The Shadow Contract, Episode Four: Signed, Sealed but far from Delivered

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Jo Maugham: "Right in GLP's DNA is this idea that politicians respond to one thing and one thing only. They respond to political pain. So the work that we've done, the work that others are doing to drive public awareness of who Palantir is, will definitely increase the political pain attached to a contract renewal for Palantir."

In episode three, we looked beyond the NHS and into Palantir's wider record – a company embedded in US immigration enforcement, providing the data infrastructure used by Immigration and Customs Enforcement, ICE, to track, detain and deport migrants. Systems designed to pull together huge quantities of personal data, map networks of relationships and make decisions about people's lives at scale. That matters because it tells us something about the kind of company now sitting at the centre of the NHS's new data platform. A company whose technology has already

reshaped how governments collect, analyse and act on sensitive personal information.

Now, the government says the rollout is a success. Trusts are signing up, waiting lists are falling, the dashboards look good.

But when you look beyond the upbeat case studies and polished statistics and infographics, a more complicated story begins to emerge. Questions about how widely the system is actually being used. Questions about hidden costs. And questions about the risks attached to an organisation as divisive and Machiavellian as Palantir.

I'm Eliza Pitkin and this is The Shadow Contract, episode 4: Signed, Sealed, but far from Delivered.

NHS England website: "The NHS Federated Data Platform is designed to enhance patient care and increase efficiency. Since April 2024, this new innovative software has assisted in safely removing over 270,000 outdated or duplicate entries from waiting lists, ensuring those in greatest need for treatment are identified and prioritised...helped patients go home sooner when they're medically ready, reducing the longest unnecessary hospital stays by almost 19%., by safely connecting information that was previously kept in separate systems."

NHS England is keen to tell us how well the rollout of the Federated Data Platform is going. There's a glossy page on the NHS website. Soft blues, clean fonts, a joined up healthcare future rendered in reassuring statistics, cancer pathways streamlined, waiting lists managed, hours saved, clinicians empowered. Three carefully curated user stories and testimonialstell us how Trusts are transforming patient care with the click of a mouse. There are blogs, case studies, impact reports and of course, an animated video, because nothing says data integration like a polished animation and a reassuring voiceover.

The party line is one of success and brave new worlds. Trusts are signing up at pace, benefits already being realised, the NHS stepping confidently into its digital future. At the time of recording, the NHS England website claims that 167 of 202 hospital Trusts in England have signed the

Memorandum of Understanding. Basically the document saying that they will adopt the FDP at some point in the future. It also claims that 41 of 42 Integrated Care Boards are live with the FDP. Pretty healthy numbers, all things considered. But dig a little deeper and the narrative isn't quite so clean cut.

Amber O'Sullivan is the director of Corporate Watch, a UK research and investigative organisation that scrutinises the influence of corporations on public services. Over the past months, her organisation has issued a host of Freedom of Information requests, which paint a more accurate picture of the FDP landscape:

"So early last year, 2025, NHS England published Federated Data Platform, the FDP, a success story, claiming that 96 Trusts, which is about just over 40%, had signed up to the FDP across England. And we sent an FOI looking for more detail. And in that NHS England admitted that actually only 34 Trusts, which was just under 15%, were actually actively using the data platform, while the other 62 Trusts had only signaled their intent to do so. So this was one example of how NHS England communication has been misleading, and so we wanted to find out more."

Amber's organisation sent two mass Freedom of Information requests to all Trusts and Integrated Care Boards or ICB's across England. They asked each ICB what stage they were at with the rollout of Palantir's platform and what their future plans were. They also asked about extra hidden costs related to adoption and implementation of the platform.

Amber O'Sullivan: "So what we have now is a much more honest version of the rollout than what NHS England or the Department of Health and Social Care has been giving us. We've compared the NHS England list of supposedly active Trusts and ICBs and it doesn't match up. The way that NHS England is using the word 'active' in relation to the FDP might not necessarily be like how me or you describe active. So an example with the ICBs is there are 42 Integrated Care Boards in England and NHS England has marked 41 of these as active on their official websites.

Greater Manchester ICB being the only one that doesn't appear on that list. But what we have found is that this is a misrepresentation of the truth. And one example of this can be seen for an FOI response we got from Kent and Medway ICB, who were described as actively using the FDP by NHS England. But in their reply, they said that they are only exploring use, but currently have no concrete plans for rollout.

