Medical cannabis has been legal to prescribe in the UK in limited circumstances since 1 November 2018. So why do so many patients still struggle to get it on the NHS?

The short answer is that the law changed more quickly than NHS evidence, guidance and prescribing practice. The change did not create a general right to cannabis treatment, make recreational cannabis legal, or allow GPs to start prescriptions. It created a tightly controlled route for specialist doctors to prescribe certain cannabis-based products for medicinal use when they judge that the legal and clinical requirements are met.

It also helps to be precise about what “legal” means. Possessing a prescribed product, prescribing it, and importing or supplying it are different parts of the chain, each with its own rules. Understanding that distinction can make the gap between the 2018 change and everyday NHS access less confusing.

What changed in 2018?

On 1 November 2018, the UK moved certain cannabis-based products for medicinal use in humans (often shortened to CBPMs) into Schedule 2 of the Misuse of Drugs Regulations 2001. This meant that eligible products could be prescribed under controlled-drug rules by doctors with the appropriate expertise.

Before the change, cannabis-based products generally could not be prescribed in this way. The rescheduling followed public attention to children with severe epilepsy who had reportedly benefited from cannabis-based medicines, and a government review of the rules.

But rescheduling was not the same as approving cannabis as a routine treatment. A product still needs to meet the legal definition of a CBPM, and prescribing remains subject to professional judgement, controlled-drug requirements and, in many cases, the fact that the product is not licensed for that particular use.

What the change did not do

- It did not make recreational cannabis use or possession legal.
- It did not allow patients to self-prescribe or use cannabis bought from an unregulated source as a lawful prescription medicine.
- It did not make GPs the usual starting point for a medical cannabis prescription.
- It did not require the NHS to fund every cannabis-based product that a clinician might consider.



- It did not make importing cannabis products without the necessary permissions lawful.

A prescribed medicine may be supplied through an authorised route, but that is different from ordering cannabis products from overseas yourself. Import and supply rules can be complex and can depend on the product and circumstances. If you are unsure about a specific product or shipment, get advice from an appropriate clinician or regulator before acting.

Why is NHS cannabis prescribing limited?

The NHS does not decide treatment solely on whether a medicine is legally prescribable. It also considers evidence of benefit, safety, the quality of the available studies, cost-effectiveness and whether a treatment fits established care pathways. This is a major reason why **nhs cannabis prescribing limited** is an accurate description of the current situation.

Many cannabis-based products prescribed in the UK are unlicensed for the condition being treated. An unlicensed medicine is not automatically illegal or unsafe, but it has not gone through the same product-licensing process for that particular use as a licensed medicine. A prescriber therefore needs to consider the evidence, the patient's circumstances and the responsibility they are taking on.

There is also a practical evidence problem. Cannabis products can differ in their ingredients, strength and formulation. Research findings from one product or patient group cannot necessarily be applied to another. NHS decision-makers need robust evidence about a defined treatment, for a defined condition, at a defined dose—not simply a general claim that "cannabis helps."

What does NICE guidance say?

The National Institute for Health and Care Excellence (NICE) published its guideline on cannabis-based medicinal products, NG144, in 2019. NICE guidance recommends or considers specific products for particular situations; it is not a blanket endorsement of cannabis for chronic pain, anxiety or other conditions.

For example, NICE recommends cannabidiol with clobazam for some people with Lennox–Gastaut syndrome or Dravet syndrome, and recommends cannabidiol for some people with tuberous sclerosis complex, subject

to the guideline's criteria. It also sets out a trial of nabiximols (Sativex) for some adults with moderate to severe multiple-sclerosis spasticity when other treatments have not worked adequately. These are specific recommendations, not a general route to a cannabis prescription.

That is why people often say **nice guidance cannabis slow**. The phrase captures a real frustration: policy, research and treatment practice do not move at the same pace. But NICE guidance is not the only reason access is limited. NHS commissioning, local formularies, specialist capacity and the evidence for a particular product and condition also matter.

Who can prescribe medical cannabis?

For unlicensed cannabis-based products, prescribing is generally restricted to a doctor who is a specialist consultant on the General Medical Council (GMC) Specialist Register. The doctor must be acting within their area of expertise and must be satisfied that prescribing is appropriate for the individual patient.

