

The Shadow Contract, Episode Two: Your Data at Pound Shop Prices

If you're listening to this, it means you care about the truth. At Good Law Project, we don't just expose wrongdoing, we go to court to stop it. From secret NHS data deals, to PPE cronyism, to environmental destruction quietly signed off by the government, we uncover what's hidden, hold power to account and use the law to resist hate and bring hope. But here's the truth. We can only keep protecting you and exposing stories like this one if you stand with us. We don't take corporate money, we answer to no party or private interest. We're people powered. We're funded by people like you. Injustice is not inevitable. So if you believe in truth, accountability and the right to know what's being done in your name, support our work. Go to goodlawproject.org/podcast and give what you can. Because if we don't fight for transparency, who will?

Duncan McCann, Head of Tech and Data at Good Law Project: "If Palantir really do cement their place in the NHS, almost half of people will opt out of their data being used. And it would be such a shame to undermine what is widely regarded as one of the most useful and valuable data sets in the world."

In episode one, we looked at how Palantir launched a covert influencer campaign to discredit critics of their contract to run the NHS's Federated Data Platform. But the real question isn't how Palantir tried to shape the narrative, it's why. Why were they so desperate to shut down criticism? And what exactly was the prize they were so keen to defend? Companies don't quietly recruit influencers, hide their involvement and attempt to discredit critics, unless something far bigger is at stake.

You don't reach for covert influence unless you're trying to protect something fragile, something valuable, something you're desperate to hold onto. The influencer campaign isn't the story. Long before the emails, before the headlines, Palantir had already secured its foothold inside the NHS.

In this episode, we rewind to the moment that mattered most – to the crisis that opened the door to the grand prize, to a contract that looked temporary, trivial, even generous, and turned out to be anything but.

So let's start by taking a step back to look at just how Palantir got inside the NHS in the first place. Spoiler, the price of their ticket to entry: one pound. I'm Eliza Pitkin, and this is The Shadow Contract, episode two, Your Data at Pound Shop Prices.

Mix of news soundbites: "Today the UK government holds a daily televised briefing to update the public on the fight against the virus. Coronavirus, what is it, where is it and what do you need to know? From this evening I must give the British people a very simple instruction. To stay at home, protect our NHS and save lives."

To understand how we got here, how Palantir, a company built for surveillance, policing and military intelligence, ended up embedded in the heart of the NHS, we have to go back through our blurred collective memory to the global pandemic that began in the spring of 2020. The country was locking down. Matt Hancock and Boris Johnson were on our screens every evening. PPE was running out.

But behind closed doors, something almost as insidious and undetectable was happening.

Duncan McCann: "It was March 2020 when Palantir won their £1 contract. I'm not sure you can win a £1 contract. They offered it and the government duly accepted."

Duncan McCann is a healthcare data expert and policy analyst who's been following Palantir's NHS contracts from day one. He also happens to be Head of Tech and Data at Good Law Project.

“And then when it came time to renew the contract, it wasn’t a pound anymore, it was a million pounds. And then when it came time to renew that, it wasn’t a million pounds, it was 23 million pounds. And then there was a little extra of 10 million pounds on the side. And so they turned this one pound, we want to come and help in an emergency into a 50, 60 million dollar contract right there and then.”

And this wasn’t just a case of being in the right place at the right time. In 2021, Palantir’s UK boss, Louis Mosley, sent an internal email with the subject line, “Buying our way in” – a plan to go around hoovering up NHS contracts, acquiring smaller NHS services. “Take a lot of ground”, he wrote. “Take down a lot of political resistance”. Not quite what you’d hope to lie at the heart of a benevolent emergency response. It was a market capture with patient data and power as the prize. Because Palantir weren’t some white knight riding to the rescue, they were ready.

