Since the UK government's rescheduling of cannabis-based products in November 2018, there has been considerable public interest and media coverage around medical cannabis. For many patients, the key question remains: **why does the NHS say there isn't enough evidence to routinely prescribe medical cannabis for most conditions?** In this comprehensive guide, we'll break down the facts behind the evidence base for medical cannabis, NHS prescribing policies, specialist-only rules, and the caution around unlicensed cannabis medicines—translated into plain English that patients will actually find useful.

What Changed in 2018? The Rescheduling That Made Medical Cannabis Legally Prescribable

Before November 2018, cannabis and its derivatives were classified solely as illegal drugs for medical purposes in the UK—meaning doctors could not prescribe cannabis-based products at all. This changed when the government rescheduled cannabis-based products for medicinal use to *Schedule 2* of the Misuse of Drugs Regulations 2001.

What does rescheduling mean in practice? It means:

- Doctors can now legally prescribe cannabis-based products where clinically appropriate.
- Restrictions remain: only specialist doctors can prescribe; cannabis medicines are treated like strong controlled drugs requiring careful record-keeping.
- Rescheduling doesn't mean automatic NHS funding or blanket approval — it simply opened the door for legal prescribing under certain conditions.

This was a landmark move, intended to enable access for patients with severe conditions, such as drug-resistant epilepsy, certain forms of multiple sclerosis (MS), or chemotherapy-induced nausea and vomiting. However, it did *not* mean the NHS suddenly started funding medical cannabis routinely.

NHS Funding vs Legal Prescribing: A Crucial Distinction

One of the biggest confusions lies between the legality of prescribing medical cannabis and the NHS funding those prescriptions.

Just because a medicine can be legally prescribed, doesn't mean the NHS will pay for it.

NHS England makes funding decisions based on the evidence of clinical effectiveness and cost-effectiveness, usually relying heavily on data from high-quality studies like randomised controlled trials (RCTs). The National Institute for Health and Care Excellence (NICE) evaluates evidence and issues guidance to NHS providers.

Because the evidence base for many cannabis uses is still emerging or inconsistent, NHS funding remains extremely limited, leading to most prescriptions being either:

- Private prescriptions from specialist clinics, many found via directories like medicalcannabis.co.uk;
- Exceptional NHS cases with specialist approval;
- Or supplied on a trial basis within defined clinical pathways or research studies.

Specialist-Only Prescribing: Why GPs Cannot Just Hand Out Medical Cannabis

The law specifically requires that cannabis-based products for medicinal use can only be prescribed by specialist doctors on the General Medical Council (GMC) specialist register. This typically means neurologists, oncologists, pain specialists, or other consultants with expertise related to the condition being treated.

Why is this restriction in place? The government and advisory bodies want to ensure:

1. Doctors have the right expertise to weigh the potential risks and benefits for complex, often vulnerable patients.
2. Prescribing is cautious and closely monitored, preventing misuse or over-prescription.
3. Clinical decisions are made knowing the evidence base is still limited and evolving.

As a result, general practitioners (GPs) cannot legally initiate treatment with cannabis-based medicines, though in some cases they may continue therapy if initiated by specialists.

Why the NHS Is Cautious: The Evidence Base for Medical Cannabis

A key reason for NHS reluctance to widely prescribe cannabis medicines is the current limits of the evidence. The NHS and NICE rely heavily on:

- **High-quality randomised controlled trials (RCTs)**, which minimise bias and provide clear evidence of benefit compared to placebo or standard treatment.
- **Systematic reviews and meta-analyses** that aggregate data from multiple studies to confirm consistency.

For many cannabis uses, the evidence base is either:

- Based on small or poorly controlled studies;
- Inconsistent with some trials showing benefit and others not;
- Derived from observational data or patient reports rather than rigorous trials.

For example, the NICE guidelines on cannabis-based medicines highlight a lack of robust data for conditions outside a nhs cannabis evidence standards few narrow indications such as certain epilepsy syndromes or MS spasticity.

This cautious approach means that while some patients may experience relief, NHS commissioning decisions have to consider if prescribing widespread is justified given the strength of evidence and cost implications.

What About Randomised Controlled Trials for Cannabis?

Randomised controlled trial cannabis research faces challenges including the complexity of plant-derived compounds, difficulties in standardising formulations, and regulatory hurdles. Existing RCTs tend to:

- Focus on specific extracts or synthetic cannabinoids rather than whole-plant products;
- Include small sample sizes or short durations;
- Show mixed results, with some promising findings but no definitive proof of broad effectiveness.

Unlicensed Cannabis-Based Medicines and NHS Caution

Many cannabis-based products on the private market remain *unlicensed medicines*. That means they have not passed the full regulatory approval process with the Medicines and Healthcare products Regulatory Agency (MHRA) and do not have a formal UK marketing authorisation.

The NHS generally prefers to prescribe licensed medicines when available, because licencing requires rigorous quality checks and well-documented safety and efficacy profiles.

In many cases:

- Licensed cannabis-based medicines, such as Epidyolex for rare epilepsy and Sativex for MS spasticity, are accepted and can be prescribed on the NHS when clinically suitable.
- Unlicensed cannabis oils or herbal preparations require “specials” prescribing, are rarely commissioned by the NHS, and are often accessed privately.

This leads to a cautious NHS stance, prioritising proven, licensed products and restricting unlicensed cannabis medicines mainly to private or exceptional prescribing.

How Patients Can Navigate Access and Understand NHS Policies

If you are interested in medical cannabis, here are some key takeaways:

1. Start by speaking to a specialist doctor familiar with your condition and the evidence for cannabis medicines.

2. Use trusted resources like medicalcannabis.co.uk to find private clinics with relevant expertise, if considering private prescriptions.
3. Be aware that NHS funding for most cannabis uses is currently very limited due to evidence constraints.
4. Understand that "legal" does not mean "free on the NHS" — prescriptions often come at private cost unless picked up in exceptional NHS cases.
5. Follow guidelines and keep realistic expectations about benefits and risks because research is ongoing and NHS advice may evolve as new evidence emerges.

Price Note on Medical Cannabis Prescriptions

As of today, no specific prices for medical cannabis products covered by the NHS or private market were detailed in official guidance sources. If prices are mentioned in future authoritative materials, they should be quoted exactly and clearly attributed to their source.

Summary Table: NHS Position on Medical Cannabis

Aspect Current NHS Position Patient Impact 2018 Rescheduling Legalised specialist prescribing of cannabis medicines Access possible but regulated NHS Funding Very limited; mostly not routinely funded Most prescriptions private or exceptions only Prescriber Restrictions Specialist doctors only; no GP initiation Must see consultant; limited prescriber pool Evidence Base Insufficient high-quality RCT evidence for most uses NHS cautious; treatments limited to few indications Licensed vs Unlicensed Products Licensed medicines preferred; unlicensed rarely NHS funded Often private costs for unlicensed cannabis oils

Final Thoughts

The NHS's cautious approach to medical cannabis revolves around a fundamental commitment to evidence-based medicine and patient safety. While legal prescribing is allowed and there are signs that the body of research is growing, the NHS must balance hope for new treatments with the responsibility to base funding and policy on solid proof of effectiveness. Patients interested in cannabis-based medicines should work closely with specialists and remain informed about ongoing research and evolving NHS guidance.

For more detailed patient-friendly explanations, visit Releaf, and if considering private prescriptions, explore reputable clinics at medicalcannabis.co.uk.