This does not mean every consultant can prescribe any cannabis product for any condition. A specialist will usually consider what treatments have already been tried, the diagnosis, potential interactions and risks, and whether the expected benefit justifies a trial. They may also seek input from a multidisciplinary team or follow local NHS procedures.

GPs cannot generally initiate an unlicensed cannabis-based medicine prescription. In some cases, a GP may be asked to share care after a specialist has initiated treatment, but that is not automatic; it depends on the medicine, local arrangements and whether the GP is willing and able to take on that role.

Why can private access feel easier?

A **private clinic cannabis uk** search may bring up clinics offering consultations with specialist doctors. Private clinics can sometimes assess patients more quickly than an NHS pathway, and some may consider a wider range of products or conditions. But private prescribing is not a loophole around the law or clinical standards.

A private prescriber still needs to meet the relevant professional requirements, assess the patient properly and decide whether a prescription is clinically justified. A clinic should be clear about what happens if it cannot offer treatment, what follow-up involves, and what the full costs may be—not just the first appointment fee.

For instance, Releaf is one company people may encounter while researching private medical cannabis services. Mentioning a provider is not a recommendation or confirmation that it is right for a particular patient. Check the clinicians' credentials, the service's prescribing process, the products offered and the likely ongoing costs directly with the provider.

Questions to ask a private clinic

- Who will assess me, and is the prescribing doctor on the GMC Specialist Register?
- What evidence or eligibility criteria does the clinic use for my condition?
- What are the consultation, prescription, medicine and follow-up costs?
- How often will my treatment be reviewed, and what happens if it is not helping?

- Will the clinic communicate with my NHS specialist or GP, and is shared care being requested or simply offered as a possibility?

Reviews can help you understand other patients' experiences, but they cannot establish whether a treatment is clinically appropriate or whether a provider is regulated to do what you need. Trustpilot can show customer feedback; it is not a medical regulator. Similarly, Similarweb can provide estimates of a website's traffic and audience, but website popularity is not proof of clinical quality, safety or prescribing standards.

NHS versus private access: the practical difference

Issue

NHS pathway

Private pathway

Who assesses you?

An NHS specialist, subject to local services and referral pathways.

A specialist working with the private clinic.

Availability

Limited by evidence, guidance, local commissioning and specialist capacity.

May offer quicker assessment or a wider range of options, but prescribing is still not guaranteed.

Cost to the patient



Normally covered as NHS care when prescribed through the NHS pathway.

Consultations, medicines and follow-up may be chargeable; ask for the full cost in advance.

Prescribing standards

Clinical and controlled-drug rules apply.

The same relevant legal and professional prescribing standards apply.

Private treatment can be expensive over time, and paying for a consultation does not guarantee a prescription. Patients should balanced thc cbd products be wary of any service that promises a particular medicine before a proper assessment or presents cannabis as a proven cure.

What can patients do if they are considering treatment?

1. **Start with the condition and current care.** Talk to the specialist treating you about what has been tried and whether a cannabis-based medicine has a recognised role for your diagnosis.
2. **Ask about the evidence and alternatives.** A clinician should be able to explain the likely benefits, uncertainties, risks and monitoring plan in language you can understand.
3. **Clarify the route.** Ask whether the discussion is about an NHS prescription, a private consultation or a referral to another specialist. They are not interchangeable.
4. **Check providers carefully.** Confirm clinician credentials and ask for written details of fees, follow-up and what happens if treatment is unsuitable.
5. **Get legal advice for a legal problem.** If you are facing a dispute about possession, supply, importation or a prescription, the facts matter. Irwin Mitchell solicitors is one law firm people may consider contacting, but seek advice from a qualified solicitor about your particular circumstances.

The bottom line

Medical cannabis is not “fully legal” in the UK in the everyday sense of being freely available. Since 1 November 2018, certain products can be prescribed under controlled conditions, but access remains narrow because prescribing is specialist-led, evidence is product- and condition-specific, and NHS decisions also involve guidance, commissioning and local practice.

For patients, the key questions are not simply “Is cannabis legal?” but: Which product? For which condition? Prescribed by whom? Supplied through what route? And paid for by which service? Getting those details straight can help you have a more useful conversation with your clinician and avoid confusing a private offer, an online review or a general legal change with a guaranteed NHS treatment option.