Since the rescheduling of cannabis-based products for medicinal use in November 2018, the UK has found itself navigating tricky waters when it comes to allowing patients access to medical cannabis. On paper, cannabis is legal to prescribe under strict conditions, but in reality, NHS funding for medical cannabis remains the exception rather than the rule. This leaves many patients caught in a confusing no-man's land where legal prescribing exists but NHS support often does not — a situation sometimes described as NHS funding vs legality. In this post, I break down the nuances behind this two-tier healthcare system in the UK regarding medical cannabis, explaining what the 2018 changes really meant, who can prescribe, and why the NHS remains cautious about unlicensed cannabis medicines.

What the 2018 Rescheduling Changed

In November 2018, the UK government moved cannabis-based products for medicinal use (CBPMs) into Schedule 2 of the Misuse of Drugs Regulations. This was a landmark policy shift that, for the first time, allowed specialist doctors in the UK to legally prescribe cannabis medicines *on the NHS or privately*. Prior to this, although cannabis derivatives could be legally prescribed overseas or in certain clinical trials, no authorised medical cannabis prescription could be issued in the UK.

Schedule 2 cannabis UK status means that cannabis medicines are subject to strict controls similar to opioids and morphine, including special prescription forms and storage requirements in pharmacies.

But—and it's a big caveat—this change did *not* guarantee widespread NHS funding or easy patient access. As I've noted many times in my research and interviews, the 2018 rescheduling was a door opening, not a hand being extended. Clinics and specialist consultants started offering private prescriptions, but NHS clinics remained—and remain—extremely cautious.

One Sentence Translation:

If you have a doctor who specialises in certain conditions and is willing, they *can* prescribe medical cannabis legally—but getting the NHS to pay for it is a whole other story.

NHS Funding vs Legal Prescribing: Why the Two Don't Always Match

This is where confusion often kicks in. It's perfectly legal for a specialist in the UK to prescribe cannabis-based products if they think it's appropriate. But NHS funding for many of these products is often lacking, meaning that even if your doctor agrees, you might be expected to pay privately.

Why? The National Institute for Health and Care Excellence (NICE), NHS gmc specialist register requirements England's own technology appraisal body, evaluates medicines and treatments to decide on cost-effectiveness and recommend NHS funding. For many cannabis medicines, NICE has yet to approve a positive recommendation because of limited high-quality evidence, fears about cost, and concerns over long-term safety and efficacy.

This creates a tension between *legal prescribing*—which is possible in principle—and *NHS funding*—which tends only to be granted in very limited circumstances, mostly via individual funding requests for exceptional cases.

What This Means for Patients:

- Legally, a specialist can prescribe CBPMs in secondary care settings.

- The NHS usually won't routinely fund it, meaning patients often pay several hundred to thousands of pounds privately.
- This fuels the rise of private clinics, which advertise more straightforward access but at a price, adding to a two-tier system in the UK.

For those keen to explore private healthcare options, comparison and directory sites like medicalcannabis.co.uk provide listings of UK clinics specialising in this field, including price transparency when available.

Specialist-Only Prescribing Rules: Not Just Any Doctor Will Do

Another big barrier to access is that only specialist doctors—not GPs—can prescribe cannabis medicines. This is a deliberate safeguard given the complex nature of these products and the still evolving clinical evidence.

Specialist prescribing means that even with a condition where medical cannabis might be reasonable, you first need to navigate to a consultant with expertise in your condition and an interest in cannabis therapy. This can be a bottleneck since not all specialists are comfortable or familiar with prescribing CBPMs, and hospital formularies don't always include these medicines.

This specialist-only rule arguably reflects NHS caution and risk aversion; after all, CBPMs remain largely unlicensed, which brings us neatly to the next point.

Unlicensed Cannabis-Based Medicines and NHS Caution

The majority of cannabis-based products available in the UK are *unlicensed medicines*. This means they do not have the MHRA's standard marketing authorisation that most conventional medicines hold.

What does this mean in practice? When prescribing unlicensed medicines, clinicians have extra responsibilities to justify their use, monitor patients carefully, and obtain informed consent regarding the uncertainties about effectiveness and side effects. NHS trusts can also be cautious about adding these to formularies, meaning that prescribing can be restricted or require special approval.

This caution is further compounded by gaps in robust clinical trial data that meets the gold standard NICE and NHS usually demand for routine funding. Many cannabis products come from overseas manufacturers with differing standards in evidence and quality control.

For an easy-to-understand guide on these issues, releaf.co.uk's explainer offers patient-friendly coverage highlighting NHS rules and potential funding pathways.

The Emerging Two-Tier Healthcare Picture

Put this all together and a picture emerges of a de facto two-tier system in the UK when it comes to medical cannabis access:

1. **NHS Patients:** Must persuade a specialist to prescribe, then face long odds at convincing the NHS to fund cannabis-based medicines. Many face repeated refusals or need to go through complicated individual funding requests, often with limited success.
2. **Private Patients:** Have more ready access via private clinics but must cover the full cost themselves, which can be substantial and ongoing.

This divide raises several questions about equity and fairness in the UK's National Health Service system, especially since many patients turning to cannabis have already exhausted conventional NHS treatments.

Is There a Way Forward?

To untangle the knot of NHS funding vs legality, steps will need to include:

- **More high-quality clinical trials** to provide clear evidence for benefit and cost-effectiveness.
- **Clearer NHS clinical guidelines and formulary policies** to reduce postcode lotteries of access.

- **Improved specialist training** and awareness to increase clinician confidence in prescribing CBPMs where appropriate.
- **Greater transparency around pricing** and patient costs to make private options clearer and more manageable.

The debate is ongoing, and as several years have passed since the 2018 rescheduling, many patients and advocates remain frustrated by what they see as an 'opportunity lost'—where legal reforms provided hope but not equal access.

Summary Table: Key Points on UK Medical Cannabis Access

Aspect Explanation 2018 Rescheduling Cannabis moved to Schedule 2, allowing specialist prescribing legally in the UK. NHS Funding Very limited; mostly relies on individual funding requests and case-by-case decisions. Prescribing Rules Only specialists can prescribe; GPs cannot initiate prescriptions. Licence Status Most cannabis products are unlicensed medicines, raising cautious NHS approaches. Patient Access Often split between expensive private clinics and scarce NHS-funded options.

Final Thoughts

The UK medical cannabis system stands at a crossroads defined by the tension between legality and NHS funding reality. While it's never been illegal for specialists to prescribe cannabis medicines since 2018, this legal status does not guarantee NHS access or affordability. The outcome is an uneasy, evolving two-tier landscape where private clinics fill gaps NHS services are not yet confident stepping into.

Patients considering medical cannabis should keep informed via reputable resources like medicalcannabis.co.uk and releaf.co.uk—and be prepared for a journey requiring patience, clinical advocacy, and sometimes private funding.

Hopefully, with ongoing research, clearer guidance, and more NHS engagement, this gap between legality and funding will narrow in the years ahead.