They had been circling the NHS a year before the pandemic even arrived, holding meetings, hiring former NHS and civil service staff, mapping the terrain. And then Covid hit and suddenly the ground was soft and the target was vulnerable. As early as 2019, they were quietly laying the groundwork inside the NHS. Internal emails obtained by the Bureau show that in mid-2019, months before Covid appeared, Palantir’s UK boss hosted a dinner with NHS England leadership and pitched the company’s software as a solution for managing health data.

A follow-up email to the chair of NHS England is said to have read like a sales pitch on how Palantir could help quote: “structure and curate nationwide patient records”. And this wasn’t just a story of influence in Westminster corridors. The groundwork for Palantir’s expansion was also being laid at trust level, inside the NHS itself.

As senior figures moved between lobbying firms, advisory boards and hospital leadership roles, relationships formed that helped normalise Palantir’s presence and boost institutional confidence in its technology.

Rhiannon Mihranian Osborne, Bertha Challenge fellow investigating the intersection of big tech, government power and democratic oversight,

gives us a glimpse into the kind of activity that was going on in just one trust at the time:

“I think in particular we should be looking at Chelsea and Westminster Trust and their Joint Chair, Matthew Swindells. So Palantir hired Global Council, Mandelson’s lobbying firm in 2018 with the explicit aim of helping them to increase legitimacy in the UK and gain UK government contracts. At the time Matthew Swindells was Deputy Chief Executive of NHS England until he stepped down in July 2019 and then went on to join Global Council. And a couple of months after joining, he was already advising Palantir on NHS contracts. The Byline Times reported that he was then Chair of Palantir’s Health Advisory Board at the same time as serving as Joint Chair of four prominent NHS hospital trusts – so that includes Chelsea and Westminster Hospital, the first to pilot Palantir technology and the hospital that has been really at the forefront of saying this technology is brilliant and every other hospital should be using it.

According to this Byline Times investigation, the Trust said that Swindells was excluded from Palantir related decisions, but I don’t really see how as Chair of such a prominent Trust that is, you know, it’s an AI exemplar hospital, it was one of the pilot sites for the FDP...I don’t really see how he could have had no involvement in their rollout of the FDP. They were kind of trialing pilots and FDP pilots in 2021, 2022 before the contract was given and saying, oh, you know, these pilots are such a success.

And at the same time in December, 2021, Global Council and Palantir jointly hosted a webinar called the next steps the UK should take to realising the UK’s life sciences vision, which Swindells actually chaired. And the webinar kind of marked the release of this Palantir White Paper that looked really strikingly similar to the NHS data strategy that was then published later in June. So through this character of Matthew Swindells, you can really see the revolving door between Global Council, senior NHS positions and this Trust Chelsea and Westminster that’s very prominent in promoting the FDP and was involved in the pilots of the FDP before the contract was given.”

Also in Chelsea and Westminster there's someone called Justin Watling who actually worked for Palantir directly. He is still currently an advisor to Chelsea and Westminster Plus which is the official charity of Chelsea and Westminster Trust. So yeah, so I think these two are some of the most interesting characters in the rollout.

Watling says his appointment as an unpaid advisor to Chelsea and Westminster Plus predated Palantir's involvement with the NHS and has had nothing to do with them. He also added that while Chelsea and Westminster Plus is a joint relationship between the NHS Trust and its charity, he has not worked for the NHS since 2000.

By the time COVID arrived, Palantir was already in the room. Its software ended up powering the NHS's emergency Covid Data Store under a £1 contract. That early access, secured through months of charm offences, demos in San Francisco and Davos and senior-level meetings well before any crisis, gave Palantir both familiarity and an incumbents advantage.

Duncan McCann: "They get themselves in, not with: hey, we're going to revolutionise your whole IT infrastructure, just give us 330 million and we'll do that for you. It's a, you have a need here. In this case, it was COVID and we needed emergency stuff up and running quickly. And here they are offering us this amazing service for a pound for three months. Now, what did we ever think was going to happen with that? So we've got something for three months. Three months was never enough to kind of complete the analysis and do the project."

