If you have ongoing pain, endometriosis, menopause symptoms or another health problem that has not responded to treatment, you may be wondering whether medical cannabis could help. A common question is: can my GP refer me?

In some circumstances, your GP may be able to refer you to a specialist, but they usually cannot prescribe medical cannabis themselves. In the UK, cannabis-based products for medicinal use are generally prescribed by doctors on the specialist register, and only when they judge it appropriate for a particular patient. An NHS prescription is uncommon, and a referral does not mean you will be offered cannabis-based treatment.

This guide explains the NHS and private pathways, what to expect from your GP, and how medical cannabis fits alongside established treatments. It also looks at conditions that affect many women, including chronic pain, endometriosis and menopause.

Can a GP prescribe or refer you for medical cannabis?

Most GPs are not able to start a medical cannabis prescription. Prescribing is normally limited to a doctor on the General Medical Council's specialist register, such as a consultant working in a relevant area. The specialist must assess you, consider the evidence and decide whether treatment is clinically appropriate.

Your GP can still be an important part of your care. You can **start with your GP** by explaining your symptoms, what you have already tried and how the problem affects your day-to-day life. Your GP may investigate possible causes, offer standard treatment or refer you to an NHS specialist. Whether that specialist considers cannabis-based treatment will depend on your diagnosis, medical history and local pathway.

I remember a project where learned this lesson the hard way.. A GP referral is not always required for a private consultation. Some private clinics accept self-referrals, but you will still need an assessment by an appropriately qualified specialist. A consultation is not a guarantee of a prescription: the clinician may recommend other treatment or decide that cannabis is not suitable.

What are the NHS prescribing limitations?

Medical cannabis is not a single treatment. Products differ in their ingredients, strength and form. Some contain cannabidiol (CBD), some contain tetrahydrocannabinol (THC), and others combine both. THC can cause impairment and side effects, and products are not interchangeable.

NICE guidance sets out limited situations in which certain cannabis-based medicines may be considered. These include specific forms of severe epilepsy, chemotherapy-related nausea and vomiting, and, in some circumstances, muscle spasticity in adults with multiple sclerosis. The recommendations apply to particular products and clinical situations; they do not amount to a general approval for cannabis to treat any condition.

For chronic pain, NICE advises against offering several cannabis-based medicines, including THC, dronabinol and nabilone, as well as a THC:CBD spray, outside the guidance's specific recommendations. This reflects uncertainty about whether the potential benefits outweigh the harms for many people with chronic pain. A specialist may consider the evidence and your individual circumstances, but **NHS prescribing limitations** mean that access is very restricted.

Question What to know Can my GP start a prescription? Usually not. Initiation is generally by a specialist doctor on the GMC specialist register. Does an NHS referral mean I will receive cannabis? No. A specialist assesses whether it is appropriate, and NHS access is limited. Can I seek a private assessment? Some services offer self-referral, but a clinical assessment is required and treatment is not guaranteed. Can an online eligibility check approve me? No. It may help you understand whether to seek an assessment, but it cannot diagnose or prescribe.

Chronic pain and women's health

Chronic pain is pain that continues or returns over a long period. It can affect sleep, movement, work, relationships and mental wellbeing. Exactly.. Women are more likely than men to experience some chronic pain conditions, and conditions such as endometriosis and migraine can be particularly disruptive. Pain is complex: there may be one identifiable cause, several contributing factors, or no clear explanation despite investigations.

People living with persistent pain can face long waits for diagnosis and treatment. Pain may also be dismissed or treated as a symptom to endure, rather than something that deserves proper assessment. If you feel your concerns have not been understood, it is reasonable to ask your GP to explain the plan, what else could be causing your symptoms and when to seek further help.

Endometriosis: delays and impact

Endometriosis occurs when tissue similar to the lining of the womb grows elsewhere in the body. It can cause painful periods, pelvic pain, pain during or after sex, bowel or bladder symptoms, fatigue and difficulties with fertility. Symptoms vary, and the condition can affect people in different ways.

Diagnosis can take years. Endometriosis UK has reported an average diagnostic delay of around eight years in the UK, based on its surveys. That delay can mean prolonged pain, disrupted education or work, and uncertainty about what is happening. It may also take time to find a treatment plan that helps.

Your GP may discuss pain relief or hormonal treatment and, depending on your symptoms and preferences, refer you to gynaecology. Persistent, severe or worsening symptoms deserve review. If you are referred, you can ask what the referral is intended to investigate and whether a specialist endometriosis service is appropriate.

