Steve Brine MP
Chair, Health and Social Care Select Committee
Via email

Dear Mr Brine:

The £480m NHS Federated Data procurement – need for Parliamentary scrutiny before September

I am a co-founder and Director of Foxglove, a tech-justice group who amongst other projects on fair data use work on safeguarding taxpayer value and patient choice in the use of health data. I write to urge greater scrutiny, either via questions or a topical inquiry, of a £480m NHS IT infrastructure contract currently under procurement for a "Federated Data Platform".

We understand that a briefing offered this week to MPs by Lord Markham and the NHS's Senior Responsible Officer for this project was slated for just 30 minutes before a series of critical votes on the migration bill, and that as a result just three MPs – none from this Committee – were able to attend.

This procurement is due to close shortly. We are extremely concerned this vast contract has had little Parliamentary scrutiny – particularly given the real risks of the system. We previously circulated a report detailing those risks – I will not repeat that here highlight merely the most urgent unanswered questions.

Why scrutiny is necessary

The NHS Federated Data Platform is a plan for the largest health data centralisation project in the history of the health service. It is planned in four parts. The first is going through procurement for a contract worth £480m expected to be awarded in September. Once the other phases are factored in, and with many local instances of the software due to be deployed, the project is expected to cost billions of pounds.

No-one disputes the need for NHS data to be used better. But to justify confidence in such a large public spending project, lawmakers must be satisfied the country is getting value for money – and that the project can deliver. We would urge the Committee to ask more questions before the procurement is awarded, in the following three areas:

1. **Questions about the contract process and the presumptive contract winner, Palantir – including the need to assess pilots of Palantir's software which have apparently failed.**

The frontrunner for this contract is Palantir, a US tech company with a controversial reputation. Having previously worked mostly in defence and security, not health, Palantir got its first contract with the NHS during the pandemic, when usual procurement rules did not apply.

This contract, for an initial £1, was granted by then-Health Secretary Matt Hancock to build the 'Covid-19 Datastore' with the aim of "creating a single version of truth" about the pandemic. Palantir was then given a second contract worth £1 million, and a third worth £23 million over two years. To date, none of Palantir's NHS contracts have gone through a public tender.

All these contracts are run on the Palantir platform 'Foundry'. NHS insiders have divided opinions on Foundry's effectiveness. Some say it does allow health data to be used better. Others claim Foundry "produces nice, shiny dashboards" but question its practical utility for data manipulation and say it is designed to be incompatible with the NHS using other tools in future, meaning the NHS risks being locked into the system.

A parliamentary question by David Davis MP in March revealed 11 pilots of Foundry at NHS Trusts have been either suspended or paused. Officials have released no documentation of what happened with these trusts.

We understand from NHS trusts that at least two of these pilots were not merely 'suspended' – they failed, partly because of problems with writeback, in which Palantir's software did not communicate back with existing essential hospital data systems. Against this, Palantir and NHS England refer to a single apparently successful pilot, at Chelsea and Westminster NHS Trust, to justify using the platform and Palantir's eligibility for a £480m contract.

By any standard, 11 failures out of 12 pilots is not an encouraging rate of success. We understand at this week's briefing Lord Markham sought to dispute these figures, despite that they derive from a response to a Parliamentary question. No documentation has been provided to permit proper assessment either way.

Foxglove urges lawmakers to focus scrutiny on this £480m deal in the following respects:

1. Whether Palantir has provided value for money in its NHS contracts to date;
2. Why 11 of 12 of these pilots were paused or suspended – in the circumstances, this explanation should be substantiated by the hospital trusts' documentation of the pilots, rather than an acceptance of bare claims that a pilot failed for 'administrative' reasons. Will the Department of Health and Social Care disclose to the Committee the underlying documentation for all pilots, instead of making claims about the single pilot it has elected to present?
3. Whether Palantir's multiple NHS data contracts, awarded without tender, have given it an unfair advantage in its bid to run the £480m Federated Data Platform contract.

2. What assessment has been made of the risks of the system to public confidence and NHS data assets

Foxglove is also concerned that this system will, without greater transparency and safeguards, precipitate another wave of opt-outs from data sharing. NHS data centralisation projects such as care.data and General Practice Data for Planning and Research (GPDPR) failed because of a failure to secure public consent, leading to millions of patients exercising their National Data Opt Out (NDOO).

The number of opt-outs stands at over three million. Further opt outs of this scale present a serious threat to the future integrity of our collected health data – a priceless national health resource.

Polling by YouGov, commissioned by Foxglove, has found 48% of adults in England, who have not already opted of sharing their health data are likely to do so, except for direct care, should the Federated Data Platform be brought in by a private firm. This amounts to more than 20 million people. (I have enclosed the YouGov poll).

If even 10% of that figure opt out, that would take the number of NDOOs over five million. Aside from the serious damage to our health data, that level of public rejection of NHS data sharing suggests there is serious work to do to win consent for a project like the Federated Data Platform.

Foxglove urges lawmakers to focus scrutiny on public trust on these questions:

1. Does NHS England and the Secretary of State for Health and Social Care recognise the risk to our collective health data from another large wave of NDOOs?
2. If so, what has it done to assess this serious risk in the FDP?
3. With the contract award due in September, do NHS England and the Secretary of State for Health and Social Care accept there is a mountain to climb in winning consent for the FDP – and how will they mitigate this risk and repair trust? Promises of public engagement have not materialised.

3. Whether adequate consideration has been given to more cost-effective alternatives

As stated above, no-one disputes the need for NHS data to be used better. Foxglove recognises some lawmakers may feel that, despite concerns about the Federated Data Platform and Palantir, the need for improvement is too urgent to delay.

But there are existing credible alternatives to improve use of patient data. OpenSAFELY, developed by Dr Ben Goldacre is a secure, open–source, transparent tool for working with NHS data that foregrounds public trust and consent. It delivered major contributions to public health during the pandemic.

Designed for research, OpenSAFELY's architecture is a national model worth expanding and replicating. We are concerned that the Federated Data Platform may usurp much of the system's funding and policy support.

In the capital, OneLondon has created a shared data environment for healthcare services covering nine million Londoners. It underpins the London Care Record which enables health and care staff across the city region to access the latest details about a patient when they need it. Again, its future after the FDP is uncertain.

OpenSafely and OneLondon have been built and are running – at a fraction of the cost of the Federated Data Platform. They are designed to work with other NHS or third-party platforms.

In contrast, Palantir's Foundry is reported not to work well with other products. For example, NHS data scientists generally work in 'Jupyter', an industry standard data science tool. Palantir offers its own proprietary tool that does not work with this system. This leads to a risk of monopoly "lock-in".

Foxglove urges lawmakers to focus scrutiny on alternatives and explore these questions:

1. To what extent will the Federated Data Platform duplicate or sit on top of existing NHS data architecture;
2. Why are existing examples of good practice in NHS data, like openSafely, not being celebrated and rewarded with additional funding to improve and expand them;
3. Will a Federated Data Platform run on Foundry make all alternative platforms or providers ultimately too costly or difficult to integrate into the system – giving Palantir an effective monopoly on all future NHS Data contracts?

We would be happy to discuss any of these matters on a call, and we hope the Committee will find ways to scrutinise the tender and to secure both patient trust and value for taxpayers' money.

Best regards,

Cori Crider

Enclosures (1)