Then you have ICBs who have signed up to use the FDP but aren't currently actively using it. Yet these are still making up officially published ICB numbers of success. And it's the same story with Trusts. One example is Cambridge University Hospital Trust, which is marked as active by NHS England, but they responded to our FOI saying they don't have any product on the FDP actually in use. Another one is Barnsley Hospital, who are also marked active, but have reported that they're piloting one FDP product and have no plans for further rollout."

It's not exactly clear how NHS England are measuring active users, but their definition of active would seem to fall somewhere short of a Trust necessarily using any of the FDP's actual tools or dashboards.

Amber O'Sullivan: "One measurement for NHS England's success seems to have been the Memorandum of Understanding, or the MOU that they sent to Trusts in 2025 to sign. This MOU seems to be like a vague commitment to join the FDP and according to NHS England, in June 2025, 130 Trusts had signed it. But our FOIs revealed in response to a Trust concern about signing the MOU that NHS England reassured the Trust that signing didn't commit them to any timeframe. And that's not something that we've seen more widely published.

Also a Trust being in conversation with the FDP team, which is another response we've been getting from FOIs, also appears to be being used as a way of saying they are actively engaging. It's really not clear what active actually means and it begs the question why are NHS England, the Department of Health and Social Care and West Streeting pushing so hard for Palantir's data platform to appear potentially more successful and desirable than what we know it to be."

Amber's organisation has published a live rollout tracker showing the status of every Trust in England as part of the No Palantir in the NHS campaign.

A cursory glance underscores a more complex reality than the story told on the NHS England scoreboard. Responses to the FOI question on FDP status reveal a wide range of answers. Some said they are intending to adopt. Five are working with the FDP to understand the offer better. Eight are investigating the use of FDP. Some claim they did not receive the NHS England mandate. Others simply have not responded to it. 13 Trusts have no plans to join despite the government mandate.

It's unsurprising that the numbers around a rollout of a system as multifaceted and far-reaching as the FDP are as complex as they are. But the government and NHS consistently present the rollout as a major success, highlighting examples of improved hospital productivity, faster cancer diagnoses and thousands of additional operations enabled through better use of data.

The government seems keen to paint any improvement in NHS performance as a direct result of FDP implementation with little diligence, as Amber relates.

Amber O'Sullivan: "The evidence used to justify the FDP and the evaluations around it just don't add up. The methods and approaches used for measuring FDP successes are problematic and conclusions drawn from the data, conclusions which are being widely communicated as proof that Palantir's platform is going to save the NHS, don't hold up to scrutiny.

This is information that we know from NHS data professionals and experts within the group and also outside of the group that we're connected to. It's hard to tell if the improvements that are being promoted by the government as a direct consequence of the FDP are actually due to that, or if they are actually due to other local improvements being made – because we know that hospitals are under a lot of pressure to make timings improvements and other improvements and we are sure that

they're always looking at numerous angles rather than believing the FDP product is the golden ticket."

And for each case study of successful adoption it takes little effort to provide a contrasting view of a Trust or ICB at odds with adoption of the FDP.

Amber O'Sullivan: "NHS England are telling us that the FDP has improved conditions across hospitals for staff and patients and that this justifies the whole project. But data analysts involved in the campaign had another look at this information, which the assumptions are drawn from, and found that the evidence used to justify it didn't add up. In plain terms, they found that Trusts that did not implement the FDP tool improved in the same way and at the same time as the Trusts that did. Getting an honest picture is difficult and the picture that NHS England and the Department of Health and Social Care are painting is misleading at best."

Greater Manchester Integrated Care Board is just one very notable example of a major NHS organisation choosing not to adopt the Federated Data Platform, despite the government's strong pressure to do so.

Manchester has repeatedly deferred joining the programme, stating that it needs more evidence that adoption will be in the best interest of the population it serves. In board discussions, leaders highlighted that Greater Manchester has already spent years building its own advanced data infrastructure and that the region's current analytics capabilities, quote: "exceed anything the FDP currently offers." As a result, Manchester has remained the only Integrated Care Board in England not to sign up to the platform, reflecting a broad attention between the government's push for a national system and local NHS organisations that believe their existing solutions are better suited to their needs.

