



Rex Features

Homing in on the 3D market

A new market is emerging for retail optics with the migration of 3D from cinemas into homes. But is the profession ready to take advantage? Last month *Optician* hosted a discussion, sponsored by Essilor, to try to find some answers

When *Optician* published the first findings from its research into the profession's lack of knowledge in the 3D market (08.07.11), the reaction was one of incredulity. How could those in retail optics know so little about the market given the effort and coverage provided, wrote one correspondent (*Optician* 22.07.11).

Optician first commissioned the Essilor-funded research to try and understand the knowledge surrounding 3D eyewear (22.07.11), but also to gauge the level of interest and the business opportunity 3D presents to UK retail opticians.

Chairing the meeting, *Optician* editor **Chris Bennett** gave a round-up of the technology to date, from red green cardboard specs to active shutter specs and on to the latest circular polarising passive 3D systems. He posed the question that now 3D was moving away from the cinema and into the home was there a market opportunity for the retail optical profession in passive polarising 3D specs. **Andy Hepworth** pointed out

THE PANELLISTS

- **Sue Cockayne**, former Leightons managing director
- **Paula Baines**, dispensing development manager at Vision Express
- **Stephen Karbaron**, retail consultant
- **Keiran Minshull**, independent practitioner
- **Gordon Carson**, Boots Opticians professional services officer
- **Chris Knight**, sales and marketing director EMEA/Asia for Polaroid
- **Andy Hepworth**, professional relations manager at Essilor
- **Professor David Thomson** of City University and Thomson Software Solutions

that active shutter technology was still more prevalent in the home market. While LG was waving the banner for passive everyone else was still talking about active and this was where Essilor had directed its effort.

Passive progress

The emergence of passive systems was the key to opening up the retail optical market, so has a market, and standards, for passive polarising system emerged yet or are we still living in an active shutter age?

Sue Cockayne pointed out that

active specs had got to be connected to a particular electronic product and weren't transferable between brands. They were also complex items, she said.

Stephen Karbaron summed up the general feeling with an analogy of previous technologies: 'I think we are all old enough to remember the VHS-Betamax battle. Being first to market isn't always the best thing.' He suggested the first to market was active and second was passive. 'Active eyewear is technical, heavy and battery operated; it's a piece of electronic kit rather than just a pair of glasses. Passive just uses polarisation that can be fitted into any pair of glasses,' he said.

That is why he said he had decided to work with Marchon. It, he said, had gone down the route of combining a photochromic designer sunglasses and a passive 3D product. 'You can buy one pair of glasses, walk into any movie theatre or any friend's house and it will work.'

But are we at that level of compatibility yet? **Chris Knight** said the development of active 3D TV had been faster and first as it was cheaper because there was nothing different in the screen. The 3D effect was created by a

piece of software coupled to the glasses.

'It's the glasses that are expensive because they are active LCD shutters,' he said. A passive polarising system relied on more advanced screens made by a handful of suppliers. The benefit was that the glasses were simple, cheaper and they would be compatible with other systems.

'So is passive the new standard?' asked **Cockayne**.

'Yes,' said **Knight**. 'It was just quicker for the TV companies to take the active route to get 3D up and running. LG has done a lot of research and that shows users want a passive system. If you put 20 consumers in a room with both systems they will all end up using the passive,' he affirmed.

But reality could not be ignored said **Hepworth**. 'At the moment the UK market is controlled by active 3D TV. From the perspective of a practice there is an opportunity in active 3D TV.' He suggested if consumers did not like wearing big goggles to get the 3D effect it was worth looking at the opportunities that presented themselves to the market.

All at the discussion agreed such opportunities would present themselves around sporting events such as next year's Olympics.

Cockayne said she thought cinemas and pubs would be piggy-backing off the introduction of passive systems and the big marketing push around the Olympics. **Knight** agreed, pointing out that those providing 3D screenings that used active systems were not going to hand out \$100 active specs in a pub to everyone who wanted to watch the match.

