People in the UK may look into private cannabis treatment when they have persistent symptoms, have tried standard treatments or want to understand whether a specialist assessment is an option. For some, the appeal is a quicker route to a consultation. For others, it is the hope of discussing a treatment they feel has not been considered through the NHS.

But going private does not mean cannabis is suitable, that a prescription is guaranteed or that it is proven to treat a particular condition. NHS prescribing is tightly restricted, while private prescribing still requires a doctor to make an individual clinical judgement and follow professional rules. It is also important to know what NHS care may offer first, and how the evidence and guidance apply.

Why the NHS route can feel limited

Cannabis-based medicinal products are not routinely prescribed by the NHS for most long-term pain or other ongoing symptoms. NHS access is generally limited to particular clinical situations, such as certain forms of severe epilepsy, chemotherapy-related nausea and vomiting, and muscle stiffness caused by multiple sclerosis, when specified criteria are met. Prescribing is usually led by a specialist doctor.

That is different from the broad range of cannabis products sold illegally or in other countries. Medical cannabis products prescribed in the UK are regulated medicines or products prescribed under specialist clinical responsibility. They can contain different amounts of cannabidiol (CBD) and tetrahydrocannabinol (THC), the component that can cause intoxication. A prescription is not the same as a recommendation to use a non-prescribed cannabis product.

For people with chronic pain, NICE guidance is particularly relevant. NICE guideline NG193 says not to offer cannabis-based medicinal products to manage chronic pain, except as part of a clinical trial. NICE's guidance on cannabis-based medicinal products also sets out narrow circumstances for some medicines in specific conditions. These recommendations help explain why an NHS doctor may not be able to prescribe cannabis for pain, even when symptoms are severe.

Some people therefore approach **private specialist clinics**. A private clinic may be able to assess whether a prescription is clinically appropriate under the rules for prescribing, including in situations where treatment is not routinely available on the NHS. This is not a way around the evidence or professional standards: the clinician must still consider the person's history, previous treatment, potential risks and alternatives. They may decide not to prescribe.

Chronic pain and women's health

Chronic pain is pain that continues or recurs over a long period. It can affect movement, sleep, work, relationships and mental wellbeing. Population studies often find that women report chronic pain more frequently than men, although estimates differ by condition, age group and how pain is measured. Women may also experience conditions that are associated with persistent pain, including endometriosis, migraine and some musculoskeletal disorders.

These differences do not mean that every woman's pain has the same cause, or that one treatment will work for everyone. They do highlight why clear assessment and access to appropriate care matter. Pain can be difficult to explain and measure, and people may need support from more than one service.

Endometriosis: symptoms and delays

Endometriosis occurs when tissue similar to the lining of the womb grows elsewhere in the body. It may cause severe period pain, pelvic pain, pain during or after sex, bowel or bladder symptoms, fatigue and difficulty getting pregnant. Symptoms vary: some people have substantial pain, while others have few or no obvious symptoms.

Getting a diagnosis can take time. Symptoms may overlap with other conditions, and endometriosis cannot always be confirmed through a routine examination or scan. Delays can affect education, work, relationships and mental health, as well as leaving people to manage pain without knowing its cause. Persistent or worsening symptoms deserve assessment; a person should not have to prove that their pain is “bad enough” to ask for help.

Initial NHS care may include pain relief and hormonal treatment, depending on symptoms, preferences and plans for pregnancy. A GP can discuss options and refer to gynaecology when needed. Further assessment may involve specialist review, imaging or, in some cases, surgery. Treatment choices are individual, and the pathway can depend on symptom severity, test results and local services.

Some people with endometriosis explore medical cannabis because their pain remains difficult to manage. However, NICE chronic pain guidance does not recommend cannabis-based medicines for chronic pain outside a clinical trial. Evidence for cannabis as a treatment for endometriosis itself is not established. A private consultation should not replace investigation or treatment of the underlying condition, and people should continue to discuss their symptoms with their GP or gynaecology team.

Menopause is more than hot flushes

Menopause symptoms can include hot flushes and night sweats, but they may also involve sleep problems, low mood or anxiety, difficulty concentrating, joint and muscle aches, headaches, reduced sexual desire, vaginal dryness and urinary symptoms. The combination and intensity differ from person to person. Symptoms can affect everyday life, and not everyone recognises them as menopause-related straight away.

NHS care may include discussion of hormone replacement therapy (HRT), where appropriate, as well as non-hormonal options, lifestyle support and treatment for specific symptoms. Vaginal oestrogen may be considered for genitourinary symptoms. The right approach depends on a person’s health, preferences and medical health survey for england 2017 history; a clinician can explain benefits and risks.