This is a tactic, a well-documented one, in cyber security, in corporate procurement, in political strategy. If you've ever wondered how all of a sudden you ended up paying twice as much to watch your favourite show without ads, you'll know the play. Because if you give someone a system for free and they build your dashboards, your crisis tools, your pandemic modelling, what do you think happens at the end of that three-month contract? You're not going to rip it out. Not mid-pandemic. Not when those tools and infrastructure have become an essential part of your day-to-day. Not when the people who built it have become indispensable.

And when they arrived, they were prepared. And once they were in, the NHS wasn't dealing with a temporary guest. It was dealing with a company whose entire global playbook is about entrenchment.

Duncan McCann: "It's important to know that Palantir really had a concerted strategy to get into not just the NHS, but to be they want to be central to, you know, the pretty much the operations of every major government department in the UK. That's a big strategy. That requires a really concerted influence and advocacy programme that doesn't happen by accident. And I think when you look across the track record of Palantir, you can see this preparation both in who they're hiring and the way that they operate a really effective revolving door both between NHS key staff, but also the civil service that supports that within government.

Now, that's obviously not something that only Palantir does. You know, all large corporations do that to some extent, but definitely Palantir seem to have honed it to, you know, a real fine art. What they've also shown themselves is to be expertly opportunistic. So as well as this concerted strategy that, you know, would have had a multi-year timeframe and could likely have yielded success, they were also very attuned to this massive opportunity, which was COVID and trying to manage all of the data associated with that. And Palantir were absolutely smart and savvy and came in at a moment of acute need for the UK government and I'm sure provided them something that was very, very useful at the time. But, you know, it shouldn't be forgotten that as well as the contract being offered at a very, very low price, it also required Matt Hancock to kind of override and discard some elements of Data Protection law. And then once they were in, it was really a strategy of kind of slowly pulling the government in deeper and deeper."

That target? the chance to build the NHS's Federated Data Platform, a central system designed to connect, analyse and manage data from across health and care services. The biggest data contract in NHS history.

On paper, the Federated Data Platform was awarded through an open competitive procurement process. NHS England used a formal, quote competitive dialogue procedure and publicly advertised the contract,

inviting suppliers to bid. A consortium led by Palantir ultimately secured the £330 million deal in November. But while the process was officially open and compliant with procurement rules, there is little public detail about which major competitors made it to the final stages, or how close the contest truly was. The transparency ends at the award notice. Beyond confirmation that the procedure was competitive in principle, the identities and relative strength of rival bids remain largely out of view, leaving the impression that, whatever the theory of competition, Palantir emerged with remarkably little visible challenge.

If you're listening to this, it means you care about the truth. At Good Law Project, we don't just expose wrongdoing, we go to court to stop it. From secret NHS data deals, to PPE cronyism, to environmental destruction quietly signed off by the government, we uncover what's hidden, hold power to account and use the law to resist hate and bring hope. But here's the truth. We can only keep protecting you and exposing stories like this one if you stand with us. We don't take corporate money, we answer to no party or private interest. We're people powered. We're funded by people like you. Injustice is not inevitable. So if you believe in truth, accountability and the right to know what's being done in your name, support our work. Go to goodlawproject.org/podcast and give what you can. Because if we don't fight for transparency, who will?

In December of 2023, Good Law Project made public Freedom of Information requests to see that contract.

Duncan McCann: "When the contract was first released, over 400 pages of it were entirely blanked out. And that does not give you any ability to really understand what's being contracted. And so as soon as we saw that, we knew that we needed to do something to really open up the transparency of this whole deal."

Following pressure from Good Law Project, the NHS later released a significantly less-redacted version of the contract. But initially, not just names, sentences or paragraphs, but 417 entire pages of a 586 page contract lay under thick stripes of black ink. Worse still, those redactions

weren't performed at the hand of Palantir themselves, but by the organisation contracting them, the NHS.