Passive gave the option for cheap give-away specs. Passive 3D was generic. 'So long as the passive TVs come, that will be the way to go. And all indications are that they will.'

'If there's a retail opportunity for opticians it's in the passive not the active,' he said.

A little bit of eyestrain

Turning the conversation to health, **Karbaron** asked how much research had been done on the health aspects of active and passive systems.

Professor David Thomson replied that a lot of research was going on but there were few conclusive results: 'Whenever there is new technology there's an awful lot of scare stories that surround it. Looking at the technology there is very little there that is capable of causing much more than a little bit of eyestrain.'

All the systems worked in the same way, he said, showing different images to each eye under rather artificial conditions. 'Some people with slightly dodgy BV might end up with some symptoms related to that. Some people won't get any 3D effect at all, but the vast majority won't have a problem.'

He went on to explain that around 5 per cent of the population were amblyopic and have poor, or no stereopsis, another 3-4 per cent had poor BV, so perhaps 8-9 per cent of people could not watch 3D. **Prof Thomson** also questioned how keen interest would be in the technology once the wow factor had subsided. He also pointed to the anti-social aspects of having to wear



'The next Olympics is going to be a 3D event'

goggles to view a TV. Referring to the College of Optometrists' suggestion that those having a poor experience at a 3D movie should have an eye test, **Cockayne** asked if 3D might be a way of picking up adult amblyopias.

Prof Thomson suggested some individuals with poor BV might benefit from having correction for 3D viewing even if they didn't need correcting in everyday life.

Cockayne suggested fears in practice were more likely to be from mums who had read scare stories in the press. 'The message that opticians give out has to be clear and concise,' said **Prof Thomson**: 'One 3D [film] is not going to damage your vision long term but it's a good opportunity to have your eyes tested.' He suggested

practices might offer a few tips about resting the eyes, looking away or giving the eyes a chance to recover when you came out of the cinema.

Karbaron said some of the headlines surrounding 3D were great for the optical business because they would drive viewers into practice. **Bennett** asked how the larger optical groups felt about that given the lack of advice from the governing bodies.

Vision Express' **Paula Baines** said people complained about a lot of things and if 3D glasses were sold over the counter a lot of people would come back. 'We need to train our staff to make sure we give the correct advice and we record the information we have given,' she added.

Bennett asked if such complexities might put the multiples off.

'I would never say never,' said Boots' **Gordon Carson**. 'What we can do at the moment is give patients general advice based on research. About stereopsis, about use, about looking away. In terms of product there is demand but it is confused,' he added. 'What kind of TV have you got? Well it's a Sony. I don't think the patients are well enough informed, bless them, for us to say: do you want the Polaroid, the Marchon or some active goggles?'

He suggested the older children's market might be more straightforward but a lot still needed to be considered.

Systems without glasses

Representing the independent sector **Keiran Minshull** asked that with technology moving on at such a pace how long would it be before there were 3D systems that didn't require glasses at all.

Knight said that these, autostereoscopic systems, were already available but their use and screen size were very limited. He suggested it could be 10 years before that technology took over at a price, and in a format, that would compete with home TV systems.

For the moment the speed of development would depend on the media available. Sport, primarily the Olympics, and gaming could be expected to drive that.

'The Olympics is a once in a lifetime thing,' said **Karbaron**. 'I think there's a big, big opportunity in the UK. The next Olympics is going to be a 3D event, it is going to be on TV, it is going to be in pubs, it will be in theatres for sure. The way the opticians and our industry has got

3D eyewear debate

to look at that is to ask if there is something in there for us. Yes there is, 3D eyewear, passive will be the dominant force for sure because that's the public way of viewing.

'If we can steal the march on other people the public may become used to the idea that the opticians is the place to get good 3D eyewear. There will be a market for generic pairs and there will be a market for slightly more premium glasses but it will only be a five-year market. A lot of people only wear a pair of sunglasses for a year or two anyway.

'It's a very easy market to get into, I believe it's there for the picking for the optical world. And if you don't do it the people who stole the sunglass market will take this market too.'