Menopause symptoms are not just hot flushes

You ever wonder why menopause and perimenopause can involve much more than hot flushes or night sweats. Some people experience changes in sleep, mood, concentration, energy, sexual comfort, joint symptoms or headaches. Symptoms differ from person to person, and similar problems can have other causes, so a clinician may need to consider your overall health rather than assuming every symptom is due to menopause.

A GP or menopause clinician can discuss options such as hormone replacement therapy (HRT), where suitable, and non-hormonal approaches. HRT is not right for everyone, but a conversation can help weigh up benefits, risks and alternatives for your circumstances. There is not strong evidence that medical cannabis treats menopause symptoms, and it should not replace a medical review or established care.

What treatments might the NHS offer first?

The right first-line treatment depends on the cause of your symptoms, your health and what matters to you. For pain, this may involve more than medication. Your GP or specialist might discuss:

- Assessment for the underlying cause and appropriate tests or referrals.
- Pain relief medicines or condition-specific medicines, with a review of benefits and side effects.
- Physiotherapy, movement or rehabilitation tailored to your abilities.
- Support with sleep, pacing activities and managing the effects of persistent pain.
- Psychological approaches, such as pain-management support, as one part of care—not as a suggestion that the pain is “all in your head”.
- For suspected endometriosis, pain relief, hormonal options and referral to gynaecology where appropriate.

These options are not suitable for everyone, and they do not mean you must try every possible treatment before a clinician listens to you. It is reasonable to ask why a treatment is recommended, how long to try it and what the next step will be if it does not help.

What is the specialist referral pathway?

The **specialist referral pathway** can differ according to your condition and where you live. In general, your GP assesses your symptoms and may refer you to a relevant NHS service—for example, gynaecology for suspected endometriosis or a pain service for complex persistent pain. A specialist then reviews your diagnosis, treatments tried and other health factors.

If medical cannabis is being considered, a specialist prescriber must make an individual decision. They may conclude that evidence is too limited, that the risks are not acceptable, or that https://www.femalefirst.co.uk/health/menopause-endometriosis-chronic-pain-women-turning-medical-cannabis-releaf-1453960.html another treatment is more appropriate. They may also consider other medicines you take, mental health history, pregnancy plans and risks linked with THC, including effects on alertness and driving.

Ask who will manage your care if a prescription is made and how monitoring will work. A private clinic may write to your GP, but your GP is not automatically required to take over prescribing or monitoring. This arrangement, sometimes called shared care, depends on the GP’s agreement and local practice. Clarify costs too: private consultations, products and follow-up appointments may all be charged separately.

Considering a private video consultation?

A **private video consultation** may be one way to speak with a specialist if you choose to explore private care. Before booking, check that the clinician is appropriately registered and experienced in the condition being treated. Ask how they assess suitability, what records they need, how follow-up is provided and what the full costs could be.

An online eligibility check can be a useful first step for understanding whether a service may be relevant to you. However, it is a screening tool—not a medical assessment. It cannot confirm that you have a particular condition, tell you that cannabis is safe for you or guarantee a prescription. Be cautious of any service that promises a prescription before a clinician has reviewed your case.

How to prepare for a GP appointment

It can help to write down what you want to cover before your appointment. You might include:

- When the symptoms started, how often they occur and what makes them better or worse.
- How they affect sleep, work, relationships and daily activities.
- Medicines and other treatments you have tried, and what happened.
- Any relevant symptoms, such as heavy or painful periods, bowel or bladder changes, or menopause-related changes.
- Questions about investigations, referrals, treatment choices and when to come back.

You could ask: “What might be causing these symptoms?”, “What treatments are recommended first, and why?”, “Would a referral be appropriate?” and “If this plan does not help, what happens next?” If you are interested in medical cannabis, ask your GP what NHS options exist for your condition and whether a specialist referral is appropriate. You can also ask for a copy of your referral letter or care plan.





So, can your GP refer you?

Possibly—but your GP is unlikely to prescribe medical cannabis, and an NHS referral does not guarantee access. Medical cannabis is prescribed by specialist doctors in limited circumstances. NHS guidance restricts its use, particularly for chronic pain, and the evidence for many conditions remains uncertain.

For women living with persistent pain, endometriosis or menopause symptoms, the first step is a thorough assessment and a clear treatment plan. Start with your GP, describe the impact your symptoms have and ask about the appropriate referral pathway. If you explore private care, treat an online eligibility check as an initial screen only, and make sure a qualified specialist assesses you before any treatment decision.

Seek urgent medical advice if you have severe or suddenly worsening symptoms, or symptoms that feel like an emergency. For urgent help in England, you can contact NHS 111; call 999 in a life-threatening emergency. NHS arrangements differ across the UK.