The reason for these redactions? According to a letter from NHS lawyers, the contract was still subject to commercial negotiation. Fair enough, you might say. Fair enough if the contract hadn't already been awarded to Palantir over a month earlier in November 2023, leaving the NHS to negotiate a contract with no negotiating power.

Wait, what?

You might expect secrecy from defence contractors, from military surveillance, even from Big Pharma, but not from our own NHS. With un-finalised contract details locked behind 400 pages of redactions and with no room for negotiation. That's a pretty big nope.

Here's a company with covert influence and manipulation as a key weapon in its arsenal. A weapon used to shape online opinion, to discredit scrutiny without ever revealing their hand. A company positioning itself quickly and quietly into an unquestioned position of power and influence within our National Health Service.

If you don't work in healthcare, the first you might have heard about the FDP might well be in the context of this case, or framed in dark predictions around privacy risks and data leaks. You might imagine some sinister, monolithic database, a giant vault of every patient's secrets waiting to be exploited. But the reality is at once more human and more bureaucratic.

Because patient data is messy, scattered across thousands of different locations, different hospitals, different GP systems, different software companies, different coding standards, different spreadsheets. And that's before you add in the nuances and variations of diagnosis, medical opinion and processes. Nothing talks to anything well. Different hardware and software is in use across health authorities and organisations throughout the NHS. But more importantly, the information that goes into those systems is in myriad different formats.

Free text, codes, numbers, letters, unstandardised and never designed to be shared. And the people who bear the brunt of this lack of connection and consistency? Clinicians, nurses and analysts trying to stitch together meaning from mismatched code and free text fields and ultimately us, the patients.

It's a system full of gaps, inefficient, slow and buckling under the weight of a wealth of health data that should be its superpower, not its Achilles heel. So when the NHS began exploring the idea of a Federated Data Platform, the ambition wasn't dystopian, it was revolutionary.

When you link that data, you also need to protect it and the people it's about. You need to make it anonymous whilst retaining the value in the vital information it contains. And that is not quite as easy as it sounds. Cory Doctorow calls this the paradox of health data. The very thing that makes it useful also makes it dangerous.

Take for example former Prime Minister Tony Blair. Take his date of birth and two trips to hospital during his time as PM. Compare those facts against a poorly anonymised NHS data set and you are well on the way to exposing a former PM's private health records. And if you can do this with a former Prime Minister, you can do it with anyone. But there are ways of anonymising data safely and securely.

One system that makes this possible is OpenSafely, an ethical, privacy-preserving data system built by academics during COVID. It represents the gold standard for how we can and should handle such valuable patient data. It shows that data sharing can be safe, transparent, publicly accountable and genuinely life-saving.

OpenSafely's success was so dramatic that the government asked for a full roadmap to scale it nationally. The British Medical Association endorsed it as a model for safe and ethical data use. In sharp contrast, their recommendation on the NHS partnership with Palantir was less enthusiastic. Quote: "all organisations which are contracted by the NHS to handle patient data must have a demonstrable positive track record on security, privacy, transparency and ethics. In light of this, and ahead of

the planned rollout of a Single Patient Record, it is therefore right that the NHS review its contract to determine whether Palantir is still an appropriate provider for a digital healthcare platform.”

Palantir say they’ve spent two decades and invested billions of their own money in research and development to build the best product on the market, which is used extensively by critical UK allies such as the US and NATO.

OpenSafety was built on a simple principle. Don’t move the data in the first place. Researchers send their code in, results come out and no one ever gets to browse patient level records. It’s open, auditable and designed so access is structurally limited from the start.

The Palantir model takes the opposite path. It builds a vast central platform first, run by Palantir and then adds privacy technology from IQVIA on top to manage the risk. One model minimises exposure by design. The other manages exposure through tooling. One starts with restraint. The other starts with integration and scale.

There’s also a fundamental difference in who holds the power. Palantir’s Foundry, its core data integration and analytics platform, is proprietary software. The underlying code, architecture and roadmap are controlled by Palantir. The NHS can license and use it, but it doesn’t own it. Can’t fully inspect how it works at every level and can’t independently adapt it beyond the terms set by the company.