Karbaron said the way forward was that proposed by Marchon with a dual purpose sunglass/3D designer, Kiss and Kill, frame. He also revealed that Marchon had a prescription passive product under development for release later this year.

Although a proponent of passive 3D **Knight** said Polaroid took a different view and preferred to offer 3D-only glasses with a slight tint at a lower price point for the customer. 'We are building in UV but we are not pushing it as a sunglass,' he said.

Who will take the plunge?

So did the panel think opticians were going to go for 3D?

'I think some will,' said **Minshull**. 'The forward thinking ones who see the opportunity. As usual within our industry the majority won't. The majority will always look at the negative issues first and will shy away from it – this isn't for me, let someone else do it.'

'If it does pick up and touch the fringes of the optical business in a big way, I can see someone like Luxottica sectioning off a bit of Sunglass Hut,' said **Cockayne**. This might be kept away from the clinical side. She suggested more traditional practices would bury their heads in the sand. 'It's too complicated, what if I get sued? What if, what if?'

'People will see the opportunity,' said **Karbaron**. The product had progressed and while active products were technical there were new passive products out there. 'It is up to the optical market to take it by the horns and have a go at it. The ones who do will make some money out of it.'

'I think there will be a certain percentage who will go for it but the ones who do will understand that they



'So is passive the new standard?' Sue Cockayne puts the question to the other panel members

are not going to make a killing,' said **Minshull**. 'It's not going to make them millionaires over the next five years.' He saw it as a service to their patients that would make some money rather than lose it to somebody else. 'It's another bolt on like contact lenses or like sports eyewear.'

'And it's a talking point for your business. Even if patients don't want 3D specs themselves, they will tell someone else,' said **Cockayne**. This was great for recommendation and it was reputation enhancing, she added. 'It's perfect for an independent.'

'I think we ignore it at our peril,' said **Carson**. 'We are customer led and we are supposed to provide solutions. It may be a question of creating centres of excellence or pointing customers in another direction,' he suggested.

'You have really got to love it and sell it because it's no good having a product that you don't bother with and don't recommend,' added **Baines**. She saw an opportunity to get people into the practice who wouldn't normally come in. 'Perhaps they will think you've provided 3D and perhaps when they need spectacles they'll come back.'

She agreed that it could be a good practice builder, but it could be trickier for the multiples.

'If I was an independent I could sit here and say that, with a 1,000 professionals it's a little bit different.'

Knight said expectation had to be realistic. 'Opticians shouldn't expect that hundreds of people are going to come flooding in. I think it's going to be a slow burner over the next two years as passive TVs and passive laptops come in. I don't see it as a big hit in the beginning, but if you become known as someone who knows about 3D, that market will grow.'

Cockayne felt the effort required and the likely benefit might put practices off. 'Sadly I have to say generally in the optical industry I think we will miss this one. We will not be quick enough off the mark. Unless the bodies, like the College, make a move now and give the clinical support and guidance needed, I think it will be too complicated. People just don't understand. I had to go and do my own research on this because there was nothing in the industry.'

From where that information and advice should come from was less clear. 'If you wait for the College or the GOC it will be a long wait,' said **Prof Thomson**. But for a good reason. Without scientific evidence it would be hard to issue advice so it was up to academia to take on the research.

'I think there is a real danger of being over-cautious here. I think the danger of it [3D] causing you serious damage is almost nil. The worst that could happen with this technology is a bit of eyestrain, or a bit of headache maybe. As a College councillor I am sure the College will take the right decision,' he concluded.

What he was more sure of was that with more 3D being viewed, more patients would come into practice and the profession needed to get up to speed with the technology.

Whether practices seized the opportunity or not **Karbaron** said someone would. 'There are people outside our industry looking at the opportunities within our industry. I would say to the retail side of the market don't lose an opportunity, we are so good at that. We are so good at sitting on the fence saying "is this right, is that right?", and an entrepreneur from another business field comes in and grabs the market. It's a five- or six-year market, take advantage of it.' ●