

James Frith MP
Minister for Health Innovation
Department of Health and Social Care

9th October 2026

Dear Minister,

The Federated Data Platform: Public and professional trust

It was good to meet you on 2nd September. I valued your understanding of the importance of public trust when it comes to the use of people's data, and hearing about your own direct experience from leading previous work in government. With decisions about the future of the Federated Data Platform (FDP) approaching, I am writing to offer advice on the importance of public and professional trust to its long-term success.

My experience as a psychiatrist has taught me how fundamental trust is to people's willingness to share information about themselves and engage with services. The history of NHS digital initiatives provides a similar lesson: technical capability alone is not enough. The trust that underpins all our working relationships matters, and the past tells us that without sufficient trust and engagement, digital programmes struggle to achieve adoption.

I recognise that decisions about the FDP's future involve a range of factors, some of which are outside my remit. My advice as National Data Guardian is that the 'trust factor' should be given substantial weight in these decisions, as well as in decisions about how the FDP is delivered and how its benefits are evidenced and communicated. I set out my key considerations and advice below, with supporting evidence in the annex. I am grateful to my office and advisory panel, whose insight and expertise have informed my thinking.

Key considerations:

- Since the FDP contract was awarded in November 2023, NHS England has worked hard to roll it out. Health and care organisations that have adopted the FDP and found it helpful want to continue using the tools and capabilities it provides.
- There is evidence that a significant number of local organisations, however, are reluctant to actively adopt the FDP for a range of reasons, including concerns about the supplier, the overhead costs of managing local objections, and a preference for other solutions.
- Communications and assurances about technical, legal or contractual safeguards have not, despite the best efforts of the programme, assuaged public concerns about the supplier. There is evidence that concern has grown since the programme's inception.
- Public concern about the supplier includes a perceived misalignment between the values of the company and the values of the NHS, and questions of national data sovereignty. The level of public opposition is striking for a software supplier to the public sector.

- There have been some challenges in maintaining sufficient openness and transparency around the programme to build and maintain trust, including concerns about the way some statistics about the programme's benefits have been presented.
- Recent increases in National Data Opt-Out rates are a concern. While causation cannot be definitively established, these increases have coincided with media coverage of the FDP and its supplier. Further increases could jeopardise the quality of our shared national health data asset by reducing its completeness and representativeness, with consequences for service improvement and planning, the UK's health research and innovation, and ultimately our ability to improve health and care.

My advice as National Data Guardian:

- **Public and professional trust should be given substantial weight when evaluating any supplier of a system involving people's health and care data.** Commercial strength and technical capability must not outweigh whether the public, professionals and end-user organisations trust the arrangements. Without sufficient trust, the system is unlikely to be adopted widely enough to fulfil its potential to improve health and care.
- **Decisions about the future of the FDP should be supported by clear, objective evidence of the platform's benefits and limitations, communicated transparently.** NHS England's integration into the Department of Health and Social Care presents an opportunity to strengthen the culture around, and approach to, ongoing evaluation and transparency. Technical challenge, dissenting voices and local concerns should be engaged with constructively in shaping direction and delivery, helping to strengthen the programme and support its long-term success.
- **Concerns about interoperability, vendor lock-in and data sovereignty must be addressed.** This should include consideration of open standards and open-source technology, consistent with wider government digital policy.

Whatever decision is taken about the current supplier, the FDP programme must command sufficient public and professional trust. This is important not only to the future of the FDP, but to wider trust in how the NHS uses people's data.

I would welcome your response and am happy to discuss any of the issues raised further.

Yours sincerely,



Dr Nicola Byrne

National Data Guardian for Health and Social Care

Annex: Evidence informing my advice

This annex sets out the evidence informing my advice, including my previous statements and engagement to date, uptake and impact of the FDP, and public and professional trust.

1. Advice and engagement to date

I have consistently supported the ambitions of the FDP programme to enable better use of data to improve care while emphasising from the outset that its success depends on maintaining public and professional trust.

November 2022

In November 2022, before procurement, I set out my position on the FDP in a published blog¹. This outlined strong support for the programme's ambitions. It stressed the importance of public and professional trust to the programme's success. Key points included:

- Public trust can only be earned through a commitment to honesty and transparency
- There must be no surprises for people about how their information is used
- Plans need to adapt subject to what is heard from patients and professionals
- The programme should remain mindful of the NHS core values², and how the values demonstrated by any organisation procured align with them

August 2023

In a second published blog³ in August 2023, I set out further advice on transparency, communication and public trust, noting discourse about one of the then potential commercial suppliers, Palantir, was particularly contentious. I drew on evidence from public engagement and research indicating that for the public to support commercial involvement in using NHS data, specific conditions need to be met:

- A commitment to authentic communications, engagement, and transparency
- The rationale for commercial involvement is made clear
- The external organisation can prove to the public that it is trustworthy
- There is a demonstrable public benefit back to society or the NHS
- Public benefits outweigh the commercial benefit
- There are adequate safeguards against improper use

I highlighted the risk that failure to maintain public trust could contribute to a rise in opt-out rates. I advised showing the likely value to the NHS, demonstrating the integrity of decision-making, and providing credible assurance about the relationship with the supplier.

