
The reality of Palantir's work with the NHS:

*unreliable stats, lobbying and
influence*

A report by Foxglove
October 2026





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Foxglove is an independent non-profit organisation that fights to make tech fair for everyone.

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Executive Summary

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Since 2023, Palantir, a US security tech firm founded by Peter Thiel, has been running the Federated Data Platform (FDP) for the National Health Service in England (NHSE).

The firm is closely associated with President Trump, who has set out publicly his aim *“for the United States to achieve and maintain unquestioned and unchallenged global technological dominance.”*¹ Palantir’s goals are similar: *“We built Palantir to secure America’s future...we build to dominate,”* reads their publicity in the US.²

Concerns have been raised by cross-party committees in the UK Parliament about the risks of Palantir’s involvement in the NHS. The Health Select Committee³ and the Science and Technology Select Committee have both called for the contract to end, with the latter warning that

“Reliance on a small number of US-based providers represents a clear vulnerability, with ambitions to digitally transform public services potentially ‘at the mercy’ of foreign actors.”⁴

Palantir, and its defenders, have claimed in response that the firm is providing significant benefits to NHS patients.

However, tech justice non-profit Foxglove has been investigating the firm’s relationship with the UK Government, and the claims made about the FDP’s performance over the past year. Our findings have revealed a picture of unsubstantiated claims, concealed evidence, and extensive lobbying.

During 2026, via research, FOI requests, and work with investigative news outlets, we have revealed that:

- 1. A significant proportion of hospital trusts making use of FDP tools have seen a decline in performance.**
- 2. The Government has admitted that headline claims made by both ministers and Palantir representatives about the FDP’s success cannot be stood up.**
- 3. Ministers have continued to make misleading claims to Parliament about Palantir’s benefits to the NHS, even after the government**



acknowledged they could not be supported.

- 4. The Government has held private meetings with Palantir to discuss how it can help to address the company's negative reputation with the public.**
- 5. The Government has offered to revisit the regulations relating to confidential patient information to remove 'obstacles' identified by Palantir.**

The UK Government has said it will decide whether to continue Palantir's contract with the NHS by December this year. Foxglove is urging the new administration, led by Andy Burnham, to:

- 1. Withdraw the misleading claims made regarding Palantir's benefits to the NHS and correct the record in Parliament.**
- 2. Undertake and publish a review of how these figures were developed and came to be used.**
- 3. Clarify Lord Mandelson's role in arranging contact between Palantir and members of the Government, including the Prime Minister; and set out what steps were taken to manage the conflict of interest arising from his firm representing Palantir.**
- 4. Take the opportunity of the 2027 break clause and decide as soon as possible to end Palantir's NHS contract.**



1.

‘We cannot draw conclusions about cause and effect’ – how claims of Palantir’s NHS benefits fell apart

Since 2025, Palantir representatives and Government ministers have been making frequent use of NHS England statistics to claim that the Federated Data Platform (FDP) is delivering significant benefits to patients.

From late 2025, these began to escalate: first, they claimed that, thanks to the FDP, the NHS had delivered 80,000⁵ more operations; then 100,000;⁶ then 110,000.⁷

This, and other claims, are still (as of September 2026) set out on the NHS England website, on a page entitled ‘NHS Federated Data Platform uptake and benefits.’ Other claims include:

- **The number of people “removed from waiting lists”, including nearly 220,000 flagged for removal from outpatient waiting lists;⁸**
- **A 15% reduction in discharge delays;⁹**
- **A 6.8% increase in cancer diagnoses within 28 days of referral;¹⁰**

There was one big problem: none of these figures could be stood up. As the Chief Executive of NHS England himself subsequently admitted under questioning from MPs, he had questioned the figures internally, asking *“whether our assessments are being objective and can be fully stood up if challenged.”*¹¹

However, this admission only came in July 2026, after Foxglove (and news outlets including the FT) had exposed over several months the lack of substance behind these claims.

A key moment came around a month earlier, in June 2026, when an obscure methodology page on NHS England’s website was quietly changed. This page set out how the organisation arrived at the figures published on the more prominent ‘uptake and benefits’ page. The new text, now

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used a total of seven times under the claims made for the FDP, admitted that:

"We cannot therefore draw conclusions about cause and effect as other variables have not been controlled for."

