

Having worked in NHS rheumatology and pain management services for over 12 years, I have spoken with thousands of patients who feel they have reached the end of the road with their standard arthritis treatments. When you are living with the daily grind of inflammation and joint stiffness, it is natural to look into alternative options, including medical cannabis.



However, the landscape for medical cannabis in the UK is complex, often misunderstood, and heavily regulated. It is not as simple as asking your GP for a prescription. Before you step into a specialist clinic, you need to be prepared with the right questions to ensure you are making an informed decision about your health.

The UK Legal Context: A Quick Refresher

It is vital to start with the facts. In November 2018, the UK government rescheduled certain cannabis-based products for medicinal use (CBPMs). According to research briefings from the House of Commons Library, this change allowed specialist doctors to prescribe cannabis-based medicines under very specific circumstances.

Critically, this does **not** mean cannabis is a first-line treatment for arthritis. The NHS guidance on this is clear: medical cannabis is generally only considered when licensed medicines have failed to manage your symptoms effectively. It remains a "specialist-led" treatment, not something managed by your local GP practice.

Understanding Standard Arthritis Management

Before a specialist will even discuss cannabis, they will need to review your "treatment history." In the NHS, we operate on a stepped-care approach. You will likely be expected to show that you have already engaged with standard, evidence-based treatments, such as:

- **First-line medications:** Paracetamol, topical NSAIDs (like ibuprofen gel), or oral anti-inflammatories.
- **DMARDs and Biologics:** For inflammatory conditions like Rheumatoid Arthritis, you must have trialed disease-modifying drugs.
- **Physiotherapy:** Evidence of engagement with exercise programmes designed to maintain joint mobility.
- **Lifestyle adjustments:** Weight management and low-impact activity protocols.

If you haven't exhausted these options, a specialist is unlikely to suggest cannabis as a solution. They want to see that the "gold standard" of care has been tried first.

Who can prescribe medical cannabis?

This is the most important distinction for any UK patient. You cannot get a prescription for medical cannabis from your GP. In fact, even most hospital consultants cannot prescribe it.



Under current regulations, only doctors listed [medical cannabis for arthritis stiffness](#) on the **General Medical Council's (GMC) specialist register** can prescribe these medications. This means you will typically be referred to a private pain clinic or a specialist consultant. They must assess whether the potential benefits outweigh the risks for your specific medical history.

The Consultation: Questions to Ask Your Specialist

When you finally get into that room—whether in person or via video link—you need to be direct. Use this list of questions to structure your conversation. This isn't about asking for cannabis; it's about asking if it is an appropriate medical intervention for your specific case.

Questions about Treatment Goals

- "Given my history of failed NSAIDs, what are the specific clinical goals we are trying to achieve with this treatment—is it pain reduction, improved sleep, or better morning mobility?"
- "How will we measure the success of this treatment after the first three months?"
- "What are the realistic expectations for symptom improvement in someone with my specific type of arthritis?"

Questions about Safety and Monitoring

- "What are the most common side effects, and how will they interact with the other medications I am currently taking for my arthritis?"
- "How often will we review my progress? Will I need blood tests or regular follow-up consultations?"
- "If I experience adverse effects, what is the protocol for stopping or adjusting the dosage?"

Questions about Logistics and Cost

- "Since this is a specialist-led treatment, how will this prescription be coordinated with my existing NHS rheumatology care?"
- "What are the ongoing costs of these private prescriptions, including consultation fees and dispensing costs?"
- "Can you provide a summary of our discussion to share with my GP for my medical records?"

Managing Expectations

As someone who has spent over a decade in the NHS, I feel a duty to warn you: be wary of clinics or websites that promise a "cure." Medical cannabis is not a panacea for arthritis. It is a tool for symptom management, and for many, it provides only a modest benefit.

Do not be swayed by US-centric advice on the internet. In the US, the laws and the products are vastly different. In the UK, we are focused on strictly regulated, pharmaceutical-grade oils and flowers. If a clinic sounds like it is overpromising, that is a red flag. Always look for transparency regarding evidence and clinical oversight.

Table:	Standard Care	vs.	Specialist Cannabis Pathway	Factor	Standard Arthritis Care (NHS)	Medical Cannabis Pathway
Primary Prescriber	GP	or	Rheumatology Consultant	GMC Specialist	Consultant Only	Evidence Base High (Long-term clinical trials)
Cost	NHS Prescription Charges		Private Fees (Often significant)	Access Widely Available	Strictly Controlled/Specialist Clinics	

Side Effects and Monitoring

Your specialist should be very transparent about the potential side effects. These can include dizziness, fatigue, dry mouth, and in some cases, impaired cognitive function. For an arthritis patient, dizziness is a significant risk—you don't want to trade joint pain for a fall risk.

Ask specifically how they monitor these effects. A responsible clinician will suggest a "start low, go slow" approach. They should be monitoring your blood pressure and your overall cognitive function during the first few weeks of treatment.

What happens next?

Once you have finished your consultation, here is what typically follows:

1. **The MDT Review:** The specialist will review your case with a Multi-Disciplinary Team (MDT) to ensure the prescription is safe and appropriate.
2. **Prescription Issuance:** If approved, the prescription will be sent to a specialist pharmacy. It cannot be taken to your local Boots or Superdrug.
3. **Delivery:** The medication will be delivered to your home via a tracked, secure courier.
4. **Follow-up:** You will usually be required to have a follow-up appointment within 4–6 weeks to assess how you are tolerating the medication.
5. **Documentation:** You should ensure that your GP is notified of the treatment to ensure your medical records are kept up to date. This is crucial for your long-term safety.

Remember: You are the lead on your own healthcare team. Don't be afraid to ask for clarity, and never feel pressured into a treatment that doesn't feel right for you. Keep your questions focused on quality of life and clinical evidence, and you will navigate the system much more effectively.