People searching for “neurological conditions cannabis UK” often want a clear list of diagnoses that qualify. The short answer is that there is no automatic list: a diagnosis alone does not make someone eligible. A specialist doctor must decide whether a cannabis-based product for medicinal use (CBPM) is clinically appropriate for that individual, taking account of the evidence, previous treatments, risks and the product’s legal status.

Some neurological conditions have a defined place in NHS guidance, particularly certain forms of epilepsy and multiple-sclerosis-related muscle stiffness. Private specialist clinics may consider CBPMs for a broader range of symptoms or conditions, but that does not mean treatment is proven, routinely recommended or suitable for every patient.

It also helps to clarify what “legal” means. In the UK, the law distinguishes between possessing a prescribed medicine, prescribing it, and supplying or importing it through an authorised route. Those are not interchangeable.

What changed in 2018?

On 1 November 2018, the UK rescheduled certain cannabis-derived medicines. The change allowed cannabis-based products for medicinal use in humans to be prescribed under specific rules. It did not legalise recreational cannabis, make cannabis products available over the counter, or allow any doctor to prescribe them.

Under the framework, an eligible CBPM may be prescribed by a doctor on the General Medical Council’s (GMC) Specialist Register. The medicine may be unlicensed for the particular use or supplied as an unlicensed “special” product. In practice, this places responsibility on the specialist to assess the patient and justify the prescription. The rules also govern how products can be manufactured, supplied and brought into the UK.

Since the change, access has developed unevenly. NHS prescribing remains very limited, while private clinics offer consultations to patients who may not meet NHS treatment criteria or who have not found an NHS option. A private appointment does not guarantee a prescription.



Which neurological conditions are most commonly considered?

Severe forms of epilepsy

Some children and adults with severe, treatment-resistant epilepsy may be assessed for cannabidiol-based medicines. NHS guidance supports specific cannabidiol products for defined groups and circumstances, rather than for epilepsy generally. For example, NICE recommendations cover particular syndromes such as Dravet syndrome and Lennox–Gastaut syndrome, and cannabidiol for tuberous sclerosis complex, subject to the relevant criteria and treatment arrangements.

These recommendations are product- and condition-specific. They do not mean that every person with seizures, or everyone who has tried one anti-seizure medicine, qualifies. A neurologist or other relevant specialist will consider the seizure type, previous treatments, possible interactions and the evidence for the specific product. Some cannabidiol treatments are used alongside other medicines, and monitoring may be required.

Multiple sclerosis (MS) and spasticity

A cannabis-based mouth spray containing THC and CBD, commonly known by the brand name Sativex, may be considered for moderate to severe MS-related spasticity. NICE guidance limits its use to people whose symptoms have not responded adequately to other treatments and who show a meaningful response during an initial trial.

This is not the same as prescribing cannabis for every symptom of MS. The decision concerns a particular symptom, medicine and clinical pathway. An MS specialist can explain whether the patient fits the guidance and what alternatives are available.

Neuropathic and other chronic pain

Some private specialist clinics assess people with neuropathic pain, which can arise from nerve injury or disease. Chronic pain may be considered in a private consultation even when the person does not have one of the specific neurological diagnoses covered by NHS recommendations.

However, “a clinic may assess it” is not the same as “there is strong evidence” or “a prescription is likely”. Evidence for cannabis-based medicines varies by product and pain condition, and potential benefits need to be weighed against side effects, interactions and uncertainty. NICE does not recommend cannabis-based medicines broadly for chronic pain. Patients should be wary of claims that a particular diagnosis guarantees treatment.

Other neurological conditions

People ask about cannabis prescriptions for conditions including Parkinson’s disease, migraine, Tourette syndrome, traumatic brain injury and dementia. A private specialist may discuss an individual case, but these conditions do not have a general NHS pathway for CBPM prescribing. Evidence and guidance differ, and a specialist must make a patient-specific decision.

In short, the most established neurological pathways are for theukrules.co.uk certain severe epilepsies and MS-related spasticity. Other cases require careful scrutiny of the evidence and the individual’s circumstances.

Medical cannabis eligibility in the UK: a practical checklist

If you are exploring medical cannabis eligibility in the UK, these questions can help you prepare for a conversation with a clinician:

- **What symptom are you hoping to treat?** A diagnosis alone may not explain the treatment goal.
- **What treatments have you already tried?** Bring an up-to-date medication list and details of previous therapies and their effects.
- **Is there a relevant NHS recommendation?** Some pathways have specific criteria; others may be considered only by a specialist on an individual basis.
- **Who will assess you?** Confirm that the prescriber is appropriately qualified and on the GMC Specialist Register.
- **What are the risks and follow-up arrangements?** Ask about side effects, interactions, monitoring, dose changes and what happens if treatment does not help.
- **What will the full cost be?** For private care, ask about consultation, medicine, repeat prescriptions, delivery and follow-up charges.