This important caveat nearly went unnoticed – but it was identified by Foxglove, and we were also able to establish, using captures from the Internet Archive, that the change had been made recently, in early June.¹²

It was a significant concession. NHSE was acknowledging that the key figures used by the Government and Palantir to demonstrate the effectiveness of the FDP did nothing of the sort. As the FT headline put it: *"NHS England admits key data does not prove Palantir's effectiveness"*.¹³

At no point to date, so far as Foxglove has been able to identify, have ministers or Palantir included this caveat alongside the figures that they quote. Foxglove wrote to then-Health Secretary James Murray on 16 June, asking him to withdraw the figures and publish corrections and updated information, but to date we have received no reply.¹⁴

On 25 June, the FT reported on the changes to the methodology and Foxglove's letter;¹⁵ and on 3 July, the Office for Statistics Regulation (OSR) said it was *"reviewing the issues raised"* by NHSE's admission that the widely used figures do not prove the effectiveness of the FDP.¹⁶ Foxglove submitted our concerns to the OSR, and on 22 July the watchdog announced that changes must be made to the Government's public claims about Palantir's NHS platform to ensure that *"any figures cited by ministers...are communicated in a clear, accurate manner."*¹⁷ According to the BMJ, the OSR also *"identified that statistical teams at NHS England did not clear the FDP statistical data for public use before it was published."*¹⁸

The Health Select Committee has also asked the Government if it will *"withdraw its previous claims about the FDP's benefits,"* but in a letter dated 21 August, it refused to do so, claiming that

*"NHS England has agreed steps in response to [the OSR's] investigation as to how it presents information, but the Office did not find significant defects in its evidence which would lead NHS England to withdraw the evidence it has published on the value of the NHS FDP."*¹⁹

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"We cannot therefore draw conclusions about cause and effect as other variables have not been controlled for."
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The change to NHSE's methodology page did not come out of nowhere. In the months leading up to the date that the change was identified, Foxglove had been filing Freedom of Information (FOI) requests with NHS England to try to establish the evidence behind the claims which were being made. These requests were, according to NHS England's statement to the Office for Statistics Regulation, one of the factors which motivated the changes to the methodology page.²⁰

Foxglove had begun to investigate the 'benefits' claims because of several key methodological issues with the stats as presented:

1. **They did not tell us how many NHS trusts were using the relevant FDP module;**
2. **They did not tell us how the performance of trusts using the relevant FDP module compared to that of those not using the module;**
3. **Some of them only gave an absolute figure, for example "800,000 patients removed from waiting lists", without any context;**
4. **They were presented as aggregate figures, so we could not know how individual trusts were performing or whether 'benefits' were concentrated in a small number of trusts.**

To understand the issues, it's important to know that the FDP operates through a series of 'modules' which do different things, and not every trust using the FDP is using every module. In fact, some modules were being used by as few as two trusts as of the end of March 2026.

Foxglove submitted two Freedom of Information requests. We wanted to know which trusts were actually using which FDP modules and since when; the Key Performance Indicators (KPIs) for each module; and how each trust was performing against those KPIs.

We learned from the response that the supposed 'benefits' of the FDP are unevenly distributed and lean in large part on just a few hospitals.²¹

The '**Inpatient Care Coordination Solution**', or Inpatient CCS, is the module which aims to make better use of operating theatres. The data shows that nearly a third of the hospitals using this tool (13 of 41) are delivering fewer operations per week than they were before they started using the tool.

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Inpatient CCS — Additional patients undergoing theatre procedures, per trust

Trust	Additional patients undergoing theatre procedures
<i>Total</i>	<i>110,592</i>
The Newcastle Upon Tyne Hospitals NHS Foundation Trust.....	18,803
Northampton General Hospital NHS Trust.....	16,357
Chelsea and Westminster Hospital NHS Foundation Trust.....	13,044
University Hospitals of Derby and Burton NHS Foundation Trust.....	9,758
East Sussex Healthcare NHS Trust.....	9,474
Kettering General Hospital NHS Foundation Trust.....	5,586
Salisbury NHS Foundation Trust.....	5,334
London North West University Healthcare NHS Trust.....	5,150
Bolton NHS Foundation Trust.....	4,886
Lewisham and Greenwich NHS Trust.....	4,317
South Tees Hospitals NHS Foundation Trust.....	4,241
North Tees and Hartlepool NHS Foundation Trust.....	3,666
Countess of Chester Hospital NHS Foundation Trust.....	2,791
United Lincolnshire Teaching Hospitals NHS Trust.....	2,698
Medway NHS Foundation Trust.....	2,238
Royal Surrey County Hospital NHS Foundation Trust.....	1,832
The Hillingdon Hospitals NHS Foundation Trust.....	1,655
Manchester University NHS Foundation Trust.....	1,459
Croydon Health Services NHS Trust.....	1,301
Sandwell and West Birmingham Hospitals NHS Trust.....	1,298
University Hospitals Sussex NHS Foundation Trust.....	1,031
Barts Health NHS Trust.....	809
Great Western Hospitals NHS Foundation Trust.....	701
Gloucestershire Hospitals NHS Foundation Trust.....	620
South Tyneside and Sunderland NHS Foundation Trust.....	256
North Cumbria Integrated Care NHS Foundation Trust.....	160
University Hospitals Coventry and Warwickshire NHS Trust.....	135
Dorset County Hospital NHS Foundation Trust.....	65
The Walton Centre NHS Foundation Trust.....	-5
Gateshead Health NHS Foundation Trust.....	-27
Ashford and St. Peter's Hospitals NHS Foundation Trust.....	-139
Warrington and Halton Teaching Hospitals NHS Foundation Trust.....	-281
Chesterfield Royal Hospital NHS Foundation Trust.....	-311
Royal United Hospitals Bath NHS Foundation Trust.....	-651
East Suffolk and North Essex NHS Foundation Trust.....	-678
Alder Hey Children's NHS Foundation Trust.....	-720
University Hospital Southampton NHS Foundation Trust.....	-979
Kingston and Richmond NHS Foundation Trust.....	-1,065
University Hospitals of Leicester NHS Trust.....	-1,211
Northumbria Healthcare NHS Foundation Trust.....	-1,390
Imperial College Healthcare NHS Trust.....	-1,616