¹ [In pursuit of balance: unlocking the power of data whilst preserving public trust - GOV.UK](#)

² [The NHS Constitution for England - GOV.UK](#)

³ [The NHS Federated Data Platform: the importance of building bridges with the public - GOV.UK](#)

June 2026

In June 2026, I published a statement after becoming aware through media reporting of an inconsistency between FDP programme documentation and the access contractors had to identifiable patient information in the FDP's National Data Integration Tenant (NDIT). I wrote to NHS England seeking an explanation and assurance that the transparency documentation and communications would be corrected.

I published an update in July to acknowledge and signpost to NHS England's response. This noted the continuing concern amongst the public about the supplier's role in the NHS and the range of views surrounding it. This topic helped explain the intensity of public concern regarding NDIT access and reinforced the importance of accuracy and transparency in the FDP programme.

Advisory group participation

Since the programme's inception, my office and I have participated in three independent advisory groups supporting the programme, providing advice and challenge underpinned by the Caldicott Principles⁴. I thank the programme team, including information governance leads, for their engagement with our feedback through these forums.

2. System uptake and impact

The need for greater federation of data at a national level is commonly acknowledged by data professionals, who have advocated for the positive impact this could have in being able to realise the potential of NHS data to improve services and the care we provide⁵.

We understand that more than 80% of secondary and tertiary NHS care providers have now signed up to the FDP and there are reports of trusts and patients benefiting from use of the FDP and its associated tools^{6,7}. However, concern about both the technical capabilities of the FDP and the supplier has led more than 100 NHS data and digital professionals to sign a letter⁸ stating that they objected to the continuation of the contract, citing the NHS Constitution as a prompt to outline their objections on professional, ethical and practical grounds. Given the central role this professional group holds in determining the successful adoption or otherwise of the platform, their concerns should be engaged with seriously.

⁴ [The Caldicott Principles - GOV.UK](https://www.gov.uk/government/publications/the-caldicott-principles)

⁵ [Chief Data and Analytical Officer Network position on the Federated Data Platform \(FDP\) - aphanalysts.org](https://aphanalysts.org/)

⁶ [Impact of the Federated Data Platform's digital surgery scheduling system on elective theatre utilisation at an NHS Trust: an interrupted time series analysis | BMJ Health & Care Informatics](https://www.bmj.com/content/368/bmj.n1111)

⁷ [NHS England » Case studies](https://www.nhs.uk/news/2019/07/19-nhs-case-studies)

⁸ [Over 100 digital, data and tech staff working in the NHS ask senior leadership to end Palantir technology partnership, as the Health Select Committee recommends the government cancel the contract](https://www.bbc.com/news/health-56444444)

I have also heard that responding to public concerns about the supplier places a very significant burden on staff time across the system, including in organisations that have not adopted the FDP. This represents an additional, largely hidden cost of the programme.

There have meanwhile been questions about how evidence of the FDP's benefits has been presented. The Office for Statistics Regulation (OSR) reviewed NHS England's presentation and communication of FDP performance metrics, following concerns raised by members of the public and journalists⁹. As a result, NHS England committed to improve the communication of benefits data, including the limitations of before and after comparisons.

Detailed assessments are underway, including an independent evaluation of the FDP by Imperial College London¹⁰ and a broader National Audit Office study of patient data integration¹¹, to which I have contributed. It is not my role to duplicate or anticipate their findings. The evidence currently available presents a mixed picture; there are reported benefits for some organisations and patients, but questions remain about adoption, professional confidence and the overall costs of the programme. For organisations that have actively adopted the FDP and found it helpful, continuity, resilience and the cost of any change are important considerations meanwhile. I understand the independent assessments will not conclude in time to inform current decisions, which will therefore have to rely on the evidence available about benefits nationally alongside evidence about public and professional trust likely to impact on future adoption and use across the system.