During discussions about whether to join the national programme, board members of Manchester ICB noted that key questions about the FDP's risks had not yet been answered and that there was no clear reason to rush adoption without those assurances. In a letter explaining the pause,

Greater Manchester ICB Chief Executive Mark Fisher said the board would review the decision only when it could establish whether FDP adoption represented genuine value-based benefits for local people.

Leeds Teaching Hospital's NHS Trust replied to a Freedom of Information request stating, quote: "from the descriptions we have of these FDP products, we believe we would lose functionality rather than gain it by adopting them."

Several other Trusts, including Warwickshire, Essex and London, refused to use the FDP since they were already implementing new digital systems. Likewise, Cambridge NHS Trust replied to an FOI request from Amber's organisation saying, we have reviewed the current Trust focused applications on the FDP against our existing deployed functionality and confirmed that there is 'no gap' between what we already have and the products currently available on the FDP. They said at the time that they wouldn't use it or adopt it until it was better than their current systems.

And while cash strapped Trusts and ICBs battle the rising costs of implementation, for NHS England, the spending didn't stop with the platform itself. In 2024, they awarded another £8.5 million to consultancy firm KPMG, not to build the system itself, but to help persuade NHS Trusts and Integrated Care Boards to adopt it.

The consultancy was tasked with supporting implementation and helping local NHS organisations develop strategies to roll the platform out across the country. And that raises another big question. In a health service already under strain, how much should the NHS be spending persuading itself to adopt a system it has already bought?

At a time when hospitals are facing financial pressure, recruitment freezes and growing waiting lists, that decision has raised eyebrows. Critics point out that millions of pounds are being spent on consultants to encourage the NHS to use a system it has already paid hundreds of millions for. And for some observers, the question is unavoidable. When frontline services are stretched, could that money have been better spent on nurses, doctors, or patient care instead?

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

Rhiannon Mihranian Osborne: “Wes Streeting has kind of made this promise that AI and efficiency and Palantir tech in particular will improve waiting lists and support better care and make everything more efficient within the NHS. And what he’s actually doing is this very typical and not imaginative at all neoliberal playbook. You know, we will gut the bread and butter of your public services and then technological solution, that happen to be run by a private company who we are very close, with will come in and mop up the rest and somehow make everything better.

So NHS data management systems do need improving, but as a doctor, that’s not the problem with patient care that I see kind of on a daily basis at all. The problem is the successive austerity budgets that this government has also seen that have absolutely gutted both the NHS but also social care, housing…People are presenting to the NHS because they are living in poverty, because they have black mould in their homes, because they live on one of the most polluted places in the UK because their disability benefits have been cut.

So the NHS in this context is one of the last places that people can go to get help as the safety net in this country has been absolutely decimated. And what Wes Streeting is trying to do is say, okay, we’re not gonna give you sustained investment in services. We’re actually gonna force 50 % cuts to ICB and NHS England budgets. We’re not going to give you sustained investment in services or community healthcare. We’re not going to give you sustained investment in staff or your actual infrastructure. Some hospitals in the NHS, like their buildings need work, you know, let alone like AI discharge tool. But they’re not willing to do that because that would require challenging the logic of austerity.

What they are willing to do is say, okay, we’re actually going to just shortcut all of these issues and give you like a sexy AI data management system that’s somehow going to fix all these patient care issues. No AI or no data management system at all, no matter how good, can replace

having well-staffed services that people can access on time or having accessible community healthcare that's available to people.

And so the 10-year plan that West Streeting is pushing and that the approach to the NHS that successive governments have pushed, is this idea that technological solutions can fix problems that are caused by inequality. And so from my perspective as a health worker, it doesn't matter how good your digital solution is, it's not going to solve the issues with the NHS and that's a political decision to kind of avoid looking at those issues because it would challenge the logic of austerity."

Rhiannon's view is mirrored by countless other voices within the NHS, whilst Palantir have been vocal about naysayers, accusing the British Medical Association of choosing ideology over patient interest.

But as campaigners like Hope Wordsdale, Head of Comms & Digital Impact at Just Treatment are keen to emphasise:

Hope Worsdale: "We are absolutely not anti-tech or anti-data or anti-modernisation. You know, we want patients to get the best possible healthcare that they can. We want lives to be transformed, we want lives to be saved. We totally recognise that health data and technology are incredibly powerful tools for kind of like medical advancement, but it has to be run and managed in the right way and it has to be run in the interests of patients and the NHS."