Source: NHS England FOI-2604-2319605 (2 June 2026). Data as of December 2025.
Negative values indicate a decrease.

Note: The SUM total is 110,592. NHS England states this differs slightly from the published total of 110,078 due to subsequent revisions in the NHS Model Health System dataset after the original reporting period.

The **‘Outpatient Care Coordination Solution’** is responsible for flagging patients for removal from waiting lists. According to NHS England, 217,846 patients had been flagged by this tool. However, 183,061 (84%) of these came from just one hospital – Chelsea and Westminster.²² This does not appear to have been reflected in Chelsea and Westminster’s own waiting lists, which as The Londoner reports, have grown steadily since the FDP was deployed, from 56,072 in April 2023 to 76,088 in April 2026.²³

Outpatient CCS — Patients requested for removal from the outpatient waitlist, per trust

Trust	Patients requested for removal from outpatient waitlist
Total	217,846
Chelsea & Westminster Hospital NHS Foundation Trust.....	183,061
Royal United Hospitals Bath NHS Foundation Trust.....	9,392
London North West University Healthcare NHS Trust.....	7,787
University Hospitals of North Midlands NHS Trust.....	5,940
Great Western Hospitals NHS Foundation Trust.....	5,822
The Hillingdon Hospitals NHS Foundation Trust.....	2,047
United Lincolnshire Hospitals NHS Trust.....	1,427
North Cumbria Integrated Care NHS Foundation Trust.....	937
Barnsley Hospital NHS Foundation Trust.....	520
Croydon Health Services NHS Trust.....	248
South Tees Hospitals NHS Foundation Trust.....	184
Salisbury NHS Foundation Trust.....	183
Imperial College Healthcare NHS Trust.....	173
Northampton General Hospital NHS Trust.....	115
Kettering General Hospital NHS Foundation Trust.....	8
The Rotherham NHS Foundation Trust.....	2

Source: NHS England FOI-2604-2319605 (2 June 2026). Cumulative count from product go-live; there is no baseline.

We learned that for at least one of the modules, there are functionally no KPIs: NHS England simply counts the number of patients who have been through the system since that part of the FDP has been in use. This is the case for ‘RTT Validation’, which is used to review waiting lists.



Trust	Records reviewed
Total	3,547,397
Chelsea & Westminster Hospital NHS Foundation Trust.....	651,162
London North West University Healthcare NHS Trust.....	597,049
Salisbury NHS Foundation Trust.....	215,700
Royal United Hospitals Bath NHS Foundation Trust.....	353,712
North Cumbria Integrated Care NHS Foundation Trust.....	315,066
Gloucestershire Hospitals NHS Foundation Trust.....	156,429
Northampton General Hospital NHS Trust.....	114,388
Wirral University Teaching Hospital NHS Foundation Trust.....	132,688
Kettering General Hospital NHS Foundation Trust.....	154,686
Great Western Hospitals NHS Foundation Trust.....	233,721
Mid and South Essex NHS Foundation Trust.....	173,711
Surrey and Sussex Healthcare NHS Trust.....	78,884
Leeds Teaching Hospitals NHS Trust.....	65,825
Dartford and Gravesham NHS Trust.....	63,183
University Hospitals of Leicester NHS Trust.....	28,080
University Hospitals Coventry and Warwickshire NHS Trust.....	55,451
Lancashire Teaching Hospitals NHS Foundation Trust.....	29,078
University Hospitals of Morecambe Bay NHS Foundation Trust.....	39,570
Liverpool Heart and Chest Hospital NHS Foundation Trust.....	46,723
Moorfields Eye Hospital NHS Foundation Trust.....	19,647
Blackpool Teaching Hospitals NHS Foundation Trust.....	11,108
South Tees Hospitals NHS Foundation Trust.....	5,863
Sherwood Forest Hospitals NHS Foundation Trust.....	5,673

