients is very important in eye healthcare as it is beneficial to have complete patient records so that the optician is then able to monitor slight changes in conditions over time.”

**Russell Peake** EYE HEALTH CONDITION MANAGER, BOOTS OPTICIANS

## Rates of adoption

As we saw previously, people don't just choose to accept innovations; they also choose how soon to adopt them. The following factors affect the rates at which people adopt new ideas:

- 1. Relative advantage** – The degree to which an innovation is perceived as better than the idea it supersedes. Put simply, the better an innovation is perceived to be, the faster it will be adopted. (Note that this is about perception, not reality – so a great product isn't enough: both employees and patients need information about relative advantage).
- 2. Compatibility** – The degree to which an innovation is perceived as consistent with existing values, past experiences, and needs. The better the fit, the faster the adoption.

**3. Complexity** – The degree to which an innovation is perceived as relatively difficult to understand and use. The simpler it is, the faster it will be adopted.

**4. Trialability** – The degree to which an innovation can be experimented with on a limited basis. The easier it is to try something out, the greater the likelihood of rapid adoption.

**5. Observability** – The degree to which the results of an innovation are visible to others. The more obviously beneficial the opportunity, the faster the rate and spread of adoption.<sup>49</sup>



## Cultural differences make a difference

In cultures or countries where tradition is valued (the UK, for example), innovation can be slower than in countries which value progress, such as the USA. Where members of a culture or community are very similar (of the same ethnic background, for example), innovation will spread faster; where the population is thinly spread out, the adoption of innovation will be slower. Adoption is also assisted in societies where cultural leaders are also opinion leaders, such as where there are strong ethnic or religious ties.<sup>50</sup>

## The decision process

Whether or not they recognise it, consumers typically go through a four-stage process before deciding to accept or reject a new product or service:

- 1. Awareness** – Has anyone told the patient they could wear contact lenses, or that there's a beneficial upgrade available? Patients need information.
- 2. Interest** – Now they're aware of a new lens, does the patient care? They may assume they're not eligible for it, or that new lenses won't make much of a difference. So they need more detailed information at this stage.
- 3. Evaluation** – Patients will weigh up the various benefits and risks to them. Some are afraid to mention problems with their current lens in case they're sent back to glasses, for example.<sup>51</sup> So they need even more information, this time specifically about the benefits and risks.
- 4. Trial** – We've almost reached the point of adoption or upgrade, but patients want to be sure. This is why trial is so critical (and personal and subjective). And patients need information about how and where to try the new lens, and what – if anything – it will cost them, financially and otherwise.

“ There is significant innovation in the contact lens category, meaning we are often able to offer our patients new, innovative products, which are better for their eyes and for managing their eye health.”

**Russell Peake** EYE HEALTH CONDITION MANAGER, BOOTS OPTICIANS

vi. Personal interview, 28 August 2015.



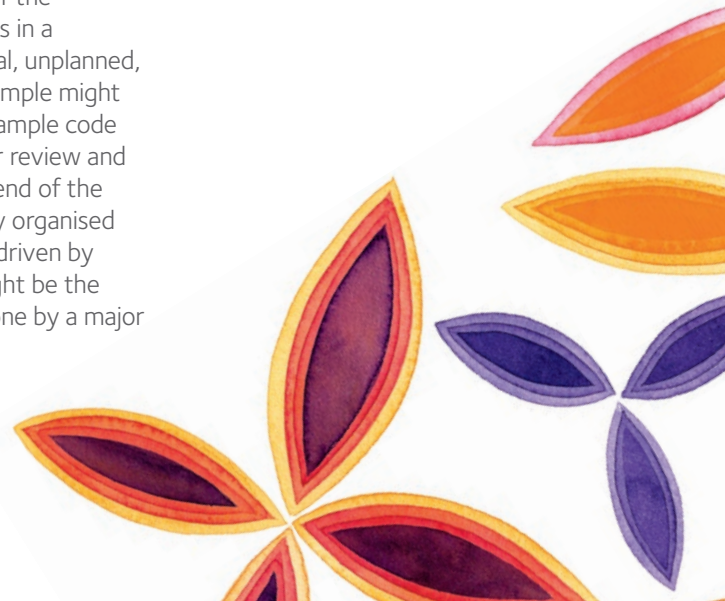
It's clear that information is crucial at each stage. As the patient passes through these levels, they come closer to the ECP, from whom they need increasingly detailed information. For example, awareness may come from one line in a magazine advert, or a comment from a friend – at a distance from the eye care practice. But at trial stage, they'll almost certainly be within the practice, talking to the ECP, getting intricate information about the science behind the product, how to wear it, and its pricing.