Susan Morgan is a member of the board at Good Law Project, and her concern goes beyond alarm at this immediate unplanned overspending. Like Amber, she highlights the broader risk of investing heavily in technology solutions without fully understanding their consequences.

Susan Morgan: "We've got weak growth, cost of living pressures, declining public services, all of which translate to pressure on the government to both do something and look as though it is doing something.

But on the other hand, we're still a rich and wealthy country overall with huge data sets. So we're an attractive prospect. So there's a real risk of

what's been called techno-solutionism. So, you know, some problems obviously can be solved by tech, many can be, but there are many that can't be. And the danger is that we try to solve problems with tech that can't be solved that way and that this will be a drain on limited resources and unsuccessful."

But there is a bigger financial risk Susan points to. One that often only becomes clear when systems are deeply embedded.

Susan Morgan: "What are the safeguards to protect data about individuals? Because at the end of the day, that's our data. Where does the data go? Where is it stored? How do we know if it's abused? And then what protections do we have against vendor lock-in with our most sensitive information?"

We touched on the potential risks inherent in data lock-in from a patient safety perspective in our last episode.

When critical clinical systems are tied too tightly to one platform, it can become difficult to access, audit or move the data if something goes wrong. But there is another side to this story, the financial risk.

Once a system like the Federated Data Platform becomes embedded across hospitals, workflows and analytics tools, switching away later can become extremely difficult and extremely expensive. This is what's known as vendor lock-in.

When a public service becomes dependent on a single supplier for upgrades, support and future development. And the deeper that dependency becomes, the weaker the NHS's bargaining power gets. Changing course and negotiating price become harder. Because when a system sits at the centre of how health data is stored and analysed, the financial risk and the data risk start to merge.The more the NHS depends on a single provider's infrastructure, the harder it becomes, technically and financially, to take back control.

There is a third, a more insidious risk inherent in lock-in to a vendor-like Palantir. A reputational one. When the name Peter Thiel appeared in the

Epstein files, it was horrible, but not exactly surprising. But when Peter Mandelson, whose links to Palantir through lobbying and advisory channels we've already seen, starts appearing all over the files, real questions have to be asked. Add to that Mandelson's arrest on suspicion of misconduct in public office, and alarm bells really start to go off.

Susan Morgan: "So I think Peter Mandelson should have been nowhere near that job. It's widely reported that advice not to appoint him was ignored. Peter Mandelson's relationship was known. He'd had to resign from the Blair government twice for taking an interest-free loan and then for allegations of using his influence to help someone obtain a British passport. So it should come as no surprise that he took money from Epstein and that of course, you know, there are now wider allegations in terms of the information that might have been shared.

So all of this to me contributes to a completely and utterly unnecessary loss of trust that people in the general public may have in politics. So I think if people make the connection between that bigger picture and the NHS, there are two core risks. Firstly, that people trust the NHS and what it does with their data less. And then secondly, that people's data is actually misused or systems don't work properly and there's a problem with vendor lock-in, and that that leads to real world harm. Those are the two big risks I see."

Nothing links back directly to the Federated Data Platform. But in a debate built on public trust, those associations inevitably raise questions and incite unease.

As Duncan McCann, Tech and Data Lead at Good Law Project highlights, the reputational risk of an organisation as contentious as Palantir could pose a very real threat to our health service infrastructure.

Duncan McCann: "You know, we think that the NHS has a real obligation to not get into a place where it is locked in with a single vendor, where it is putting that at risk. And, you know, it would be great to think that the NHS or the government would take some kind of proactive ethical or moral decision about Palantir. But of course, it's not impossible to envisage a

scenario where that decision is forced on us because Palantir is involved in something more scandalous than some of all the other things that we've already talked about over the course of this podcast.

It is not inconceivable that either their relationship with the Israeli government, with the Trump administration, with other administrations as yet unknown could be so shocking that we have to get out of the contract because it's just an imperative. Where does that leave us? It leaves us in a very, very difficult position.

And again, I do not want to see such important critical infrastructure put under that kind of risk."

These concerns aren't just abstract conjecture. The reputational risk is already impacting adoption of the FDP. One analysis of UK polling reported that nearly half of UK citizens would opt out of sharing their health data if it were managed by a private company such as Palantir, highlighting the potential impact on the FDP's effectiveness.

The UK government itself warned in a briefing to the Department of Health that, quote: "public perception of the FDP during the procurement and then in delivery has been affected by the profile of Palantir."