Here’s Rhiannon again on her significant concerns about what proprietary software development like this means:

“Foundry belongs to Palantir. You can’t go in and see the code that’s working on it. You can’t, for example, interrogate if there’s racial bias within the code that could affect the health outcomes that you’re analysing because you can’t see the whole code. And that’s something that as we’re talking to analysts and kind of other people that work in data across the NHS, that this is an unaccountable software. The software is accountable to Palantir. It’s not accountable to kind of analysts or other people within the NHS who are going to be using it for decision making.”

This is a fear voiced by many, including Amber O’Sullivan, Director at Corporate Watch, a UK research and investigative organisation that scrutinises the influence of corporations on public services:

“Importantly, NHS data analysts can’t fully see the code that underwrites the FDP because it’s run on Foundry, which is one of Palantir’s platforms. So they have reduced control over the design of the software and reduced accountability and transparency regarding the analysis that it presents. And this is something that people are saying is really important to them.”

Models like OpenSafely prove that we can do large scale, life-saving data research without handing out information to surveillance contractors. And it’s important to highlight another big advantage of platforms like OpenSafely here, and it’s in the word open. Because OpenSafely was designed to be open source, not developed or owned or controlled by a single software manufacturer or corporation. It was designed to work more as a framework for implementing an idea, an architecture and a way of working with developers and specialists contributing to a system that everyone shares ownership of and responsibility for. No gatekeepers, no hard sell and no shady corporations with an eye on the next billing cycle and a thirst for power.

If you’re listening to this, it means you care about the truth. At Good Law Project, we don’t just expose wrongdoing, we go to court to stop it. From secret NHS data deals, to PPE cronyism, to environmental destruction quietly signed off by the government, we uncover what’s hidden, hold power to account and use the law to resist hate and bring hope. But here’s the truth. We can only keep protecting you and exposing stories like this one if you stand with us. We don’t take corporate money, we answer to no party or private interest. We’re people powered. We’re funded by people like you. Injustice is not inevitable. So if you believe in truth, accountability and the right to know what’s being done in your name, support our work. Go to goodlawproject.org/podcast and give what you can. Because if we don’t fight for transparency, who will?

So what went wrong? How did we find ourselves with a different platform entirely? To help us understand how this played out inside the NHS, here's Marc Farr, Chair of the NHS Chief Analytical Officers Network:

Marc Farr: "It's such a sensitive area and the network that I represent thinks that the procurement wasn't done as well as it could have been and isn't being delivered as well as it could be. So if you overlay on top of that a company that already has a negative connotation to people, I think you make it very difficult for yourself."

Marc is part of the analytical community, the people who understand NHS data at the deepest level, the ones who know what's possible, what's risky, what's safe. And in Marc's view, as a vital part of a very serious conversation, that community were barely even in the room:

Marc Farr: "I'm a massive data saves lives bloke. If you put data together, good things happen. Do it super securely, good things will happen. What I worry about in terms of the procurement and in terms of the delivery is that if I represent a national group of experts and we'll call them the chief data analytical officers, okay, so that's people who are quite nerdy, interested in quite technical detail. I don't feel like those people had a loud enough voice in the procurement of this and I still don't, and there is a lot of positive signs coming now, but they were not as heavily involved in the procuring of it because I know no one who's involved in it."

To get a bit technical for a moment, the NHS has two kinds of digital leaders. There are CIOs, the techie things people, think servers, laptops, networks, X-ray machines and data analysts, the techie data people, the people who understand the information flowing through those systems. And when the FDP was procured, the analysts, the people who really understood how that data should be moved about, used and above all protected weren't at the table.

