



# Department of Health & Social Care

Freedom of Information Team  
Department of Health and Social Care  
39 Victoria Street  
London SW1H 0EU

[www.gov.uk/dhsc](http://www.gov.uk/dhsc)

Mr Jamie Halliday

By email to: [request-1449941-51cd3083@whatdotheyknow.com](mailto:request-1449941-51cd3083@whatdotheyknow.com)

18 June 2026

Dear Mr Halliday,

## Freedom of Information Request Reference FOI-1707561

Thank you for your request dated 26 May to the Department of Health and Social Care (DHSC), a copy of which can be found in the accompanying annex.

Your request has been handled under the Freedom of Information Act 2000 (FOIA).

DHSC does not hold the information requested. In particular, it does not hold recorded information setting, recommending, endorsing or discussing a maximum THC percentage limit for prescribed cannabis-based products for medicinal use (CBPMs).

The legislation governing CBPMs does not set THC (Delta-9-tetrahydrocannabinol) limits. As with all medicines, it is for the prescriber to determine the best course of treatment for an individual patient and provide that treatment in line with the law, professional standards and relevant clinical guidance. Regarding private clinic prescribing and governance, private clinics prescribing CBPMs are regulated in the same way as other independent healthcare providers. In England, this includes registration with and inspection by the Care Quality Commission (CQC). Any provider wishing to carry out regulated activities is required to register with the CQC to do so. Prescribers must also work within their scope of practice and adhere to the standards set by their professional regulator. The CQC has published information on registration and its expectations of providers of services involving CBPMs. It expects providers to ensure the care they deliver is safe and effective, and its inspections consider the systems, processes and patient records in place to determine whether controlled drugs legislation and the relevant fundamental standards are being met. Where providers do not demonstrate this, the CQC may exercise its regulatory powers.

Some information relevant to your request is reasonably accessible by other means. You may find the following published guidance helpful: NICE guideline NG144, [Overview | Cannabis-based medicinal products | Guidance | NICE](#); NHS England, [NHS England » Cannabis-based products for medicinal use \(CBPMs\) \) - Guidance and advice for prescribing decisions](#); Care Quality Commission guidance on [Cannabis-based medicinal products: Registration with CQC - Care Quality Commission](#); and the General Medical Council's [Good practice in proposing, prescribing, providing and managing medicines and devices - GMC](#), including the section on [Prescribing unlicensed medicines - professional standards - GMC](#)

If you are not satisfied with the handling of your request, you can request we undertake an internal review. If doing so, it would be helpful for you to be explicit which areas of the Freedom of Information response you consider dissatisfactory. Complaints to us should be sent to [freedomofinformation@dhsc.gov.uk](mailto:freedomofinformation@dhsc.gov.uk) or to the address at the top of this letter and be submitted within 40 working days of the date of this letter.

Please remember to quote the reference number above in any future communication.

If you are not content with the outcome of your internal review, you may complain directly to the Information Commissioner's Office (ICO). Generally, the ICO cannot make a decision unless you have already complained to us about our original response and received our response to your complaint and, if applicable, our internal review decision. You should raise your concerns with the ICO within six weeks of your last substantive contact with us.

Guidance on contacting the ICO can be found at <https://ico.org.uk/global/contact-us> and information about making a complaint can be found at <https://ico.org.uk/make-a-complaint>.

Yours sincerely,

Freedom of Information Team  
[freedomofinformation@dhsc.gov.uk](mailto:freedomofinformation@dhsc.gov.uk)

## Annex

From: Jamie Halliday <request-1449941-51cd3083@whatdotheyknow.com>  
Sent: 26 May 2026 09:57  
To: FreedomofInformation <freedomofinformation@dhsc.gov.uk>  
Subject: Freedom of Information request - THC percentage limits in CBPM prescribing guidance

Dear Sir or Madam,

Please treat this as a request for information under the Freedom of Information Act 2000.

This request concerns cannabis-based products for medicinal use (CBPMs), particularly dried cannabis flower prescribed in private healthcare settings.

I am seeking recorded information about whether any national, regulatory, clinical, inspection, safety, licensing or policy guidance exists in relation to maximum THC percentage limits for prescribed CBPM flower.

Please provide the following information.

### 1. Recorded guidance on THC percentage limits

Please provide any recorded guidance, policy, inspection guidance, regulatory guidance, internal briefing, position statement or other recorded information held by your organisation which refers to:

a. maximum THC percentage limits for prescribed CBPM flower; b. THC percentage thresholds such as 20%, 22%, 25%, 26%, 28%, 30% or similar; c. whether prescribers or clinics should restrict patients to a maximum THC percentage; d. whether higher-THC CBPM flower requires additional clinical justification, approval, review, risk assessment or governance oversight.

### 2. Basis for any THC percentage cap or threshold

If your organisation holds information suggesting that THC percentage caps or thresholds are used, recommended, expected or considered good practice, please provide recorded information explaining:

a. the clinical, regulatory or evidential basis for those caps or thresholds; b. whether such caps are mandatory, advisory, discretionary, or left to prescriber judgement; c. whether any cap differs depending on diagnosis, age, psychiatric history, prior cannabis use, tolerance, treatment response, dose, route of administration, or risk of misuse/diversion.

### 3. Private clinic prescribing governance

Please provide recorded information held by your organisation about how private CBPM clinics are expected to justify, review, audit or document decisions involving higher-THC flower.

This includes any recorded information about:

- a. prescribing governance;
- b. multidisciplinary review;
- c. specialist sign-off;
- d. audit requirements;
- e. risk assessments;
- f. patient-specific clinical rationale;
- g. situations where a clinic restricts product strength or THC percentage.

#### 4. No information held

If your organisation does not hold any recorded information setting, recommending, endorsing or discussing a maximum THC percentage limit for prescribed CBPM flower, please confirm this explicitly.

For clarity, I am not requesting patient-identifiable information, individual prescribing records, or information about any specific patient.

Please provide the information electronically.

Yours faithfully,  
Jamie Halliday