ECPs can use this understanding to pitch the right amount and level of information at each place where the customer may be able to hear about the product.

“People are not passive recipients of innovations. Rather (and to a greater or lesser extent in different persons) they seek innovations, experiment with them, evaluate them, find (or fail to find) meaning in them, develop feelings (positive or negative) about them, challenge them, worry about them, complain about them, ‘work around’ them, gain experience with them, modify them to fit particular tasks, and try to improve or redesign them – often through dialogue with other users.”<sup>52</sup>

‘Diffusion’ is about spreading innovation in the market. At one end of the spectrum, diffusion happens in a spontaneous way – informal, unplanned, and driven by peers; an example might be a programmer putting sample code out on the internet for peer review and beta-testing. At the other end of the spectrum, diffusion is highly organised – planned, centralised and driven by hierarchies; an example might be the launch of a new mobile phone by a major corporation.

Therefore, in the eye care sector, it's important to think not only about how a new idea might best be taken to market, but about how different groups within that market will process the launch of that idea.



## Barriers to adoption

Adoption is the same sort of process as 'diffusion', but from the perspective of the consumer/patient, rather than the originator of the innovation. A range of barriers can stop people from adopting a new product or service. Understanding these, and developing effective strategies to deal with them, will help achieve a higher uptake of innovation. These barriers can exist for ECPs, as well as patients, so it's important to have strategies for managing the concerns of staff as well as patients.

Barrier type	Meaning	Example of ECP response	Example of patient response
Usage	Psychological barriers, where the innovation is perceived to be incompatible with a person's usual habits or beliefs	"I tell myself, if a patient is happy, why ask them to change?"	"A contact lens might get lost behind my eye or fall out."
Value	Where there aren't enough perceived benefits to be worth the change (financially or otherwise)	"I'm not really sure why these new lenses are supposed to be better."	"If I upgrade to these new lenses, it will cost a lot more."
Risk	Where the person may be worried about being let down or embarrassed by the change.	"I've spent years building up this relationship, and I could lose it if I recommend something my patient isn't 100% happy with."	"If I admit my eyes feel tired in the evenings, I might be told I have to go back to wearing glasses again."
Psychological	Where there may be cultural, traditional or image-related barriers to change. <sup>53</sup>	"I know my patients and they don't want to feel pressured to change."	"I'm a university professor, and my glasses give me a certain gravitas, which lenses wouldn't."



“ A really good new contact lens has the potential to change everything for that patient. They feel great about themselves, from the first time having the lens on their eye to their first check up. It feels brilliant to see that change – I wish I could bottle that feeling.<sup>vii</sup> ”

Adnan Malik SIMS OPTICIANS, TEDDINGTON

## Sources of information

All consumers – including patients – base their decisions to some extent or other on a ‘three-legged stool’ of different sources of information. Some will lean more heavily on one source, or ‘leg’, while others may place weight equally on all three. Understanding these different sources, and how to manage them for the benefit of the patient, will help to ensure that patients can make the most informed decisions about their eye care and eye wear:

- **Knowledge** – Factual information about a product, service or brand (although what a patient believes they ‘know’ may be subjective!).
- **Attitude** – A learned predisposition to respond to a product, service or brand in a consistently favourable or unfavourable way.
- **Belief** – A consumer’s subjective perception of how well a product, service or brand performs (usually based on personal experience, advertising, and discussions with others).<sup>54</sup>