The Cancer360 module is supposed to bring together patient data across NHS systems to reduce waiting times for cancer diagnosis and treatment. The figure that is used by Palantir and NHS England for its efficacy is a “6.8% average increase in the number of patients finding out whether or not they have cancer within 28 days.”²⁴ That figure, it turns out, is based on just two trusts as of the end of 2025: Chelsea and Westminster, and Bath. As of July 2026 the NHS England FDP ‘Uptake and Benefits’ page states that 5 hospitals are using Cancer360, but only 2 are ‘realising benefits’, suggesting that Chelsea and Westminster, and Bath, are still the only two trusts the ‘benefit’ figure is based on.²⁵ In June 2025 it was announced that ten additional trusts were set to adopt Cancer 360 “from June”. It is unclear why there remain only five total trusts using the module.²⁶

Refusal to correct misleading figures

What Foxglove found shows that none of the figures being used to promote a £330m contract can show that the FDP caused improvements in a given hospital. There are simply too many other factors, and there has been no independent, methodologically rigorous assessment of the FDP’s performance to date.

Because the Government published only aggregated figures across all trusts using the FDP, they concealed the fact that performance was extremely uneven. Some trusts could point to increases in the number of operations carried out, for example, but for



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Foxglove has identified at least eight occasions on which ministers repeated the claim that the benefits of the FDP have included “more than 100,000 additional patients...supported to undergo procedures,” without including the qualifications about “cause and effect.”

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a significant number there had been a decrease. This seriously undermines claims that any gains can be credited to Palantir’s technology. The Government also failed to publish any comparison with trusts not using the FDP’s tools – the absence of this context makes the data even less meaningful.

The realisation that this would be revealed publicly may have triggered the changes made to the methodology page this year. The fact that NHSE was at least aware of the dubious nature of the figures has since been confirmed by NHSE’s Chief Executive Officer, Sir Jim Mackey, who told Parliament’s Health Select Committee on 8 July that:

“There have been challenges—I have raised challenges personally over the last year—about whether our assessments are objective and can be fully stood up if challenged.”²⁷

The admission has triggered calls for the claims to be independently audited. Ben Coleman, a Labour MP on the House of Commons’ health and social care select committee, told the Financial Times: **“We should have an independent audit. For now, I hope the NHS will think twice before making these claims, and will discourage its supplier Palantir from repeating them.”²⁸**

However, as noted above, the Government has refused to correct the record – instead continuing to make use of the heavily-criticised figures. Since the update to the methodology page, a survey of parliamentary records by Foxglove has identified at least eight occasions on which ministers repeated the claim that the benefits of the FDP have included “more than 100,000 additional patients... supported to undergo procedures,” without including the qualifications about “cause and effect.” Foxglove is concerned that this omission means that ministers are misleading parliament when it comes to the supposed benefits provided by Palantir’s tools.²⁹



2.

“Palantir may also want to highlight their recent meeting with the Prime Minister” - lobbying, influence and Mandelson

— ***“...we have a long-standing commitment to revisit the regulations relating to confidential patient information, and this is likely to present opportunities.”***

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Palantir has had a very close relationship with recent UK Governments, with a growing list of contracts, extensive meetings with senior ministers, and increasing signs of a ‘revolving door’ for personnel moving between work with the tech company and roles in the civil service.³⁰

Internal ministerial briefings obtained via Freedom of Information requests by Foxglove have shone a light on just how close and collaborative this relationship has become.

An internal briefing document produced in 2025 for then-Health Secretary Wes Streeting ahead of a meeting with Palantir’s UK head, Louis Mosley, showed that:

- **The Government was prepared to make changes to regulations on confidential patient information, should Palantir ask.** The briefing stated that Palantir might “*raise issues with I[nformation] G[overnance] as presenting obstacles,*” and went on to say that the Health Secretary would “*want to consider how we remove unnecessary obstacles.*” It added that “*we have a long-standing commitment to revisit the regulations relating to confidential patient information, and this is likely to present opportunities.*”
- **The Government was open to discussing with Palantir how to “mitigate” public concerns around the company’s reputation.** The briefing stated that “*The public perception of the FDP during the procurement, and then in delivery, has been affected by the profile of Palantir. We do not know the extent to which this is impacting on delivery. It is however likely to make it harder to go further with the FDP, and to encourage the inclusion of GP data locally. It may be useful to consider ways in which we can mitigate this.*”



- **Both Keir Starmer and Wes Streeting were “keen to roll out [the FDP] as quickly as possible.”**

Under the heading for “top speaking points” was the statement that “I’ve been a public supporter of the NHS Federated Data Platform since before the election”.