The rollout of the Federated Data Platform is far from the smooth success story we're being sold. Questions about effectiveness, questions about cost, questions about reputation, and fundamentally questions about trust in Palantir and perhaps in our own governments. Taken together, the picture looks very different from the confident narrative presented by government and NHS England in press releases and glossy animated infographics.

And if one thing is clear, we really, really need to challenge that narrative because a Palantir FDP isn't inevitable. A deal might have been done, but it's not a done deal.

This is the moment the story stops being about what the NHS is telling us and becomes about what we do to fight back, because the current contract with the Federated Data Platform runs out in 2027.

On paper, that might sound like a distant administrative milestone, but in practical terms, it is a pivotal moment. By that point, the government and NHS England would need to decide whether the platform should continue, expand or be replaced. Renewal would likely mean extending Palantir's role as the central provider of the NHS's national data platform, potentially deepening its integration across hospitals, integrated care systems and national health programmes.

In effect, it would turn what is currently still a relatively limited deployment into something much closer to permanent infrastructure. But renewal is not automatic. The government will have to assess whether the platform has actually delivered the benefits it promised, whether it represents value for money and whether alternative systems might offer a better solution.

Trusts themselves will also play a role, because the extent to which they adopt and rely on the system over the next few years will shape the government's decision. In other words, 2027 is not just a contract date, it is a point at which the NHS will decide whether Palantir remains a supplier or becomes the long-term backbone of how health data is managed across the health service.

And that decision will depend heavily on what happens between now and then.

There is, if you like, still everything to play for.

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name, support our work. Go to **goodlawproject.org/podcast** and give what you can. Because if we don't fight for transparency, who will?

And as Duncan McCann from Good Law Project told us, the reality on the ground looks very different from the impression of inevitability that the government and Palantir would like us to believe.

Duncan McCann: "But it's important to remember that for the moment, the claws that Palantir has on us are very light. Last time I spoke to kind of data analysts and doctors, there are only about two or three apps, which is what they call the kind of the use..so you think of the FDP as kind of just the data layer.

The apps are the things that are built on that, that allow the doctors to actually interact with this data layer and find something and do something useful. As I understand it, there are only about two or three of these apps at the moment that are being used throughout the various Trusts. So it's really a corner case of a corner case at the moment with our Trusts.

Now the challenge is that there's a huge desire to push and, know, Palantir again, and the Department of Health and important to say some Trusts do want to move forward really at speed. And that's definitely as they get more and more into more and more departments, into more and more aspects of our own health and the kind of the NHS's health management, that's definitely where the risks of lock-in and, you know, it becomes much harder then to extricate ourselves. So, you know, most of our health is currently being run on non-Palantir stuff today. And I think that's really important to remember.

It can feel like two years into the contract and obviously many more years into them getting their first toe into the health service and so on. It can feel like oh, this is a one way street, trying to stop the tide coming in. It's just not possible. You know, I think what I have learned the most in the last couple of months of really engaging with the community of doctors, data analysts, activists, people working in this area is that it is so far from a foregone conclusion. They are just not in deep enough. They are not

providing value enough at the moment to really merit the renewal and this total buy-in to Palantir's system."

In other words, Palantir's grip on the NHS is still surprisingly light, because the Federated Data Platform itself is mostly just the data layer. The tools clinicians actually use are applications built on top of that system, and by most accounts, only a small handful of those tools are currently in use across NHS Trusts, which means we're not locked in yet.

But that window closes fast if rollout accelerates. So despite the scale of the contract and the rhetoric around transformation, the number of practical tools doctors are actually using on the platform remains extremely limited, which means the system is still far from deeply embedded in everyday NHS care.

As Hope Worsdale, Head of Comms & Digital Impact at Just Treatment notes:

Hope Worsdale: "I suppose in terms of the things that we know, we know that there are some Trusts who have not yet adopted the Federated Data Platform or have not yet adopted it fully. We know that there is kind of growing resistance to the platform internally amongst NHS workers. And we know that the rollout has hit a bunch of roadblocks, not just politically, but also operationally, it's kind of on those two levels. And so the rollout is by no means going the way that the government and Palantir would have hoped. We basically need to press as hard as we can now to ensure that that doesn't happen in 2027."

