Understanding Patient Data

Health data in the headlines: a changing media landscape

July **2026**

Understanding Patient Data

Portland

About this work

This report presents research commissioned by Understanding Patient Data and conducted by Portland into UK media coverage and public discourse on health data use. It assesses how narratives, concerns and opportunities have developed over the last five years.

The analysis and findings presented are based on Portland's independent research and assessment of the evidence. Portland is responsible for the research methodology, analysis and conclusions, while Understanding Patient Data directed the project scope, oversight and publication of the report.

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A note on the findings

Portland's analysis found Palantir and the NHS Federated Data Platform emerging as a prominent focus in recent coverage.

These findings should not be read as an assessment of the NHS Federated Data Platform itself, nor as a judgement from UPD on Palantir or any organisation. Rather, they show how concerns about the use of health data are aligned to wider social and ethical issues, including confidence in public institutions - and how these concerns play out in the media. With Palantir, distinct questions are often collapsed into one debate: is the software fit for purpose? Is the governance strong enough? Do corporate and NHS values align - and should the NHS rely on US technology companies at all?

As the NHS embarks on major reforms, including introducing the Single Patient Record and Health Data Research Service, the report points to a broader challenge for policymakers, health leaders and technology providers: to address these concerns in the round, while being clear about the specific issues involved and the wider context in which they arise.

In this document

Methodology overview

This analysis examines UK media and social discourse over 15 months (March 2025 – end of June 2026) to understand how competing narratives around the use of NHS patient data influence public attitudes toward data-sharing and institutional trust. April to June proved a significant period of change for attitudes to patient data use and, as such, the audit was extended beyond 12 months for this review.

Media analysis

- The analysis encompasses 1,329 media articles sourced across national, healthcare trade, technology trade and campaigning outlets. Articles were collated using Signal AI and Factiva, then reviewed for relevance and categorised manually. Estimates for audience reach are drawn from SimilarWeb.

Social Listening & Digital Discourse

- Social listening data analysis via Talkwalker primarily reviewed X, Reddit, YouTube and public forums, providing insight into how patient data narratives circulate beyond traditional media. LinkedIn data was also analysed via Pulsar. This dataset is analysed separately to identify amplification patterns, influencer narratives, and grassroots discourse not reflected in mainstream coverage.