## Factors which affect decision-making

Patients all make decisions in different ways, over differing periods of time and with different contributing factors. The following shows the extremes of variation between different individuals. Patients may reside at any point on each of the lines in-between these extremes, and this may be helpful to ECPs in defining how and when to provide information in support of decision-making:

Aspect of decision	Spectrum of factors affecting decision-making
Trigger	Personal contact ↔ Mass communication
Information required	Complex ↔ Simple
Approach	Logical ↔ Emotional
Immediacy	Planned ↔ Impulse
Contributors	Independent decision-making ↔ Consulting friends and family
Attitude to risk	Willing to try ↔ Waiting for feedback from others
Attitude to the ECP	Seen primarily as a clinician ↔ Seen primarily as a retailer
Financial impact	Sacrificial ↔ ‘No-brainer’
Perceived benefits	High ↔ Low

vii. Personal interview, 13 August 2015.

# Communicating innovation

People can't be forced to adopt a new product or service: they have to decide for themselves that it makes their world better in some way. And they can't decide that unless they've been given the information they need.

While developing innovative products may be difficult enough, ensuring that people get the message can be even tougher. No matter how remarkable a new product, it won't achieve uptake if people don't hear about it or understand it. As David Brett-Williams of Specsavers in Luton pointed out, "There's a whole population out there, just waiting to be told about contact lenses."<sup>ix</sup>

Communication is a push-and-pull issue. While life might be easier if patients came into the practice and asked about contact lenses, ECPs recognise that they need to talk to their own patients about the possibilities, too.

## Clarity is essential

Good communication demands clarity; unfortunately, however, clarity can be the victim of complication. As information about a new product or service travels from boffin to marketer to salesperson to retailer to customer, it can shed meaning while gathering spin.

According to Adnan Malik of SIMS Opticians in Teddington, "Not all product innovations are substantive enough. If I'm not wowed by what a Business Development Manager tells me, how can I wow my patients? So I just say, save the sales pitch: I'll let my patients decide. On the other hand, you hear about amazing new products in the pipeline which we didn't think would ever be possible. So communication about innovation has to be matched."<sup>x</sup>

David Brett-Williams, owner of a large Specsavers store, agrees: "As ECPs, we've been hyped so many times that we're sceptical. Sometimes we're told that a new product will deliver the earth, but then it doesn't. So messages about innovation need to be aligned with reality."<sup>xi</sup>

## It's how you say it

According to Paul Graves of Body's Opticians in Southend-on-Sea,<sup>xii</sup> it's time for ECPs to change the way they think and talk about contact lenses. "We've got to have a completely different mind-set," he says. "We shouldn't be telling people they need glasses; we should tell them that we can correct their vision, and that we can do it with a tiny little bit of film, and they won't even feel it happening."

“ A narrative behind how new products come to fruition really matters. I like to be able to tell patients about the journey their new contact lens has made: how long in R&D, how many patient trials it took to get to this point. That's powerful stuff.”<sup>viii</sup> ”

**Adnan Malik** SIMS OPTICIANS, TEDDINGTON

viii. Personal interview, 13 August 2015.

ix. Personal interview, 13 August 2015.

x. Personal interview, 13 August 2015.

xi. Personal interview, 13 August 2015.

xii. Personal interview, 25 August 2015.

“At Boots Opticians, we recognise that primary care needs are demanding for eye care professionals to deliver a more holistic level of care to patients in the community than ever before.<sup>xiii</sup>”

**Russell Peake** EYE HEALTH CONDITION MANAGER, BOOTS OPTICIANS

“As for the way we talk about contact lenses, why do we tell patients that they go in the eye? People have spent their whole lives being told not to put anything in their eyes, because it’ll hurt, and then finding out that it’s true! Instead of talking about taking contact lenses ‘in and out’, we should say that contact lenses are placed ‘on’ the eye, and then taken ‘off’. It’s a small point, but it’s revolutionary.”