3. Public and professional trust and acceptability

Media coverage

Research commissioned by Understanding Patient Data (UPD), which analysed 1,329 media articles related to health data from March 2025 to June 2026¹², suggests that Palantir's FDP contract has become a proxy for sovereignty concerns around NHS data as a national asset: 243 articles related to Palantir/FDP and 84% of this coverage was negative, with framing linking NHS data to US tech, connections to U.S. Immigration and Customs Enforcement (ICE) use, and data leaving the UK jurisdiction. A separate audit conducted by my office looked at UK coverage specifically about the FDP. It found a significant increase in articles published in the past six months, suggesting growing media attention to the programme.

Several high-profile campaign groups have campaigns specifically opposing the supplier's role in providing services to the NHS, which have attracted significant participation.

⁹ NHS England Federated Data Platform (FDP) – presentation and communication of information and performance metrics - Office for Statistics Regulation

¹⁰ <https://www.imperial-consultants.co.uk/wp-content/uploads/2026/08/FDP-Evaluation-Strategy.pdf>

¹¹ Integrating patient records: laying the foundations for a more productive NHS - NAO work in progress

¹² <https://www.understandingpatientdata.org.uk/sites/default/files/2026-07/Health%20data%20in%20the%20headlines%20-%20Changing%20media%20landscape.pdf>

Public attitudes

I have heard from stakeholders working in health and care that organisations are receiving significant volumes of correspondence from patients and members of the public raising concerns about the FDP supplier.

In July 2026 a survey commissioned by Eko and delivered by YouGov among 2,097 UK adults¹³ found that 76 per cent considered it unacceptable for US technology firms to handle patient medical data on behalf of the NHS. Taken in combination with the UPD media analysis outlined above, it appears concerns about sovereignty and overseas actors being involved in handling patient data are a significant factor in objections to the supplier.

It is notable that while Palantir is not the only US technology supplier involved in providing services to the NHS, other companies have not, to date, attracted similar levels of scrutiny. Concerns raised appear to centre around the view that the company's activities do not align with the core values¹⁴ that the public expects the NHS to uphold¹⁵. For example, before the FDP contract was awarded, Palantir co-founder Peter Thiel described the British attachment to the NHS as a form of "Stockholm syndrome", argued that "the NHS makes people sick", and suggested that, "in theory, you just rip the whole thing from the ground and start over"¹⁶. Since procurement, concerns about the supplier appear to have grown in relation to its wider activities supporting military conflict and political activities overseas. These issues do not concern everyone. But they clearly matter to many people, both professionals and members of the public. For them, they raise principled concerns about whether the values demonstrated by the supplier are consistent with those of the NHS. Assurances about technical, legal and contractual safeguards do not address these concerns.

Parliamentary scrutiny

In June 2026 the Science, Innovation and Technology Committee issued a report on digital government¹⁷ in which it recommended "exercising the February 2027 break clause in the NHS Federated Data Platform Contract and either develop an in-house replacement or seek an alternative developed by UK-owned and UK-based providers that are more compatible with UK values". The report argued that "vendor lock-in should not be viewed as inevitable" and called for "a strategy to end vendor lock-in across the public sector".

In July, following an evidence session on the FDP, the Health and Social Care Committee wrote to the government echoing the advice of the Science, Innovation and Technology Committee. The committee's letter¹⁸ cited "serious mistrust of the Palantir-created Federated

¹³ [Survey Report](#)

¹⁴ [The NHS Constitution for England - GOV.UK](#)

¹⁵ [In pursuit of balance: unlocking the power of data whilst preserving public trust - GOV.UK](#)

¹⁶ [Peter Thiel: Britain's affection for the NHS is Stockholm syndrome](#)

¹⁷ [Rewiring the state: Delivering digital government](#)

¹⁸ [committees.parliament.uk/publications/54095/documents/302120/default/](#)

Data Platform amongst both the general public and the medical profession" and recommended not extending the contract.