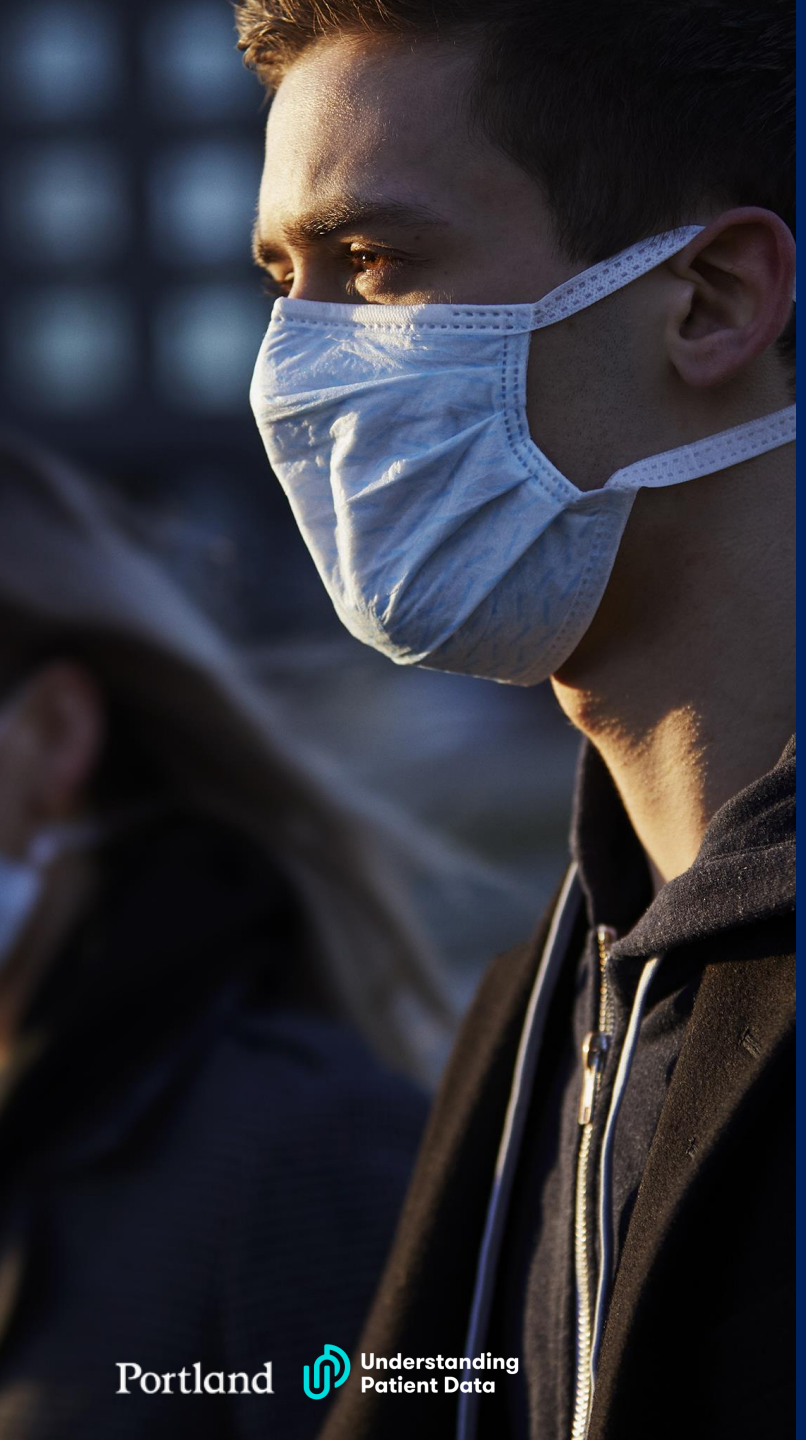
AI Analysis

- Thematic analysis of how major LLMs (ChatGPT, Gemini, Claude, Perplexity) synthesise and present patient data narratives, revealing what information emerges as dominant when users query these systems.

Polling analysis

- The analysis is triangulated with tracking data from Kantar's quarterly health attitudes monitor and supplemented by insights from Portland's bespoke nationally-representative tracker (n=1,887). Through this we review the alignment between media narratives and shifts in public sentiment toward NHS patient data use.

Rather than binary positive/negative classification, articles were analysed through a **Risk-Benefit Sentiment Framework** assessing perceptions of data safety against utility benefits. Simultaneously, coverage was mapped across 10 thematic domains: AI governance, NHS App, structural reform, Palantir/FDP, cybersecurity, research benefits, waiting lists, consent/opt-out, privatisation and broader health tech issues. This dual-lens approach reveals how different narrative dimensions interact to shape public trust.



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The media landscape around patient data has shifted since our last analysis conducted during the pandemic in 2021

In 2021, Portland conducted the first analysis of UK media and social media coverage of health data stories for Understanding Patient Data, covering May 2019 to October 2020. This report updates that picture, examining how narratives have evolved over the five years since.

2021 report (May 2019 - Oct 2020)

- Positive stories about the use of patient data outnumbered negative ones, but were heavily driven by private companies reporting successful outcomes of using data
- COVID-19 temporarily made the benefits of health data use clear to a wider audience, opening a window for public engagement
- However, risk stories still had the most cut-through with the public
- Coverage was highly politicised, with health data used as a lens for broader criticism about NHS privatisation and tech industry data practices
- Individuals were positioned as passive players, with limited focus on consent or opportunities to shape regulation

2026 report (March 2025 – June 2026)

- The pandemic-era goodwill has largely dissolved, being replaced by scrutiny of who benefits specifically with the use of data
- Risk framing has intensified and broadened to include geopolitical concerns (Palantir), cybersecurity threats and structural NHS reform
- Campaigning outlets now function as narrative incubators for national press
- AI and digital transformation now sit at the centre of the debate - acting as a bridge between risk and benefit narratives
- The interaction between media and social media has become a key question in its own right

2026 Report Executive Summary

The COVID consensus has dissolved

- Within a defined search centred on patient data use, 1,329 articles were identified. Overall sentiment of this sample is 45% positive and 43% negative, with 12% neutral. But this apparent balance is misleading.
- Negative coverage clusters around the themes that do most damage to public trust - Palantir (84% negative, 243 articles), cybersecurity, particularly associated with the Biobank data breach in April 2026 (85% negative, 97 articles) and patient consent (93% negative, 44 articles).
- Consent and opt out articles tripled from mid-April to June in line with patient opt-out spikes and anti-Palantir protests during this period. Given the link between consent stories and opt-out behaviour, this is the theme most likely to convert coverage into action.
- Positive coverage concentrates on operationally focused topics - AI deployment (70% positive, 243 articles) and digital transformation (59% positive, 429 articles) - which reach narrower, largely professional audiences through trade media.