## Unusual tactics can work

Often, ECPs rely on the patient to come into the practice before a dialogue can begin. But they could also take their message out into the community: into local businesses, colleges or, quite literally, the market square, to talk about the benefits of contact lenses and upgrades, and to sign people up for trials or eye tests. Anna Turner of Boots Opticians in Chelmsford has been to local business breakfasts to talk about contact

lenses, for example. And now that young children can be fitted with contact lenses, she suggests the possibility of going into schools, too.<sup>xiv</sup>

Guerrilla marketing can also deliver rewards: that’s where time, energy and imagination are invested in a marketing activity, rather than just money. Guerrilla activity can easily go viral – and this kind of word-of-mouth effect is invaluable for building loyalty. Although this type of marketing takes careful handling, it can snowball and create significant stand-out.<sup>xv</sup>

## Time and place matters

Adnan Malik points out that announcements about innovation require careful timing.<sup>xv</sup> Hearing about a new product too long in advance just leads to frustration, whereas not hearing about it soon enough means there isn’t time, before the launch, for ECPs to compile a list of patients who will benefit.

Product launches should also include the development narrative: “I’ve been on product panels; I know how much work goes into R&D,” he says. “I love that stuff! It gives me a great story to tell my patients, and they like to hear just how clever and well-tested their new lenses are.”

Paul Graves agrees that patients are fascinated by the backstory on products.<sup>xvi</sup> “I tell patients about family businesses which started out by mixing contact lens solutions in the bathtub, and they love it. I do, too: I’ve been in the business for 35 years, but even I’m astounded to hear about the many layers of foil on the contact lens blister pack – let alone about the product itself!”

He also says the one thing he wants patients to take away each time is new information, so he’s put sofas in his consulting rooms. “I know that what keeps patients coming back is if they’ve learned something new. The sofas let patients relax, so we can talk properly. The less time they’re strapped to our hideous chairs, the better.”<sup>xvii</sup>

xiii. Personal interview, 4 September 2015.

xiv. Personal interview, 4 September 2015.

xv. Personal interview, 13 August 2015.

xvi. Personal interview, 25 August 2015.

xvii. Personal interview, 13 August 2015.

Society would appreciate the wonders of science and technology much more if more scientists would share their enthusiasm with the public and take seriously the hard task of making it accessible.<sup>56</sup>

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### Patients aren't blinded by science

Paul Graves says that patients' eyes often light up when their ECP explains a little bit of the science behind their contact lens. "As long as you don't make it too complicated, they love to feel you take them seriously and that you believe they'll understand it. They're flattered that you're talking technology with them. So why not explain about permeability and oxygen? It's easy to find simple analogies, like about breathing, to help patients understand."<sup>xviii</sup>

### You can't talk about what you don't know

If a practice finds that upgrades aren't happening at the rate they should, it may be time for a refresher on products or patient communication. Healthcare organisations are knowledge-intensive, and ECPs need a thorough understanding of their products and their patients' needs. They need to know how a wide range of factors can make a patient eligible or ineligible for a particular product, and they need to understand some patient psychology: as we've seen, humans aren't always predictable or rational. Employees need to know where to go next when a particular product doesn't suit, and they need the confidence to ask the right questions, suggest changes and upgrades, and to keep going until the right solution is found.

### Eight pitfalls to avoid when communicating innovation:

1. Don't confuse people: explain why this innovation matters.
2. Don't let complexity obscure your goal.
3. Don't be secretive: share and celebrate development news, internally and externally.
4. Don't under-communicate: get buy-in and build excitement amongst your team.
5. Don't let cynicism within your team undermine the process.
6. Don't bury your understanding of your market: use it to drive your storytelling.
7. Don't let departmental or technical jargon confuse the team or the market.
8. Don't permit any disconnect between innovation and your business strategy.<sup>57</sup>



# Using innovation to solve problems

## Retailers are innovating innovation

No business can be innovative in everything it does. Instead, new thinking and new ideas can be used to target specific problems. For example, we've seen that not enough patients are told they're eligible for contact lenses, and an insufficient number are encouraged to try upgrades such as silicone hydrogels.

The ECP can begin to target specific problems by listing the reasons why it may be happening – both on the side of the practice and the side of the patient. Some sample reasons are given over the page for the issue of upgrading to contact lenses, but ECPs may wish to add their own, or use this sort of format to address a different problem.

