

The £1.4bn opportunity: How reclassification can transform healthcare, improve access to medicines and enable growth

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Expanding medicine reclassification could improve access to treatments, empower self-care, and reduce pressure on NHS services.

MHRA foreword

Empowering people to take control of their own health is an essential pillar of a sustainable healthcare system. As pressure on primary care grows, we must seize every opportunity that enables individuals to manage minor conditions safely and confidently, reducing unnecessary GP appointments and ensuring time is focused on those who need it most. Reclassification of medicines is a practical and impactful way to deliver this shift, broadening access to trusted treatments and giving people faster, more convenient routes to care.

In the latest of our strategy blogs, PAGB CEO, Michelle Riddalls explores the scale of this opportunity — for the public, the NHS, and a consumer healthcare sector ready to drive innovation. By strengthening the role of pharmacists and supporting a more prevention-focused model, reclassification doesn't just expand choice, it helps build a healthier, more resilient system for everyone. When people are equipped with the right tools, information and access, the benefits ripple across the entire health landscape.

Guest blog: Michelle Riddalls OBE, CEO of PAGB, the consumer healthcare association

For decades, our healthcare system has been structurally designed around illness, not wellness. But as the UK shifts from treating sickness to preventing it – a founding pillar in the 10 Year Health Plan – we must now focus on how we can better empower people to take control of their own health.

One of the most powerful yet under-leveraged tools is the reclassification of medicines. We know that consumers are increasingly ready for this shift. PAGB's annual Self-Care Census consistently shows a growing appetite for this, with people wanting greater access to everyday treatments such as pain relief, short-term sleep aids, and over-the-counter (OTC) solutions for common skin conditions like acne and eczema. Almost three in four adults (74%) want more medicines available without a prescription, a clear signal that the public is not only ready for change but asking for it.

Reclassification can be a catalyst for self-care. By switching medicines from Prescription-Only Medicine (POM) to Pharmacy (P), and from Pharmacy (P) to General Sales List (GSL), we are creating a real opportunity to reduce unnecessary GP visits and give people faster, more convenient access to the treatments they need. Not only this, it also strengthens the role of pharmacists as front-line partners in preventative health, enabling them to support patients not just with acute conditions but with broader issues such as weight management, smoking cessation and long-term wellbeing.

Looking ahead, it would also be valuable to explore the potential to update and change the legal

requirements around injectables and highlight the significant opportunities this could unlock for areas such as weight management and access to treatments like EpiPens. Reforming these criteria could be genuinely ground-breaking, opening the door to innovation and enabling consumers to access timely support for these conditions. Bringing this into the conversation adds a fresh dimension to the reclassification debate and stresses the wider potential for regulatory reform to improve health outcomes in meaningful, practical ways.

The impact of previous switches speaks for itself. Nurofen remains one of the strongest examples: more than 40 years after becoming OTC, it continues to be one of the UK's most trusted brands. Allevia and Calpol are also among the top 10 consumer health brands, further highlighting the market-shaping effect reclassification can have.

Some switches have carried even greater social significance. The 2022 reclassification of low-dose Estradiol vaginal products, followed by the 2024 switch of Ovesse estriol cream, has transformed access to Hormone Replacement Therapy (HRT) for thousands of women, offering timely treatment without the need to navigate GP appointments. Our Self-Care Census uncovered that women's access to healthcare advice and treatment through the NHS is concerningly difficult to obtain. Reclassification can also support the destigmatisation of conditions, open up conversations, and encourage earlier engagement with healthcare professionals. The switch of Viagra, which I was a part of, demonstrates just this. All of these examples highlight that reclassification is not only a regulatory decision but a public health intervention.

Yet collaboration is key to removing the barriers and unlocking the full potential of reclassification. Recently, we carried out a survey with a number of our members and nearly 80% of companies said consumer demand was their key driver for reclassification.

As the expert voice of reclassification, my team at PAGB are continuing to work closely with the Medicines and Healthcare products Regulatory Agency (MHRA), the Department of Health and Social Care (DHSC) and international partners. But we believe that there is more that can be done. Reclassification should be seen as a growth enabler, and the UK should lead the world in creating a regulatory environment that encourages innovation and expands patient choice.

It is also vital to consider the economic case for increased reclassification. If future switches reduced NHS prescribing levels and spending by just 5%, the health service could save an estimated £1.4 billion each year. With 63% of adults reporting they are able to work and miss fewer days through OTC symptom management, the economic benefits extend well beyond the NHS: up to £18 billion in productivity gains for the UK economy.

That is why PAGB and leading pharmacy organisations via the Reclassification Alliance are calling for the Government to widen the use of 25 OTC products over the next five years. Working collaboratively alongside the MHRA to ensure that the regulatory environment is consistent and navigable, as well as ensuring that members are supportive and ultimately committed to improving and streamlining the process together.

Reclassification shouldn't be classed solely as a regulatory mechanism but as a cornerstone of a prevention-first healthcare model. By making appropriate treatments more accessible, we can empower individuals to manage minor health conditions independently, reduce pressure on overstretched primary care services, and enable pharmacists to take on a larger role in community health. This approach also frees up NHS capacity for more complex needs and accelerates innovation across the consumer healthcare sector, creating a system that is more efficient, patient-focused, and forward-looking.

As the UK health landscape continues to evolve, reclassification is one of the most practical and impactful opportunities that we have to strengthen self-care and deliver the ambitions of the NHS 10 Year Plan. The opportunity is clear. The demand is there. The evidence is compelling.

Now really is the time to modernise the system and unlock the full potential of reclassification — for patients, for industry, and for the NHS.

<https://www.gov.uk/government/news/the-14bn-opportunity-how-reclassification-can-transform-healthcare-improve-access-to-medicines-and-enable-growth>