So, Palantir's grip on NHS infrastructure is light, and its once untouchable political footing is becoming increasingly fragile. With each new controversy, the company drifts further into public view, and not always in the way ministers would like. The ICE contracts, the Mandelson connections, the long shadow cast by Jeffrey Epstein's network around parts of that same elite circle. None of it directly about the Federated Data Platform, but together it turns Palantir into a household name for all the wrong reasons. Because renewal will not be decided on technical merits alone; it will be decided on political pain.

Jo Maugham: “We have a really big audience right, we have way over a million people who we can speak to and speak to quite a lot about Palantir. And what I can see, because we monitor what content we’re delivering that people are interested in, is this huge surge in interest in Palantir.

And I think that the thing that’s going to stop ministers who have, I think, overly close relationships with Palantir from giving contracts to Palantir, is the high political cost of giving contracts to Palantir and that high political cost only comes about if everyone has an awareness of Palantir and everyone thinks that Palantir are pretty sus.”

As Palantir are forced increasingly out of the shadows and as the date for renewal of the contract looms ever closer, the urgent question becomes what are we doing and what can we do?

As Amber O’Sullivan, Director at Corporate Watch, lays out:

Amber O’Sullivan: “Local groups across the country are taking on Palantir at their Trusts and ICBs and at local level. They’re organising meetings, community centres or in staff rooms. They’re campaigning at their local NHS leaders and council representatives or patient groups. They’re flyering outside hospitals or at demos. These groups are open and available for anybody who wants to get involved. And if there’s not a group that already exists, the No Palantir in the NHS campaign can support local groups being set up.

So if people across England or even wider want to get involved, there’s a few different ways that you can do it. You can check out the No Palantir in the NHS campaign toolkit, which is on the Medact website. You can look at the Good Law Project’s website. They have an online tool to have information about actions to take after that. You can check whether your Trust or your ICB is actively rolling out Palantir’s platform on Medact’s toolkit website. If you’re linked in with Just Treatment, who are patient-focused grassroots organisation, you can get involved that way. Amnesty UK are also setting up support for local members of their groups to get involved in local level campaigning as part of the No Palantir in the NHS

campaign as well. If you're a member of Health Workers for a Free Palestine, you can get involved through that route. There's just multiple routes for getting involved.

You don't have to be an NHS staff member. You don't necessarily have to be a patient or see yourself as one. You can just be any member of the community who feels strongly about this and wants to get involved now, which is a really, really important time for us to start organising across the country."

Campaigns like No Palantir in the NHS, alongside organisations such as Just Treatment, Corporate Watch and of course Good Law Project, are using Freedom of Information requests, investigative reports and public campaigning to challenge the narrative that the platform's rollout is inevitable.

Doctors, data professionals and activists are raising concerns about privacy, governance and long-term dependency on a single supplier. What began as a niche policy dispute is steadily becoming something much larger. A growing public argument about who should control the infrastructure behind our most sensitive data and whether Palantir should be the company trusted to run it.

For Good Law Project, the fight is far from over. Its focus will be forcing greater transparency about how the Federated Data Platform is operating, pushing for stronger rights for patients who don't want their data included, and continuing to scrutinise the government's decisions about how the NHS data contracts are awarded. If the platform expands or new deals are struck, those decisions could still face legal challenge.

And then there's the moment that really matters. In 2027, the Palantir contract comes up for renewal. That's when Good Law Project expects the next major legal confrontation. The plan is to return to the court and ask a fundamental question: were they right to say that there is no public interest in scrutinising who receives vast, politically sensitive public contracts like this one? Because if that principle changes, the legal ground beneath the Palantir deal could shift as well.

Jo Maugham: “So all of us kind of get stressed sometimes, right? And we get stressed and we make kind of bad decisions and we then regret them. And courts are no different really. The renewal of the Palantir contract in 2027 is probably going to be the time of our next big legal initiative. We’re going to go back to the courts and we’re going to say to them: are you sure you got it right in saying there’s no public interest in who these contracts go to? Are you sure? And maybe we’ll lose and maybe the courts will reflect on whether they got it right back in the day.

In primary school we were all kind of taught to work hard and do the right thing and obey the rules and you’ll get your rewards. And that world, if ever it did exist, certainly doesn’t exist now. If we want to stop these incredibly powerful, I think quite malignant organisations like Palantir from taking over the world, which is definitely what their ambition is, we all kind of need to lean into that. We need to lean collectively into that exercise together.