Cannabis is not a NICE-recommended standard treatment for menopause symptoms. There is not strong evidence that prescribed cannabis treats menopause as a whole, and it should not be assumed to be safer or more effective than established options. A private clinic should ask what has already been assessed and treated, and may recommend returning to a GP or menopause service rather than prescribing.

What NHS first-line care and referral may involve

Before considering a private cannabis clinic, it can help to understand the usual NHS steps. These vary by condition and local availability, but often include identifying possible causes, discussing symptom patterns, trying appropriate first-line treatment and reviewing how well it works.

Concern Possible NHS first steps When further assessment may be discussed Persistent pain Assessment of causes and impact; condition-specific treatment; advice on activity, sleep or pain management where appropriate. If symptoms persist, worsen, have concerning features or need specialist assessment. Suspected endometriosis GP discussion of symptoms; pain relief and/or hormonal treatment may be considered; examination or imaging may be offered. Referral to gynaecology may be appropriate if symptoms persist, treatment is unsuitable or ineffective, or specialist investigation is needed. Menopause

symptoms Discussion of symptoms, health history and treatment preferences; HRT or other symptom-specific options may be considered. Further advice or referral may be needed for complex symptoms, uncertainty about diagnosis or particular health risks.

For chronic pain, NICE guidance supports a person-centred approach that takes account of how pain affects life, alongside assessment for conditions that may need specific treatment. Depending on the situation, care may involve a GP, physiotherapist, pain service or another specialist. Not every person will need every service, and referral thresholds and waiting times vary.

What happens at a private specialist clinic?

Many clinics offer an **online eligibility check** before booking. This is usually a preliminary screening tool: it may ask about diagnosis, previous treatments and relevant health information. It can help indicate whether an appointment may be worth considering, but it is not a medical assessment, confirmation of eligibility or promise of a prescription.

If a clinic proceeds, a **private video consultation** may allow a specialist to discuss symptoms and medical history remotely. The clinician may ask about the diagnosis, current medicines, previous treatments, side effects and what matters to the patient. They should consider risks such as interactions with other medicines, effects on alertness, mental health history, pregnancy or breastfeeding, and the possibility of dependence or problematic use.

In the UK, cannabis-based products are generally prescribed by doctors on the General Medical Council's Specialist Register, subject to relevant rules and clinical judgement. A specialist may need information from the patient's NHS records or GP. They may recommend further investigations, suggest another treatment, or conclude that a cannabis-based medicine is not appropriate. Prescribing and follow-up are separate from an eligibility check.

Ask the clinic how it makes decisions, what follow-up involves, what happens if treatment does not help, and how it communicates with your NHS clinicians. It is also sensible to ask about the full costs, including consultations, medicine, repeat prescriptions and monitoring. Private care is usually paid for by the patient, and ongoing costs can be significant.

Why people choose private care—and what it cannot promise

People may choose a private assessment because they want a specialist discussion, feel their symptoms remain poorly controlled, or want to explore options while NHS pathways are difficult to access. A consultation can provide time to review past treatments and discuss uncertainty. For some, that conversation itself may help clarify what to ask their NHS team.

However, private care cannot guarantee faster improvement, a prescription or a better outcome. A prescription may not be offered if evidence is insufficient, risks outweigh potential benefits, or other care is more suitable. Even where a medicine is prescribed, it may not work, may cause side effects, and may need to be stopped. Cannabis-based medicines can affect concentration and coordination; THC-containing products can cause unwanted psychological effects. Do not drive if impaired, and follow the medicine's instructions and legal requirements.



Do not stop prescribed medicines or delay assessment of new or worsening symptoms while pursuing a private option. Keep your GP informed where possible, especially if you are taking other medicines or receiving treatment for endometriosis, menopause symptoms or pain. Seek urgent medical help for severe or rapidly worsening symptoms or other emergency warning signs.



Questions to ask before booking

- Is the online eligibility check only a screening tool, and what information will I need?
- Who will conduct the private video consultation, and are they an appropriately qualified specialist?
- What evidence and prescribing criteria will the clinician use for my condition?
- Could another diagnosis or treatment need attention first?
- What are the likely costs, follow-up arrangements and reasons treatment might be stopped?
- How will the clinic coordinate with my GP or other NHS specialists?

The bottom line

People go private for cannabis for different reasons, including limited NHS prescribing and a desire for a specialist review. But **NHS limited indications** reflect national guidance and evidence, not simply a lack of interest in patients' symptoms. For chronic pain, **NICE chronic pain guidance** does not recommend cannabis-based medicines outside clinical trials. Endometriosis and menopause symptoms also need appropriate assessment and established care, even when pain or other symptoms persist.

A private clinic may offer an assessment, but it should be approached as a clinical consultation—not a shortcut to a prescription. An online eligibility check can help someone decide whether to enquire, while a private video consultation allows a specialist to assess the individual situation. Neither replaces ongoing NHS care or guarantees that cannabis is suitable.