The conversation around medical cannabis in the UK is complex and often misunderstood, particularly when it comes to access via the NHS. While the 2018 rescheduling of cannabis-based products marked a turning point, accessing medical cannabis on the NHS remains a challenge for most patients. This is largely because NHS funding for medical cannabis depends on **individual funding requests** (IFRs) rather than routine prescriptions. This article will unpack how these IFRs work, clarify the legal and prescribing framework, and explain why specialist-only prescribing and NHS caution around unlicensed cannabis-based medicines shape patient access.

The 2018 Rescheduling: What Changed?

Here's a story that illustrates this perfectly: made a mistake that cost them thousands.. One of the most significant developments for medical cannabis came in November 2018, when cannabis-based products for medicinal use were rescheduled and became legal to prescribe within the UK. Before this, medical cannabis was classified as a Schedule 1 drug, meaning it was illegal for doctors to prescribe it for medicinal purposes.

- **Post-2018:** Cannabis-based products moved to *Schedule 2*, the same as strong opioids and other controlled medicines.
- **Effect:** Specialist doctors now have the legal right to prescribe medical cannabis products in the UK, subject to normal regulatory controls.

However, legal prescribing rights do not guarantee NHS funding or routine availability. The majority of medical cannabis products are either unlicensed medicines or licensed but very costly products for conditions where evidence remains limited. This means the NHS does not routinely fund them, creating a gap between *legal prescribing* and *NHS funding*.

NHS Funding vs Legal Prescribing: What's the Difference?

It's crucial to separate two Website link concepts that many patients and even some clinicians confuse:

1. **Legal prescribing:** Post-2018, specialist doctors can legally prescribe cannabis-based medicines when clinically appropriate.
2. **NHS funding:** Whether the NHS will pay for that prescription under standard care pathways.

Currently, NHS England does *not* routinely fund cannabis-based products. This means even if a specialist prescribes them legally, the patient (or their clinical team) must apply for funding permission on a case-by-case basis using an **individual funding request (IFR)**.

Many clinics and patient support sites, including medicalcannabis.co.uk, highlight private prescribing options and clinic comparisons. However, private prescriptions do not equate to NHS access or funding. For a detailed explanation of these nuances, Releaf's explainer offers a patient-friendly guide to NHS medical cannabis prescribing.

Specialist-Only Prescribing Rules

One of the key NHS requirements for prescribing medical cannabis is that it must come from a *specialist doctor*. This means:

- The doctor must have specialist knowledge in the condition being treated (e.g., neurology for epilepsy, pain medicine for chronic pain).
- General practitioners (GPs) are not permitted to initiate medical cannabis treatment, though they may be involved in ongoing care.

This specialist-only rule ensures that cannabis-based medicines are prescribed by clinicians with rigorous assessment of benefits, risks, and alternatives. It also helps NHS commissioners maintain tight controls over usage while research continues.

Unlicensed Cannabis-Based Medicines and NHS Caution

Most medical cannabis products prescribed in the UK fall under the category of *unlicensed medicines*. Unlike licensed medications, unlicensed products do not have a marketing authorisation, so their use is considered "off-label."

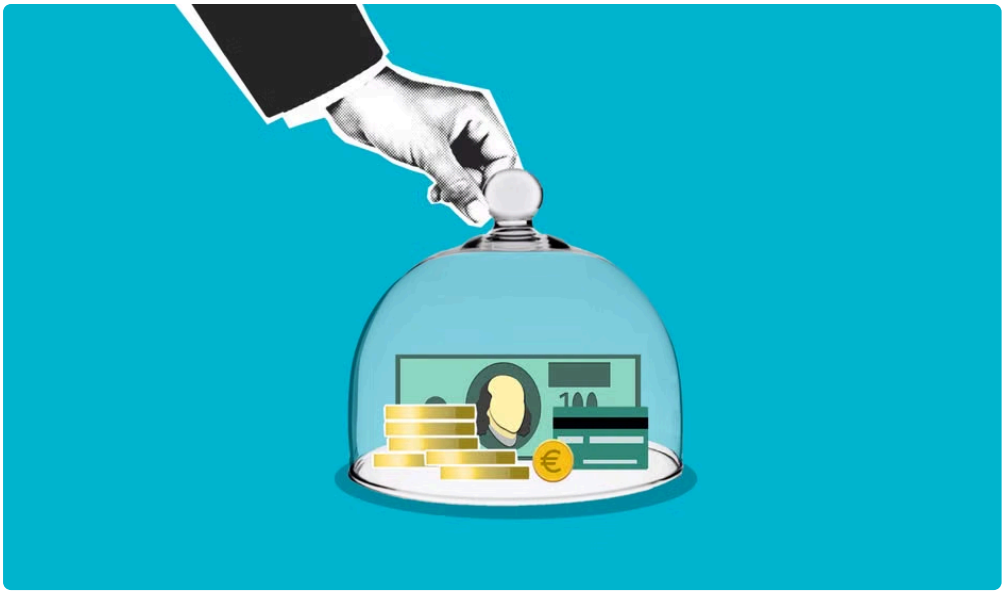
This leads to several NHS concerns:

- **Safety and efficacy:** The evidence base for many cannabis-based products is still emerging, with limited large-scale randomised controlled trials.
- **Cost considerations:** Unlicensed medicines can be expensive, and NHS budgets must prioritise treatments with demonstrated cost-effectiveness.
- **Liability and governance:** Prescribing unlicensed products requires special oversight to manage uncertainties about quality and patient risks.

Because of these concerns, NHS England's standard approach is cautious, approving cannabis prescriptions only under exceptional circumstances via individual funding requests. This means a patient's medical team must provide detailed clinical justification outlining why medical cannabis is necessary and why alternatives have failed.

How Does the Individual Funding Request (IFR) Process Work?

An IFR is essentially an application to NHS commissioning bodies requesting exceptional funding for treatments not routinely financed. Here's a step-by-step breakdown of how an IFR for medical cannabis typically proceeds:



1. **Initial Specialist Assessment:** A patient sees a specialist who assesses whether medical cannabis is clinically appropriate.
2. **Decision to Apply for Funding:** Since NHS funding is not routine, the specialist must submit an IFR to the local Clinical Commissioning Group (CCG) or NHS England if applicable.
3. **Preparation of the Application:** The IFR must include detailed clinical evidence, previous treatment history, expected benefits, risks, and supporting guidelines where available.
4. **Review and Panel Assessment:** An IFR panel (typically including clinicians and commissioners) reviews the application against eligibility criteria and evidence.
5. **Approval or Denial:** The panel issues a decision. Approval means NHS funding is granted for that patient's prescription; denial means funding is refused, and private prescription remains the option.
6. **Follow-Up:** If approved, ongoing monitoring and outcome reporting are often required to evaluate treatment effectiveness and safety.

Because IFRs involve individual clinical scenarios, the process can be time-consuming and success rates vary widely. Patients considering NHS medical cannabis are advised to work closely with specialists familiar with IFR applications.

Price Example and Cost Considerations

No official NHS price is publicly stated due to the individualised, unlicensed status of most medical cannabis treatments. Prices can vary significantly based on the product type, dosage, and supplier. Private clinics listed on medicalcannabis.co.uk can offer price transparency, but these reflect private costs, not NHS tariffs.

Should authoritative price data become available from NHS sources or commissioners, it will be important to quote exact figures with proper attribution to inform patients accurately.

Summary: What Patients Should Know

- Since 2018, medical cannabis is legal to prescribe in the UK but is not routinely funded on the NHS.
- Only specialist doctors can prescribe medical cannabis, triggering a complex funding request process.
- Most cannabis-based medicines are unlicensed, leading to NHS caution and criteria-based funding decisions.

- Individual funding requests (IFRs) are the main NHS route to access medical cannabis, but require detailed clinical justification and panel approval.
- Patients often explore private prescriptions due to NHS restrictions but should understand this means paying out of pocket.
- Sites like medicalcannabis.co.uk and releaf.co.uk are helpful resources for understanding clinic options and NHS prescribing guidance.

Final Thoughts

Accessing medical cannabis on the NHS is not straightforward despite the legal framework allowing prescribing since 2018. The NHS's stringent approach prioritises safety, evidence, and cost-effectiveness, which means patients must navigate the individual funding request process. For many, consulting specialists who understand the regulatory, clinical, and funding landscape is essential. While the door to NHS medical cannabis is not closed, it currently requires persistence, detailed clinical evidence, and acceptance of cautious NHS policies around an emerging area of medicine.

If you or someone you care for is considering medical cannabis, understanding these rules will help set realistic expectations and inform decisions about exploring NHS or private routes.