Marc Farr: "You know, if you and I both were interested in finding out the football scores from last night and you look them up on BBC Sport and I looked them up on ITV, the score would be the same. The data integration layer is the same. And no one cares who makes the veneer on top of the

data. That can be produced by anyone. And the value is in the wrong place at the moment. If you spent a lot of time and effort sorting out the data integration layer, you could do all of the things like research, like direct patient care, like population health management, like strategic commissioning really easily.

But if you attach the value to the software, it's putting the value in the wrong place. And I think if you award contracts at that scale to single software companies who don't concentrate on the data as much as they should do, I think there's a risk."

There's a phrase that gets thrown around a lot, clinically led. It sounds good. Reassuring. Doctors in white coats making careful, patient-focused decisions. But when it comes to data, that's not necessarily the right approach.

Marc Farr: "Clinicians are really, really, really good at treating a patient, hands on, sticking them back together. They will be less interested in the SNOMED CT code that was used to describe the diagnosis or the procedure that they did. That is quite technical data stuff. You know, you can track a Kent variant of COVID really quick. That is maths. That is not IT. And I think the procurement and the delivery have been dominated by voices of clinicians and some IT folk. And IT folk have, I think, wasted a massive opportunity the last 20, 30 years by buying big American pieces of software with less thought to how you handle the data within it.

And it's a really key distinction that you kind of need to make: there's buying the piece of software and there's putting the data in it. And if you let people put crap data into the thing, don't be surprised if you can't do anything with it. But the pressure from IT folk is, as long as this is running, as long as it's live, as long as people like the interface, as long as it works on my phone, then it's great. And because the wrong voices were involved, the NHS ended up trying to fix a deep structural data problem with software procurement instead of data standardisation.

And if you're selling to politicians, I'm making a generalisation. They don't know. They don't know the detail of this. You've got some very, very, very,

very senior industry professionals talking to some politicians and some senior people and actually seeing a bit of procurement at such a conceptual level that it all adds up to them. And I'm sure they were all in a room patting themselves on the back. And doesn't it sound amazing? And we'll wheel a few clinicians in and talk to them about it. And they'll say, this sounds amazing, doesn't it? This sounds great. But it's not all of the people you need.

And that's not just someone being irritating at the back of the room like me, this stuff's important. And I see it time and time again. I've seen hospitals get together, buy a piece of software and us at the back going, there's a really important point here about the data layer. And they went, shhh this one's cheap. We're going to buy this one because it's cheap. So even though the data bit doesn't work, we're offsetting that by the fact that it's cheap. I'm going, but that data bit is not going to work. And it will take about a year or so for them to go: can you just rebuild all those dashboards on the new piece of software? I go, I can't get the data unless you pay them another half a million quid. And that's a real example. I don't need to name the products, but that happens all the time. It's not all the right people in the room to buy the thing."

So to put Marc's view in the simplest terms, the wrong people were buying the wrong product from the wrong company. West Streeting didn't need to say the words, we prefer Palantir. Keir Starmer heading straight to Palantir's offices after his meeting with President Trump said it loudly enough.

Under the Conservatives, NHS England insisted that FDP adoption would be optional. Trusts could choose whether to use Palantir's platform. But under Labour, the tone hardened. Suddenly, trusts were being pressed.

The message was simple. Publicly soft, privately firm. We really want you to say yes.

But there was resistance. Some trusts signed the FDP agreement but quietly stopped short of actually implementing the system. Many are yet to sign.

Duncan McCann: “We think that there are about 60 trusts who have not made any decision at all about whether to implement the FDP. That represents about a quarter of trusts and hospitals that have not yet made a decision. There’s a real opportunity to remind those making the decision about the importance of the decision they’re making. The fact that, you know, legal liability if things go wrong, often lies with the Trust and not with NHS England, because it is the Trusts who are data controllers for our data who are responsible for making sure that our data is moved and stored and shared legally.

What’s interesting is that the Labour government seems to have hardened the position a little bit. And again, acknowledging that they can’t really force these organisations, but they are really putting a lot more pressure on them to say yes. These 60 Trusts have got one last opportunity to kind of say no and we can boost that. But what we’ve also noticed is that there’s an interesting middle ground of Trusts who have signed the Memorandum of Understanding, but have not yet started actually using the system. And we think that’s about another quarter of Trusts.