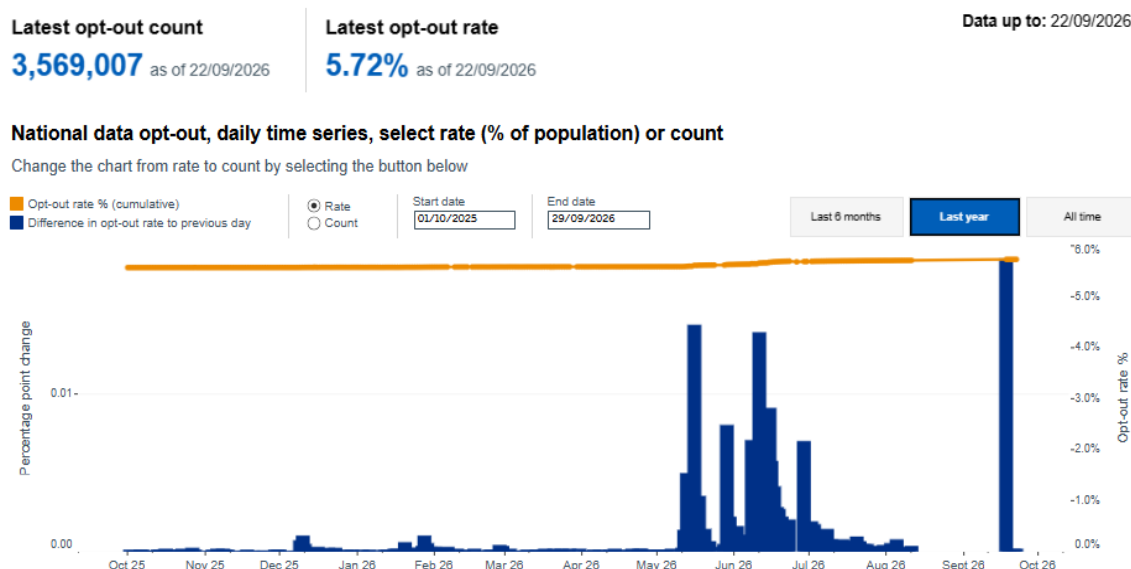
The ministerial response¹⁹ acknowledged concerns about "mistrust of Palantir, and the impact it could have on people's willingness to share data with the NHS, and in eroding the support of health professionals for using the platform". The response also stated that there was no evidence of significant impact on opt-out rates, but committed to ongoing monitoring, while noting any impact on opt-out should be weighed against the benefits of the FDP to the NHS and patient care.

National Data Opt-Out

As people's reasons for choosing to register a National Data Opt-Out are not recorded, causation cannot be definitively established. Recent increases in opt-out rates have, however, coincided with growing public concern and media coverage of the FDP and its supplier. There are distinct increases in May and June 2026, following relatively stable levels of opting out in 2025. Over the same period, media coverage of the FDP increased significantly. As UPD commissioned research found²⁰, there were 40 articles across 2025, compared with 203 in the first half of 2026, including 71 in June alone, moving from a niche to a more mainstream conversation.

The recent increase in the National Data Opt-Out rates is a significant concern; even modest bursts of increases in opt-out rates accumulate over time, potentially introducing bias and reducing the value of data for research, service improvement and life sciences innovation.

National data opt-out dashboard²¹, October 2025 - September 2026



¹⁹ committees.parliament.uk/publications/54706/documents/303864/default/

²⁰ <https://www.understandingpatientdata.org.uk/sites/default/files/2026-07>

²¹ [National Data Opt-Out open data dashboard - NHS England Digital](#)

Understanding Patient Data polling²² also suggests that exposure to stories related to Palantir specifically may be influencing personal choices: Of the 33% of respondents who recalled recent Palantir coverage, 41% said it made them more likely to opt out, or remain opted out, compared with 29% who said it did not. This is particularly striking because their polling found strong in principle support for data use (89% said they were comfortable with their own personal data being used). It is however what individuals choose to do in relation to their own data, rather than expressed support in principle, that will determine how representative and complete national datasets will remain.

Organisational culture and transparency

Maintaining openness to challenge can be difficult for any organisation working under pressure, including the pressure of public demand and expectation, as many organisations across the NHS are. In response, there can be a tendency towards more rigid hierarchies, anxious defensiveness and insufficient reflection - all of which may inhibit critical thinking, cross-organisational coordination and productive collaboration - ultimately to the detriment of patients.

In relation to the FDP, I have had concerns about whether the culture in NHS England may have made transparency and openness around the programme more difficult. For example, draft minutes of the Check and Challenge Group have not always, in my view, adequately reflected the extent of challenge or concern expressed. To the credit of the programme team, my challenges on this point have always been met constructively, with published minutes accurately reflecting suggested changes to support transparency.

In this context, I note that the Office for Statistics Regulation (OSR) had concerns raised with it about whether the culture within NHS England has suppressed criticism of the FDP. Within the scope of its investigation, the OSR was assured of the independence of NHS England statisticians, however they did also identify that "the role of statistical teams in informing the external-facing outputs from NHS England and DHSC should be strengthened, with more joined-up working with media teams, ministerial private offices and other NHS analysts".

I welcome the OSR's scrutiny of the programme's presentation of statistics, NHS England's commitment to strengthening messaging around benefits data, and the expectation set around future communication of platform effectiveness. If progressed in full, these changes would strengthen confidence in NHS England's use of statistics as being first and foremost to serve rigorous impact evaluation and objective analysis, and as such, would strengthen public and professional trust.

²² [Understanding Patient Data Sentiment Tracker - Wave 3 Findings \(May 2026\)](#)