So if you’re a doctor working in the NHS and you have information that suggests that Palantir is not doing what it is contracted to do with that data, absolutely leak it. Leak it to journalists, leak it to Good Law Project. Yes there is risk attached for you but you do not live, and you probably never did, in a world where following the advice of your primary school teacher was going to deliver important social change.

So my advice to you if you’re interested in this stuff is to read up. There’s loads and loads of stuff published about Palantir if you know where to look. So, Carole Jane Cadwalladr, Peter Geoghegan – journalists – are both interested in writing about Palantir but they’re the kind of better known. There are loads and loads of stories. Inform yourself and then advocate to those around you. Make sure that everybody knows what Palantir is.”

As we reach the end of this series, it’s important to remember something we’ve heard again and again from the people we’ve spoken to. This isn’t inevitable. The future of the Federated Data Platform and Palantir’s role in the NHS is still being written.

And there are ways to get involved. You can follow the work of groups like Just Treatment, Corporate Watch and Good Law Project, who are continuing to investigate and challenge the rollout. You can explore the No Palantir in the NHS campaign, which is tracking adoption across Trusts and helping bring transparency to the process.

You can use the Good Law Project's campaign tool to see if your local NHS Trust has adopted the FDP and send an email demanding they say no to Palantir. You can also speak to your MP, raise questions in your community, but above all, keep this conversation alive. You'll find links to all these organisations and resources in the show notes to this podcast.

The next big decision point is coming in 2027. And whether Palantir becomes permanently embedded at the heart of the NHS data infrastructure will depend in no small part on whether we choose to stand up and be counted.

I've been Eliza Pitkin and this has been The Shadow Contract.

I'll leave the last word to Jo.

Jo Maugham: "Look, I'm not going to speak down this microphone and tell you that the world is all rosy. These companies are enormous. Their tentacles stretch across multiple countries and multiple continents. They're very, very powerful. But what I can tell you is that if you do nothing, you guarantee that you will fail. And I can also tell you that actually, it's not a very good way to live your life.

It's not a good way to live believing that this stuff is inevitable. It doesn't make you happy. Those of you who've got to this episode in the podcast will have formed their own view about the value of the work that Good Law Project does. I just want to say to you, we have no gazillionaires standing behind us writing us blank checks. We're only able to do this work because people see value in it and seeing value in it, they want to support it.

So Good Law Project makes no bones about taking on really, really big powerful opponents and sometimes we get hits and you know we got hit

with Palantir because they kind of hired someone to do a kind of secret smear job on us. But my personal motivation for doing this work is not really about the impact that Good Law Project has, because I can't predict what that impact will be and I'm very, very well aware of quite how big and ugly are the monsters that we're taking on.

I do it because it helps me move through the world happy. I know that what there is to do, I am doing. I find that kind of quite a good ethical response to a really, really troubling world. And it's super important to me that Good Law Project be a vehicle for others who want not to be passive observers in their own downfall, but want to kind of at the very least shake their fist at a world, productively shake their fist at a world that is going wrong and at best have impacts as well."

For this final episode, we again approached Palantir and NHS England for comment. When we asked the NHS how things were going with the rollout of the FDP, they were pretty upbeat, saying, quote: "The Federated Data Platform is already delivering huge benefits for patients and the NHS." They said, joining up care, speeding up cancer diagnosis and ensuring thousands of additional patients can be treated each month.

Palantir claim that, quote: "Many Trusts, doctors and nurses have reported positive experiences of the FDP, with the programme delivering 100,000 additional operations, while reducing discharge delays by 12% and removing more than 675,000 patients from the waiting list."

In response to our concerns around current and future data security, the NHS insists that Palantir 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.

Palantir say that users interact with the platform entirely through open source frameworks and only minor changes would be required to export it. And they are just as keen to brush off concerns over privacy, citing comprehensive information published by the NHS about how they process data, including the Information Governance Framework and Data

Protection Impact Assessment. They also insist that their engineers "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."

Finally, Palantir here appear to be just as sensitive as NHS England around whether their FDP should be considered a worthwhile investment, insisting they have, quote: "Spent two decades and invested billions of their own money in research and development to build the best product on the market", citing UK allies such as the US and NATO who use their software. They claim that the FDP has been rated green for value for money, which they say shows it's delivering and likely to continue to succeed, with the government estimating that it will realise benefits of 780 million over seven years.

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?