Now, some of those Trusts are obviously just taking some time between signing the Memorandum of Understanding and going forward to kind of implementation. But we know from talking to people on the ground that some of these Trusts have used this strategy as a kind of passive resistance strategy.

It’s likely that some of this caution will be born of the sheer cost of adopting a system as monolithic as the FDP. Trusts will naturally be nervous about how expensive the system will be, not just to deploy but to maintain and expand. Some caution reflects more familiar concern in public sector technology, the risk of becoming dependent on a single supplier. Because once a single system is responsible for storing, analysing and acting on data for an organisation as large as the NHS, walking away from it can become technically difficult and financially costly.

On the issue of hidden costs, Amber notes: “There are hidden costs also related to adoption and rollout that weren’t planned for in the national contract. And these fall on Trusts and ICBs who are already struggling with budgets. So an FYI request to Imperial College Healthcare Trust revealed that the extra costs related to the implementation and rollout of the FDP that had to be paid for by the Trust itself was almost half a million pounds. Epsom and St Helier also has told us that they’re not yet using the FDP, but that the Trust expects significant additional costs related to staff and infrastructure in the future. However, these costs have not been locally budgeted for. The total four year budget for the FDP project was actually set to be 485 million, significantly higher than originally stated.”

More significant though, are the concerns around Palantir as an organisation being allowed to build and profit from the creation of the Federated Data Platform. Many doctors and healthcare practitioners don’t want Palantir in their systems, because they simply do not trust them. And because they know that most importantly of all, their patients don’t trust them either. And if patients opt out, turn away and withdraw their consent, one of the most valuable data sets in the world will wither and die.

Duncan McCann: “I think there’s a lot of people that just do not want to see an organisation like that holding onto their data and profiting even from being part of the NHS. A survey done by Foxglove in conjunction with one of the doctors’ organisations, which was that if Palantir really do cement their place in the NHS data ecosystem, that almost half of people will opt out of their data being used for research and planning. And that will have a huge impact on the quality and value of the whole data ecosystem.

And it would be such a shame to undermine what is widely regarded as one of the most useful and valuable data sets in the world.”

This highlights the real fault line at the heart of this story. Because ultimately, this isn’t about a software rollout, or even how the data that underpins that system is handled. It’s about trust. Trust in the organisation building the system and trust in the government clearing a path.

Keir Starmer has made no secret of his desire to modernise the NHS and do it quickly. Labour has signalled that it wants rollout accelerated. That digital reform can't stall. But inside Whitehall, officials have reportedly been warning something very different. That Palantir's reputation itself could slow adoption, limit uptake and ultimately undermine value for money. If trusts hesitate, if clinicians resist, if patients opt out...a £330 million platform only delivers value if people actually use it.

Because whatever the engineers say, whatever the contracts promise, whatever the dashboards can do, if the public don't trust the company at the centre of it, the whole system wobbles. And the pressure is building.

Campaign group Foxglove put it bluntly in response to the revelations about internal concerns. Quote: "The Prime Minister and the health secretary should listen to the public they serve when they tell them Palantir has no place in the NHS. They should not be scheming with tech billionaires' staff on how best they can mitigate the public perception problems these tech giants deservedly face through their own repellent behaviour."

As we've seen, the British Medical Association has already raised concerns about the FDP and its impact on trust and uptake. Because if doctors are uneasy and if patients lose confidence, then the damage isn't abstract. It shows up in opt-outs. It shows up in stalled implementation. It shows up in a data set that becomes thinner, less representative, less powerful. And that's the paradox. The biggest risk of a Federated Data Platform may not be in what it does, but in who is doing it and why our government is letting them.

The UK has one of the richest health data sets in the world. It is unique, irreplaceable, a national asset. And right now, that data, our data, sits at the centre of a power struggle between political priorities, corporate ambition, national infrastructure and public trust.

