Why has Palantir been given an interim contract to work on an NHS patient data project?

Patients have a right to know that sensitive and confidential patient data will not be used for commercial gain, writes David Wrigley

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The UK government’s recent decision to award Palantir, a US based multinational company, a contract to work on a large NHS patient data project risks harming the NHS’ reputation and may, unintentionally, cause patients to opt out of data sharing and thereby lead to harm. It’s important to remember that patient data are invaluable. The data are used to decide where to locate new healthcare services, set standards for quality of care across the country, and for important research, which helps to develop new treatments.

Currently patient data—including GP records and details of hospital care and admissions—are stored in separate software systems spread across GP practices and hospital trusts. These systems have robust governance processes in place to safeguard patient data. NHS England wants to bring these data together into a single place—the NHS Federated Data Platform (FDP). The aim of the FDP is noble—if done correctly it can be used to improve decision making, patient care, and patient’s experience by facilitating better planning and management in five key areas: population health; care coordination; elective recovery; vaccines and immunisation; and supply chains. However, how this is done and by whom, is just as important as the why.

Since the announcement of the FDP, it has been widely expected that Palantir was being kept in mind for this contract because of the company’s involvement in other healthcare contracts. Last week the UK government decided to award Palantir a transitioning contract. Essentially, the transitioning contract means that Palantir will start the process of moving patient data onto the FDP before the procurement processes when other companies will have the opportunity to bid for the full data transfer contract. Why are Palantir being handed this transitioning contract? This is a company which was founded with the help of $2m from CIA funding and concerns have previously been raised about its information governance processes.

The entire process for developing the FDP and putting it out to “tender” has not been sufficiently transparent and does not appear to be competitive, given that Palantir already provide a similar service via the covid-19 data store and have now been awarded an interim contract ahead of the “full tender” decision. Well respected and safe alternatives for sharing patient data exist and it seems that these options have not been adequately considered. The British Medical Association is calling for NHS England and the Department of Health and Social Care to have an open discussion with us clearly outlining the scope of data they plan to collect, how exactly they plan to use it, what role Palantir will play and how it meets the NHS’s core values. We want to ensure that when the contract does finally go out to tender, the successful vendor actually meets the high information governance and ethical standards expected of any organisation contracted to process patient data. Doctors and patients must know that sensitive and confidential patient data will not be used for commercial gain and are subject to rigorous and transparent information governance processes.

If the FDP causes patients to opt out of data sharing, then we risk losing an indispensable evidence base. Aside from data sharing, doctors cannot afford to have a patient’s trust in the healthcare system compromised in this process. If patients’ trust is compromised then the very formation of the FDP risks damaging the patient experience, which evidence tells us will lead to poorer health outcomes as patients become less likely to adhere to medical advice and in some cases, this can lead to increased death rates.

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References

4 https://mjente.net/2019/05/palantir-arresting-families/