Tactics can then be devised to address each reason, under different headings; for example, 'How might I change my business model to solve this?', 'What new ideas could help solve this problem by communicating better?', 'What new ideas might solve the problem by adding value?' and 'How can we address this by doing training in a more interesting way?'. Again, there may be other columns.

Not every cell needs to contain a tactic, but a larger number of tactics, spread across the chart, will help to ensure an innovative campaign which addresses a number of issues in a number of ways, leading to a more consistent and seamless plan.

The more creative the approach, the better: it's easier to tone down a radical idea than to enhance a more pedestrian idea.

“ There's a massive potential market out there for moving people across to contact lenses, and it's up to us to grow it.<sup>xix</sup> ”

**Paul Graves** BODY'S OPTICIANS, SOUTHBEND-ON-SEA



## Objections from employees

	New ideas for tackling the problem				
	Business model	Service levels	Added value	Communication	Training and development
'The patient seems fine.'					
'It's easier not to change anything.'					
'The customer can't afford them.'					
'It'll take too much time to explain it all.'					
'I don't know enough about the products.'					
'Glasses keep the dispensers busy.'					
'I don't have time to get to know the patient.'					
'I don't want to be seen to be selling.'					
'The patient won't look after them properly.'					
'The customer may be disappointed and then go elsewhere.'					
'Following up on trials is time we won't be paid for.'					
'I don't understand the business benefits.'					
Others...					

## Objections from patients

	New ideas for tackling the problem				
	Business model	Service levels	Added value	Communication	Training and development
'I'm not eligible for them.'					
'I'm OK as I am.'					
'They will hurt, or get stuck, or give me an infection.'					
'If I admit to problems, I may have to go back to glasses.'					
'They'll be more expensive.'					
'I don't have time to keep coming back for more lenses.'					
'There's nothing new that could help me.'					
'There's never time to talk and no one ever mentions it.'					
Others...					

“ We have ‘leaky buckets’. We keep prescribing more and more contact lenses, but the number of patients wearing them is hardly growing. We need to find more ingenious ways to make it work for patients so they can stay with contact lenses and stay with their ECP.<sup>xx</sup> ”

**David Brett-Williams** SPECSAVERS, LUTON



# Conclusion

In a competitive market, those ECPs who focus on innovation will build customer loyalty and, therefore, their practice. Loyalty is particularly important in eye care because it brings in repeat custom, rather than ECPs having to dedicate time to the distraction of business development or to selling, which can feel alien in the healthcare setting.

While it's important for ECPs to source products from manufacturers which supply a steady stream of new products and services, depending on the manufacturer alone for innovation may be a short-sighted strategy.

ECPs have a real opportunity to create clear and attractive positions in their market by being innovative themselves, in the way they attract, care for, communicate with and otherwise serve their patients.



Eye care practices overlap with retail, and there's plenty to learn from the way retailers, and other sectors, view their customers and handle innovation. New ideas don't come only from scientists and researchers: they can also come from practice owners, employees, patients and even the general public, as long as those groups can be engaged with and listened to. Often, new ideas come from combining different ideas from different industries to create one new show-stopper for a different sector.

ECPs can use innovation to target particular problems within the practice; for example, finding new strategies for encouraging employees to recommend contact lenses or upgrades.

Not every new idea will work, but by generating enough ideas, and adapting them carefully to the practice, its patients and the local context, ECPs can reap rewards in customer loyalty and business growth.

However, it's also helpful to underpin practical innovation with a good understanding of theory, and to recognise that not everyone responds positively to change, or at the same rate.

Understanding how innovation is diffused, and then adopted by different groups (and about different adoption rates and barriers to adoption) will help to ensure that innovation activity has the best chance of success.

Finally, ECPs will benefit from appreciating that eye care is a complex system, made up of people who are inherently unpredictable. Understanding this from the outset can help to prevent frustration as well as placing the emphasis, quite correctly, on their relationship and dialogue with patients.



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