

In the UK, both dentistry and medical cannabis occupy unique spaces within the healthcare ecosystem, blending public provision with private options. Many patients book private dental appointments without second thoughts, yet when it comes to accessing medical cannabis, the landscape feels more complex, restrictive, and often fraught with confusion. Why is this the case? What changed with the 2018 rescheduling of cannabis-based medicines, and why does the NHS seem so cautious about prescribing them, unlike dentistry services?

Let's unpack the key differences between **private healthcare UK** and **medical cannabis access UK**, highlighting the reasons behind the distinct patient experiences and what that tells us about our *two-tier healthcare UK* system.

A Quick Recap: NHS, Private Healthcare, and What “Access” Means

The NHS provides healthcare free at the point of delivery for most services, funded by taxpayers. Private healthcare operates alongside the NHS, either for services not fully covered or for faster, more convenient access. Dentistry sits firmly in this hybrid zone: some NHS dental care is free or subsidised, but many patients choose to pay fully private for cosmetic treatments or quicker appointments.

However, in the case of medical cannabis, the distinction between legality and funding becomes especially important. A medicine can be legally prescribed yet rarely be funded by the NHS, pushing most patients towards private prescriptions. This often leads to frustration and misconceptions about legality, cost, and access.

What Changed in 2018? The Rescheduling of Cannabis-Based Medicines

Until November 2018, cannabis-derived products were classified under Schedule 1 of the UK Misuse of Drugs Regulations, meaning they were considered to have no medicinal value and could not be prescribed by doctors. The rescheduling to Schedule 2 was a game changer, legally allowing specialist doctors to prescribe cannabis-based products for medicinal use in England, Scotland, and Wales.



This change did **not** mean the NHS would automatically fund prescriptions or that general practitioners could prescribe these medicines. Instead:

- Only specialist doctors on the General Medical Council's Specialist Register can prescribe cannabis-based products for medicinal use.
- The restrictions focused on ensuring prescribing is safe and appropriate, given the limited clinical trial evidence supporting some conditions.
- Despite legal prescribing being possible, access on the NHS remains extremely limited and inconsistent.

Why Does NHS Funding Lag Behind Legal Prescribing?

Legal prescribing of cannabis-based products is separate from NHS funding decisions.

Within the NHS, medicines must undergo rigorous health technology assessments and demonstrate cost-effectiveness before routine funding is approved. At present, NICE has not issued broad guidance recommending cannabis-based medicines for many conditions, partly because evidence from high-quality randomised controlled trials remains scarce or inconclusive for many indications.

As a result, NHS England only considers funding certain cannabis-based medicines in exceptional circumstances, typically after all other treatment options have failed. This caution reflects the NHS's role in managing public funds responsibly, whereas private healthcare can offer quicker and broader access, though at a significant personal cost.

Specialist-Only Prescribing: Why Can't GPs Prescribe Medical Cannabis?

In standard NHS practice, GPs can prescribe many medicines on the drug tariff list. However, cannabis-based medicines are subject to specialist-only prescribing because:

- They involve complex clinical decisions, often affecting patients with neurological or chronic pain conditions.
- There's a need for specialist oversight to monitor effectiveness and potential side effects.
- The limited evidence base requires careful judgement about appropriate cases and dosing.

For patients, this means obtaining a private prescription often requires booking with one of the growing number of clinics specialising in medical cannabis, such as those listed on medicalcannabis.co.uk—a clinic directory and comparison site helping patients navigate private clinic options.

Why Are Cannabis-Based Medicines Often Unlicensed? What Does That Mean for Patients?

Many cannabis-based products currently prescribed are *unlicensed medicines*. [acmd cannabis review](#) In the UK, an unlicensed medicine is one that:

- Does not have full market authorisation by the Medicines and Healthcare products Regulatory Agency (MHRA).
- Can be prescribed by doctors when licensed alternatives are not suitable or available.

With unlicensed medicines, the prescriber assumes greater responsibility for ensuring suitability and safety. For the NHS, widespread adoption of unlicensed cannabis products raises questions about quality control, consistent dosing, and cost-effectiveness, all of which contribute to the current cautious stance.

If you want a clear introduction to the issue, sites like releaf.co.uk offer accessible explainer content breaking down terminology and what to expect.

Pricing and Patient Costs: Why Cannabis Feels Different from Private Dentistry

Private dentistry pricing is relatively transparent. While no specific prices were available from scraped content for this article, patients often find price lists for private dental procedures ranging from under £100 for basic treatments to several hundreds for complex work.

In contrast, the price of private medical cannabis prescriptions can vary widely depending on formulation, dosage, and clinic. Because there is no fixed tariff and many products are imported or compounded, costs can be substantial monthly expenses. Often, patients must pay fully out of pocket with no NHS subsidy.

Aspect Dentistry (Private) Medical Cannabis (Private) Regulation General healthcare regulation applies; established products Specialist prescribing only; many unlicensed products NHS Funding Partial NHS provision available; subsidised options Very limited NHS funding; mostly private pay Access Broader access via NHS or private clinics Restricted to specialist clinics; limited NHS access Cost Example £50–500 (varies by treatment) Varies widely; often several hundred pounds per month

Because there's no standard price list for medical cannabis, patients turn to resources like [medicalcannabis.co.uk](https://www.medicalcannabis.co.uk) to compare clinics and get an idea of typical private clinic consultation fees and product costs.

What Does This All Mean for Two-Tier Healthcare in the UK?

The contrast between dentistry and medical cannabis illustrates a broader reality of UK healthcare:



- The NHS can fund and provide some services publicly, with private options to top up or access faster care.
- For newer, more complex, or less well-evidenced treatments like medical cannabis, NHS provision is very limited, creating a de facto "two-tier" system where private payers have markedly easier access.
- This disparity fuels frustration among patients who feel their needs are unmet, despite legal safeguards for prescribing medical cannabis since 2018.

In Summary: Why Does Private Medical Cannabis Access Feel Harder Than Dentistry?

1. Legal change in 2018 **allowed prescribing** but did not guarantee NHS funding.
2. Specialist-only prescribing ensures safety but limits who can provide cannabis-based medicines.
3. Many cannabis products remain unlicensed, leading to NHS caution and limited routine funding.
4. Private clinics fill the access gap but charge significant fees, with variable pricing and less regulation compared to dentistry.
5. Dentistry benefits from established NHS and private frameworks that are broadly understood by patients.

Patients seeking medical cannabis should approach the process informed about these differences, costs, and the specialist nature of prescribing. For practical help, medicalcannabis.co.uk provides a valuable directory of UK clinics. For clear explanations on medical cannabis, navigating unlicensed medicines, and legislation, releaf.co.uk is a trustworthy starting point.

Ultimately, while private dentistry feels normal and accessible, medical cannabis access reflects a developing area of medicine where legal, clinical, and funding frameworks are still catching up with patient demand.