Who can prescribe, and can my GP start treatment?

CBPM prescribing is specialist-only under the UK framework. The prescribing doctor must be on the GMC Specialist Register. A GP cannot independently initiate a CBPM prescription simply because a patient requests one or has a particular diagnosis.

A GP may be involved in a patient's broader care and, where agreed, may contribute to monitoring or shared-care arrangements. That does not make the GP the specialist prescriber or mean that a specialist clinic's recommendation automatically binds the NHS. Ask the clinic and your GP what follow-up responsibilities they are each willing to take on before starting treatment.



When checking a clinician, use the GMC's own register rather than relying only on a clinic's website or advertising. A company may arrange consultations, but the clinical decision belongs to the prescriber.

NHS versus private access

Route What to expect NHS Prescribing is rare and generally tied to specific guidance, clinical criteria and specialist assessment. Availability can vary by condition and local pathway. Private clinic Some clinics assess a wider range of conditions, but a consultation does not guarantee a prescription. Patients usually pay for appointments and medicine, and ongoing costs can be substantial.

Private access may feel more direct, but it is important to assess the clinical service rather than assume that private means better or more suitable. Ask who will prescribe, how continuity of care works, whether the clinic communicates with your NHS team, and what happens if you experience side effects.

For example, Releaf is one company people may encounter while researching private medical cannabis services. Treat company information as a starting point, not proof that you will qualify or that a product will work. Compare the clinical process, prescriber credentials, fees and follow-up arrangements.

What remains illegal or restricted?

- **Recreational use:** The 2018 change did not legalise recreational cannabis possession or supply.
- **Self-prescribing:** You cannot legally prescribe cannabis-based medicine to yourself. A qualifying specialist must make the decision.
- **Unauthorised supply:** Buying cannabis from an illicit seller is not the same as receiving a prescribed medicine through an authorised supply chain.
- **Importing it yourself:** A prescription does not give a patient permission to personally import cannabis products from abroad. Import and supply must follow the relevant UK licensing and medicines rules; check with the prescriber and supplier before travelling or ordering anything.
- **Smoking:** Smoking cannabis remains distinct from using a prescribed medicine as directed. Some prescribed dried-flower products may be intended for vaporisation, but that is not permission to smoke them. Follow the product and clinician's instructions.

There can also be consequences for driving while impaired. A prescription is not a blanket exemption from road-safety law: patients should ask their clinician about driving, impairment and any relevant legal advice, and should never drive if unfit to do so.

How to assess a clinic and its claims

Online reviews and traffic estimates can help you understand how a company presents itself, but they are not measures of clinical quality. Trustpilot reviews may reveal common experiences with communication or billing, yet they cannot establish whether a treatment is medically appropriate. Similarly, Similarweb can offer estimates of website traffic, not evidence of prescribing standards, patient outcomes or regulatory compliance.

Use a short verification checklist:

1. Check the named prescriber on the GMC Specialist Register.
2. Ask which product and symptom the clinician is considering, and what evidence supports that choice.
3. Request a written breakdown of consultation, medicine and follow-up costs.
4. Ask how the clinic handles records, monitoring, adverse effects and communication with your existing clinicians.
5. Be cautious of guaranteed prescriptions, guaranteed results or pressure to pay before a proper assessment.

If you have concerns about a contract, a dispute or the legal implications of a particular situation, a solicitor can advise on the specific facts. Irwin Mitchell solicitors, for example, provide legal services, but a law firm does not determine medical eligibility or replace advice from a prescriber. For regulatory and prescribing questions, start with the clinician and the relevant official guidance.

The bottom line

In the UK, medical cannabis is not a general treatment available on request. The clearest neurological routes are for certain severe epilepsies and MS-related spasticity, with specific products and criteria. Other neurological symptoms, including some forms of nerve pain, may be discussed with a private specialist, but assessment does not guarantee a prescription and the evidence is not uniform.

The key points are straightforward: a diagnosis is not automatic eligibility; only an appropriately qualified specialist on the GMC Specialist Register can prescribe; NHS access is limited; and legal possession depends on a valid prescription and authorised supply. If you are considering treatment, ask about the evidence, risks, alternatives and total cost before making a decision.