Scrutiny of data is now structural and political

- The dominant themes in the media coverage are digital transformation, AI governance, Palantir and NHS reform - not just personal privacy anymore.
- Negative reporting has more recently become entangled with sovereignty fears, geopolitics, and concerns about commercial access to NHS data
- Events are now driving the agenda: the April Biobank breach and June's row over the FDP's future coincided with the two biggest coverage spikes in the dataset, and June 2026 was the highest-volume month of the entire period.

Confidence and doubt exist in separate media ecosystems

- Healthcare trade media reporting accounts for 52% of all articles and is 57% positive but reaches a relatively small audience
- National media reporting meanwhile accounts for 31% of articles and is 55% negative, but has a much larger reach
- Tech campaigning outlets account for less than 10% of all articles, but are overwhelmingly negative (98%), driving the opt-out agenda
- Palantir discourse via social channels is crowding out positive narratives - supportive conversation are limited to low-impact media coverage spikes driven by Government and NHS channels.

This landscape presents opportunities for action

1. **Get positive stories into the outlets people actually read**
2. **Land in the right places: public information sources are evolving**
3. **Own the channel where balanced stories are already winning**

Has media coverage reverted to risk-led scepticism post-COVID?

The COVID-era softening to the use of data appears to have dissolved, replaced by more polarisation.

Coverage has not become uniformly more negative since COVID, but it has become more polarised. Negative sentiment is growing, becoming more politically charged and harder to counter.

1. Palantir & data sovereignty

The Palantir FDP contract has become the defining story of this period. What began as a procurement debate has merged with geopolitical anxiety and fears about future governments misusing health data.

The narrative now frames this partnership as a social and ethical conflict as well as a sovereignty risk rather than a technical decision.

Palantir/FDP coverage is 84% negative across 243 articles. The acceleration is stark: 40 articles in the whole of 2025 against 203 in the first half of 2026, with 71 in June alone, moving it from a niche to more mainstream conversation. In June, NHS England's FDP lead declared the platform 'here to stay' even as the Palantir contract faces review - a claim that intensified the story rather than settled it.

The Register and Byline Times typically originate Palantir stories, now joined by Foxglove and Amnesty, before being picked up by the Guardian, the Daily Mail and the Financial Times, where they reach a far larger audience.

2. DHSC data centralisation

The structural reform of the NHS, with data functions centralising into the Department of Health and Social Care, has created a governance vacuum. And has been the focus of many articles.

NHS reform generated 143 articles at 43% positive, 29% negative and 28% neutral - one of the few themes where reporting is still actively contested, now tilting towards the benefits case.

The abolition of NHS England as a separate body means data oversight responsibilities are moving directly into government, raising questions about ministerial accountability and political interference.

This story runs across both national press (combined reach 470m+ monthly visitors) and healthcare trade (4.3m monthly visitors), meaning both professional and public audiences are encountering it - but through different lenses.