- **Palantir has responded to the Government’s Request for Information (RFI) on the Single Patient Record, a new proposed NHS initiative.**

Under the heading “If Palantir ask about the Single Patient Record,” the briefing states that “An RFI has also canvassed views from the sector – including Palantir who provided a helpful response. We are drawing on the submissions we received to inform policy.” Foxglove has requested a copy of this submission from Palantir but the Government has refused to release it.

Peter Mandelson was the co-founder of Global Counsel, a lobbying firm. Among its many clients, Global Counsel counted Palantir, the US spy tech firm that now holds a £330m contract with the NHS. He remained a shareholder while ambassador to the US.

Lord Mandelson’s role

The briefing also made direct reference to the then-Prime Minister’s controversial 2025 visit to Palantir’s US HQ, accompanied by then-Ambassador Lord Mandelson. It noted that “Palantir may also want to highlight their recent meeting with the Prime Minister during the visit to the US, and his interest in increasing the speed of rollout of the FDP. Palantir may also wish to propose other ways in which they could support the NHS.”

In response to questions about the visit from journalists and MPs in early 2026, Sir Keir’s Government refused to disclose what the prime minister discussed, claiming it was only an “informal visit” which therefore did not require any minutes to be taken.³¹ However, the revelations from the briefing to the Health Secretary indicate that there was awareness of the discussions during the visit and that these included the FDP.

Peter Mandelson was the co-founder of Global Counsel, a lobbying firm.³² Among its many clients, Global Counsel counted Palantir, the US spy tech firm that now holds a £330m contract with the NHS.³³ He remained a shareholder while ambassador to the US.³⁴

Palantir has been awarded nearly £1bn of public sector contracts since 2014. Foxglove, along with others, called for the UK government to disclose any role that Mandelson may have played in any of these contracts,



as well as any privileged access that Palantir may have enjoyed thanks to its relationship with Mandelson.³⁵

While a significant tranche of documents has been published by the Government in 2026 regarding Peter Mandelson's appointment and time as Ambassador, the ways in which this conflict of interest was (or wasn't) managed is still not clear.

Former senior civil servant Sir Oliver Robbins told MPs in 2026 that *"I had many discussions with Mandelson about his Global Counsel stake and how we manage it—not just the shares but the relationships that he would have built up as chairman of Global Counsel, and founder. We had a mitigation strategy in place for dealing with those."*³⁶

However, so far as Foxglove is aware, no further details have been made available about that mitigation strategy.

It also remains unclear what role Mandelson may have had in arranging the Prime Minister's February 2025 visit to Palantir's HQ, which the Government has only said was arranged by embassy officials *"in the normal way"*.³⁷ However, the Mandelson files since published by the Government reveal that later that same year, in July, Mandelson emailed the Prime Minister's chief of staff, offering to set up a meeting with Palantir co-founder Peter Thiel, describing him as a *"celebrated techie"*.³⁸



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3. <https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/214760/drop-palantirs-federated-data-platform-and-look-for-alternative-mps-tell-health-minister/>
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9. 9. Amin, *“Revealed.”*
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25. NHS England, NHS England » NHS Federated Data Platform Uptake and Benefits.
26. England, NHS England » Cancer 360 Streamlines Patient Pathways across NHS Trusts.
27. See Q127: <https://committees.parliament.uk/oralevidence/17921/html/>
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29. The methodology page had been updated by 6 June 2026, according to the OSR. From that date until August 2026, Foxglove found that the claim that, as a result of the FDP, *"Since March 2024, more than 100,000 additional patients have been supported to undergo procedures in theatres partly by increasing theatre utilisation"*, or variations on this phrasing, had been used a total of eight times in written or oral responses in Parliament by ministers Preet Kaur Gill, Baroness Merron, and Lord Coaker. None of them included the caveat about cause and effect which had been added to the NHS England website by that date.
30. See, for example, *'Top civil servant apologises for breaking lobbying rules over Palantir partner,'* FT, 19 June 2026: <https://www.ft.com/content/b8ee92f0-4c32-4746-9429-c6d39d768846?syn-25a6b1a6=1>
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