If this goes wrong, if trust collapses, if half the population opts out, then the UK will lose one of its most powerful tools for improving public health. Forever.

At time of recording, around 60 NHS Trusts still haven't made their decision. Another group have signed agreements but are quietly refusing to implement them. Across the country, passive resistance is growing. Doctors are pushing back. Data analysts are raising alarms. Integrated Care Boards are hesitating. Patients are watching.

And Good Law Project? They're preparing. Because what happens in the next few months will determine whether the FDP becomes a publicly accountable ethical system, or Palantir's ticket to entry becomes a permanent foothold. We can build a trusted public health platform, backed by transparency and science. Or we can hand our most intimate health data to a company whose founder sees democracy as incompatible with freedom, and whose business model enables states to increasingly watch our every move.

This was never just about procurement. It's about who controls the system and whether that system still belongs to the public at all.

In the next episode of The Shadow Contract, we'll see how Palantir-powered systems integrating data from healthcare and benefits services, including Medicaid, are enabling current ICE activity across the United States, and explore how this could serve as the chilling harbinger of things to come if Palantir are permitted to build their version of the Federated Data Platform.

Because if the current risk to the success of the Federated Data Platform is reputational, we'll see why we should be very, very worried about that reputation.

I'm Eliza Pitkin and I'll see you next time on The Shadow Contract episode three: Drag and Drop.

As with all episodes in this series, we shared our findings with Palantir and NHS England ahead of publication. Palantir haven't responded to any of our claims around how they approached their securing of the FDP contract, only insisting that they engage with governments on policy like "the vast majority of companies operating at scale in the UK".

Palantir also didn't respond to our concerns around data security and privacy, but are on the record saying that engineers, quote: "are only able to access NHS data under the direction of the data controllers. This only takes place for appropriate engineering activities like data pipeline deployment and product support tasks. People in the institutions we serve can only see the information they need to in order to do their job, and so that it is possible to see exactly who accesses what data, why and when."

They also go on to explain that NHS England has published comprehensive information

about how they process data, referring to the NHS's published information governance framework and data protection impact assessment. They insist that they comply with all laws and lawful data sharing agreements and point out that the way data is used is controlled entirely by its customers. That is to say, our government.

In response to our concerns around the cost of the FDP, the government says that they estimate that the FDP will realise benefits of over £780 million over the seven-year course of the contract. And Palantir says the FDP has been rated green for value for money, showing that it is delivering and likely to continue to succeed, citing, quote: "many doctors and nurses" who have reported positive experiences.

NHS England said, quote: "The Federated Data Platform is already delivering huge benefits for patients and the NHS. Joining up care, speeding up cancer diagnosis and ensuring thousands of additional patients can be treated each month. The supplier of the platform was appointed in line with public contract regulations and must only operate under the instruction of the NHS, with all access to data remaining under NHS control and strict contractual obligations protecting confidentiality."

We put the concerns raised in this episode to Palantir. While they did not respond directly to our questions, they have made a number of public statements addressing these issues. They insist they are not and have never been a surveillance company, saying, quote: "we do not conduct

surveillance, we do not provide surveillance services, nor do we sell our software for the purposes of enabling unlawful surveillance”.

If you're listening to this, it means you care about the truth. At Good Law Project, we don't just expose wrongdoing, we go to court to stop it. From secret NHS data deals, to PPE cronyism, to environmental destruction quietly signed off by the government, we uncover what's hidden, hold power to account and use the law to resist hate and bring hope. But here's the truth. We can only keep protecting you and exposing stories like this one if you stand with us. We don't take corporate money, we answer to no party or private interest. We're people powered. We're funded by people like you. Injustice is not inevitable. So if you believe in truth, accountability and the right to know what's being done in your name, support our work. Go to goodlawproject.org/podcast and give what you can. Because if we don't fight for transparency, who will?