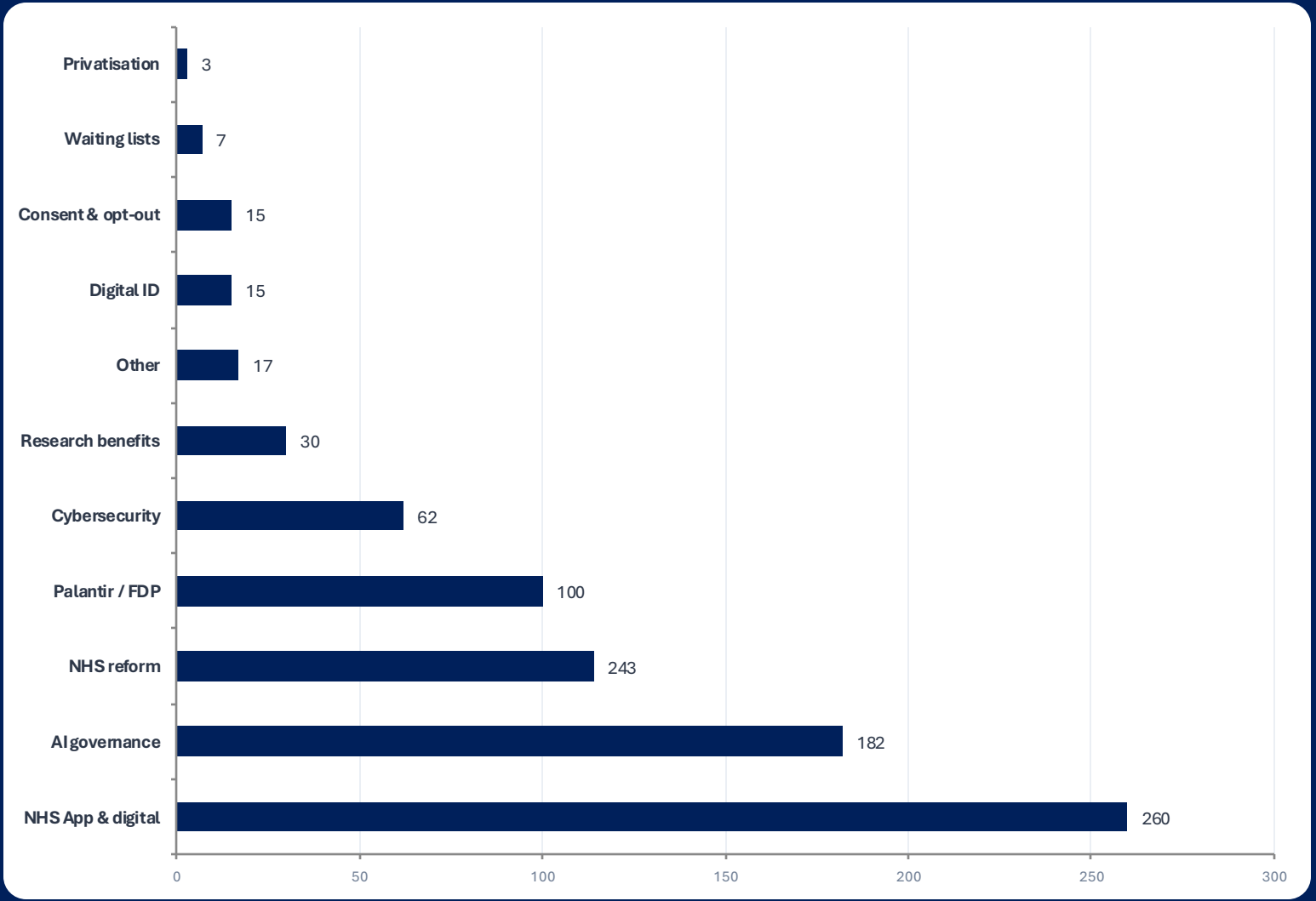
3. Cybersecurity risks

High-profile cyberattacks, such as ransomware incidents affecting blood supplies and the April 2026 UK Biobank breach that put half a million people's records up for sale, have provided real, emotionally resonant examples of patient data vulnerability.

Cybersecurity coverage is 85% negative across 97 articles, with spikes that are typically event-driven and impossible to predict. The Biobank breach drove up cybersecurity coverage by 50% from mid-April to June, with June being the month for greatest discussion. This suggests that scrutiny arrives in sudden waves around incidents and decisions.

Unlike Palantir or structural reform, cybersecurity stories don't typically originate in a campaigning outlet but due to the impact on patients and the system, they break in national media outlets including BBC News, the Guardian and the Daily Mail and carry immediate emotional weight because they describe something that has already happened, not something that might.

