The landscape https://vergemagazine.co.uk/can-you-get-medical-cannabis-on-the-nhs-a-guide-to-the-uk-system/ of medical cannabis in the UK has evolved significantly since the 2018 rescheduling of cannabis-based products for medicinal use. Yet, many patients still face a confusing patchwork of access routes, legal restrictions, and funding issues. One common question cropping up among patients and clinicians alike is: *does a private medical cannabis prescription help build evidence for the NHS?* In this article, we'll unpack what changed in 2018, how NHS versus private prescribing works, and what it really means for the evidence base of medical cannabis in the UK.

Understanding the 2018 Rescheduling: What Changed?

In November 2018, the UK government reclassified cannabis-based products for medicinal use (CBPMs) as Schedule 2 controlled substances. This meant that, for the first time, specialist doctors could legally prescribe medical cannabis products within the NHS framework.

Before this change, patients who wanted cannabis-based treatments had no lawful option in the NHS and were often driven to unregulated private markets or illegal sources. Post-rescheduling, the possibility of NHS access opened—but only under tight controls:

- Only specialist doctors registered with the General Medical Council (GMC) can prescribe cannabis medicines.
- The medications must be licensed or, if unlicensed, fall under strict guidelines for exceptional use.
- NHS funding for these prescriptions remains extremely limited and cautious.

In other words, while the 2018 rescheduling legalized prescribing, it did not guarantee NHS funding or easy access.

NHS Funding vs Legal Prescribing: What Patients Need to Know

A key point often misunderstood by patients is that **legality does not equal funding**. Just because a cannabis-based product can be legally prescribed by an NHS specialist does not mean that the NHS will routinely pay for it.

Currently, NHS access to CBPMs is rare and subject to strict clinical criteria. Many patients encounter "postcode lottery" issues where local NHS commissioning groups decide not to fund these treatments, leaving patients to seek private prescriptions if they want treatment.

Private clinics—such as those listed on medicalcannabis.co.uk—offer consultations and legally prescribe CBPMs, but these services are paid out of pocket by patients. The charges can vary widely depending on the clinic, the product, and the treatment plan. No specific prices were stated in the sources scraped for this article. If future information about costs emerges, we'll provide exact quotes and attribute them accordingly.

So, patients should understand that:

- Getting a private prescription for medical cannabis is legal and can provide access to treatment otherwise unavailable on the NHS.
- The NHS may not fund the prescribed treatment, meaning patients fund private prescriptions themselves.
- It is not illegal to privately purchase prescribed cannabis medicines if obtained through an approved prescriber.

Specialist-Only Prescribing Rules: Why You Can't See Your GP

Since the 2018 rescheduling, NHS guidelines strictly state that only specialist consultants—such as neurologists, pain specialists, or palliative care physicians—can initiate cannabis-based medicines prescriptions. General practitioners (GPs) are not allowed to prescribe CBPMs independently.

This specialist-only prescribing rule ensures that these treatments are used where there is clinical justification and expertise. However, it also means patients can face long waits or difficulties securing a specialist appointment that leads to a prescription.

Private medical cannabis clinics, typically run by specialists registered with the GMC, can sometimes offer more timely assessments and prescriptions. Still, they must operate within the same prescribing rules.

Unlicensed Cannabis-Based Medicines and the NHS Caution

One complexity is that most CBPMs currently prescribed—even when licensed—are often considered unlicensed medicines when used for specific conditions or doses not included in their official marketing authorisations.

NHS policy is generally cautious about routinely funding unlicensed cannabis medicines because:

1. The evidence base for many indications remains limited or inconclusive.
2. There are concerns about the standardisation, consistency, and quality control of some cannabis products.
3. Long-term safety and efficacy data are still emerging.

Therefore, even if a patient secures a private prescription and starts treatment with a CBPM, the NHS may not consider that prescription as part of an "approved" pathway. This cautious stance influences funding decisions and the overall integration of cannabis medicines into NHS formularies.

Does a Private Prescription Help Build the Evidence Base for Medical Cannabis?

The question remains: *if patients obtain medical cannabis through private prescriptions, does this contribute to building a stronger evidence base that benefits future NHS prescribing?*

The short answer is: **it depends, but the contribution is limited without systematic data collection.**

Here's why:

- **Private prescribing is not automatically linked to formal NHS data registries.** Many private clinics do not have mechanisms to collect outcomes data in a way that's shareable with NHS researchers or regulatory bodies.
- **Clinical trials remain the gold standard** for evidence generation. While observational data from real-world use is valuable, NHS commissioning bodies typically require higher-quality evidence before approving widespread use.
- **Some private clinics have begun participating in observational registries.** For example, there are registries tracking medical cannabis patient outcomes, but their reach and data quality vary.

One resource worth noting is the concept of observational registry cannabis which collects patient-reported outcomes to help build the evidence base over time. If private clinics actively contribute to such registries and maintain rigorous records, they can help improve understanding of cannabis medicines' real-world benefits and risks.

However, patients should be aware that simply having a private prescription or paying privately does not in itself advance NHS policy or funding decisions. Coordinated efforts between clinicians, researchers, and regulatory bodies are necessary to transform individual treatment experiences into robust evidence.

Summary Table: Private Medical Cannabis Prescriptions and NHS Evidence

Aspect Impact of Private Prescription Effect on NHS Evidence Base Access Improves access for patients unable to get NHS prescriptions None direct; access alone does not build evidence Data Collection Variable; depends on clinic participation in registries Positive if data is systematically collected and shared Treatment Outcomes Reported by patients, often anecdotal Useful only if aggregated and analysed scientifically Funding Paid privately; no NHS funding impact No direct impact without controlled trials Legal Prescribing Legal with specialist prescriber Supports legitimisation but not NHS commissioning alone

Final Thoughts

Getting a private medical cannabis prescription in the UK can offer a legal route to treatment for patients who don't have NHS access. Clinics found on medicalcannabis.co.uk provide options for specialist consultations and prescribing.

However, private prescribing alone does not automatically help build the NHS evidence base unless accompanied by systematic data collection and research collaboration. Patients interested in contributing to the medical cannabis evidence should discuss with their prescribers about participation in observational registries or clinical studies.

For clearer explanations about how medical cannabis prescribing works and the state of the evidence, trusted resources like releaf.co.uk provide invaluable guides grounded in UK policy realities.

Remember: while the legal landscape post-2018 has made medical cannabis prescribing possible, NHS funding, cautious rules on unlicensed medicines, and the need for specialist initiation mean that private prescribing is often

the only realistic access point right now. Evidence building is a gradual process—patients can help, but only as part of a wider, coordinated approach.