AI, Palantir and NHS reform have redrawn the media debate



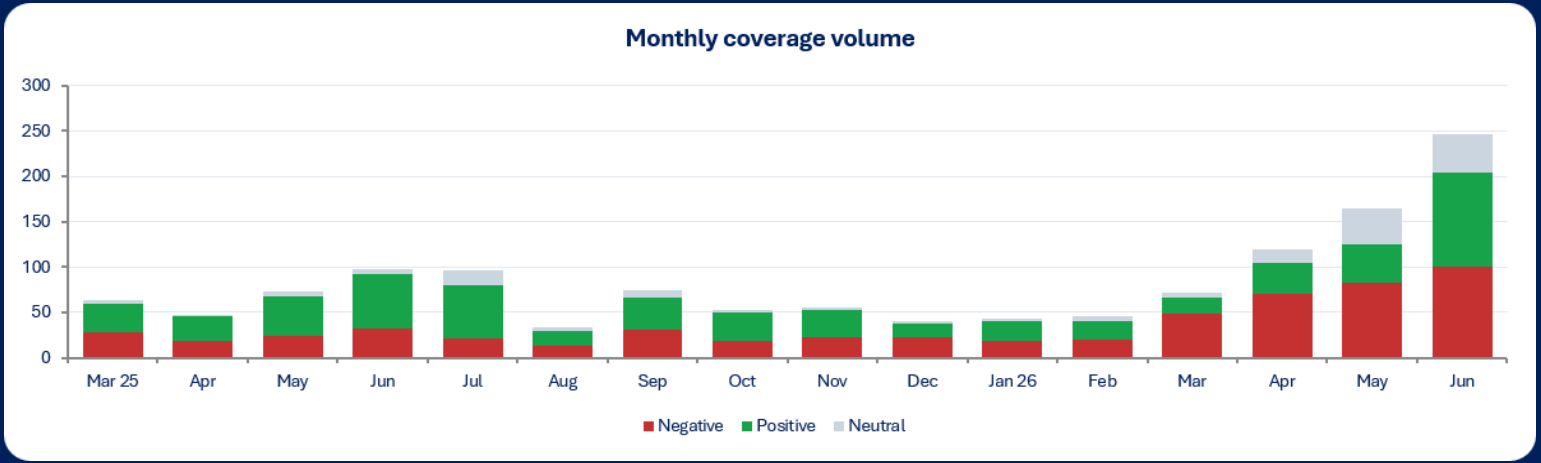
What has changed since 2021?

1. **AI now dominates:** AI governance is the second-largest theme (243 articles), having barely registered in 2021. Coverage of AI splits between its transformative promise and governance fears.

2. **Structural reform of NHSE:** NHS structural reform (143 articles) has replaced pandemic response as the key political backdrop. The abolition of NHS England creates governance uncertainty.

3. **Sovereignty and geopolitics:** Palantir's FDP contract has become a proxy for sovereignty fears. Now the third-largest theme, its 243 articles are 84% negative, with framing linking NHS data to US tech, ICE connections and data leaving UK jurisdiction. Conversation has intensified as since mid-April 2026, coverage has more than doubled, with almost a third of articles published in June alone. With the contract decision still to come before March 2027, this may keep building rather than fade. June also saw an increase in positive stories as Government, NHS and Palantir leaders addressed misconceptions and highlighted the potential benefits of the FDP.

Overview of media coverage analysed



- Across the dataset, 45% of coverage is positive about the potential benefits of patient data, while 43% is negative about risks (March 2025 – June 2026). But this apparent balance is misleading when you look at where each type of coverage sits and who it reaches.
- Positive coverage concentrates in healthcare trade media - 396 of 691 trade articles (57%) are positive - covering AI and digital transformation for a specialist readership. These outlets have combined monthly unique visitors of c.4.3m (SimilarWeb), reaching NHS professionals, health tech specialists and clinical researchers. NHS entities and adjacent organisations (NHSE, DHSC, NHS Transformation Directorate, Health Innovation Network) increasingly drove positive coverage from mid-April to June 2026, primarily via healthcare trade media and to a lesser extent, national media.
- Negative coverage dominates in national media (222 of 407 articles, 55% negative), campaigning media (121 of 124 articles, 98% negative) and tech/IT trade outlets (28 of 55 articles, 51% negative). National media titles in the dataset have combined monthly unique visitors exceeding 472m - roughly 110 times the reach of the trade outlets carrying the positive story.
- December 2025 was the first month negative coverage overtook positive. Spring 2026 was the height of a negative peak, with 68% of March reporting negative. June was the biggest month yet, with positive and negative coverage balanced.

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1,329 articles analysed between March 2025 – June 2026

Overall media sentiment:

- 45% of articles positive
- 12% of articles neutral
- 43% of articles negative

Negativity by outlet:

- National media: 222 of 407 articles negative (55%) - c.472m combined monthly unique visitors
- Health trade: 396 of 691 articles positive (57%) - c.4.3m combined monthly unique visitors
- Campaigning media: 121 of 124 articles negative (98%) - c.2.3m combined monthly unique visitors
- Tech/IT trade: 28 of 55 articles negative (51%) - c.5.6m combined monthly unique visitors

Source: SimilarWeb UVM data, July 2026*

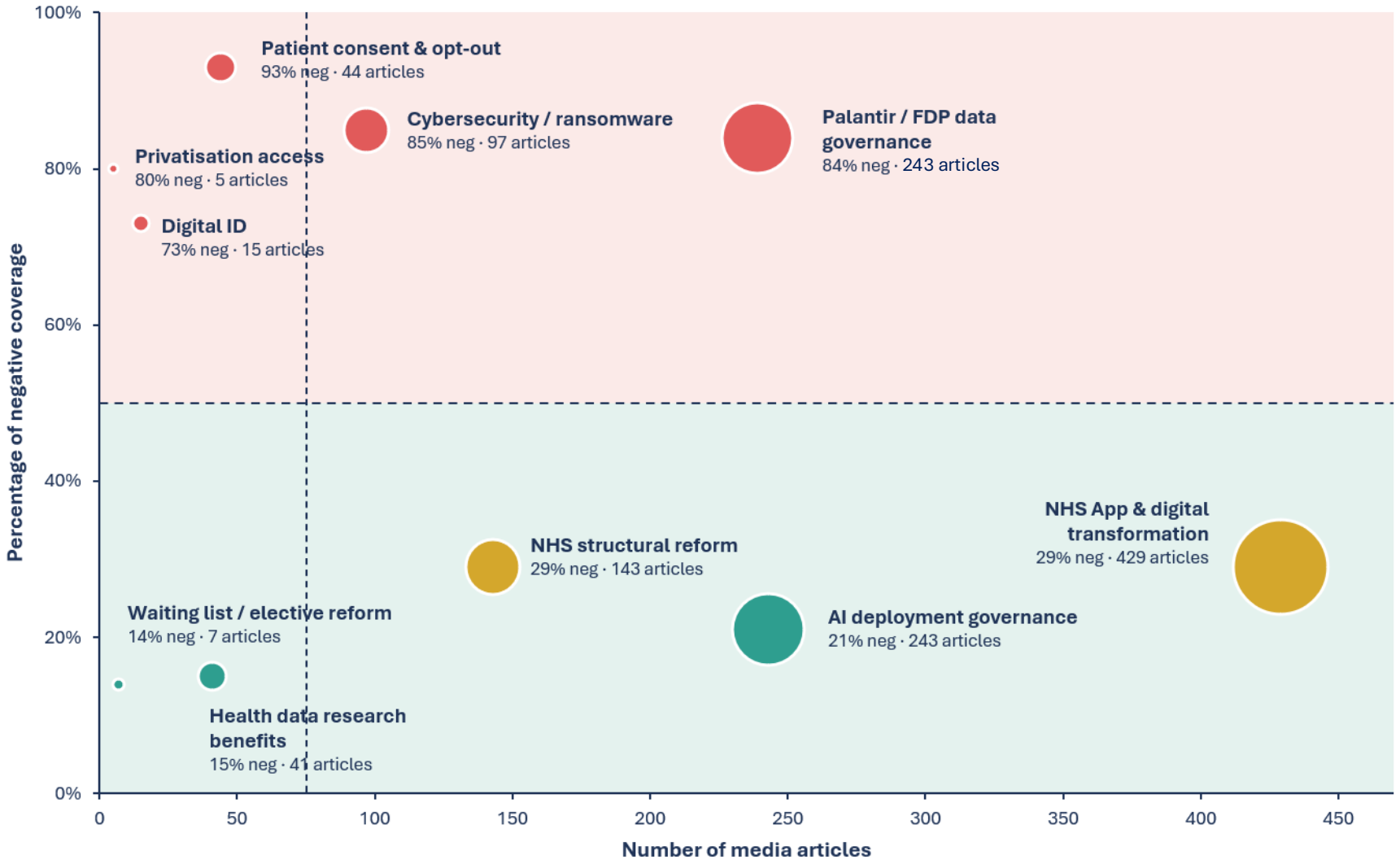
**See Appendix*

How do the key patient data themes compare by volume and sentiment?

110x more monthly audience members are reached by negative-leaning outlets that focus on risk-led topics than benefit-led outlets – up from 95x in April 2026, indicating a widening reach gap (SimilarWeb).

Positive narratives about the benefits of using patient data are not reaching a wide group of people.

- The five themes most likely to damage public trust - Palantir, cybersecurity, consent, Digital ID and privatisation - account for 30% of coverage and are 84% negative.
- Consent and opt-out has 44 articles and at 93% negative it is now the most one-sided theme in the data. The network of campaign voices behind it has also grown, with Foxglove and Amnesty now active alongside The Register and Byline Times. Given the link between consent stories and opt-out behaviour, this is the theme most likely to convert coverage into action.
- The themes that build trust - AI deployment, research benefits and waiting list reform - account for 22% of coverage and are 71% positive. But they sit largely in trade media (combined reach c.4.3m monthly visitors) and rarely reach a broad public audience.



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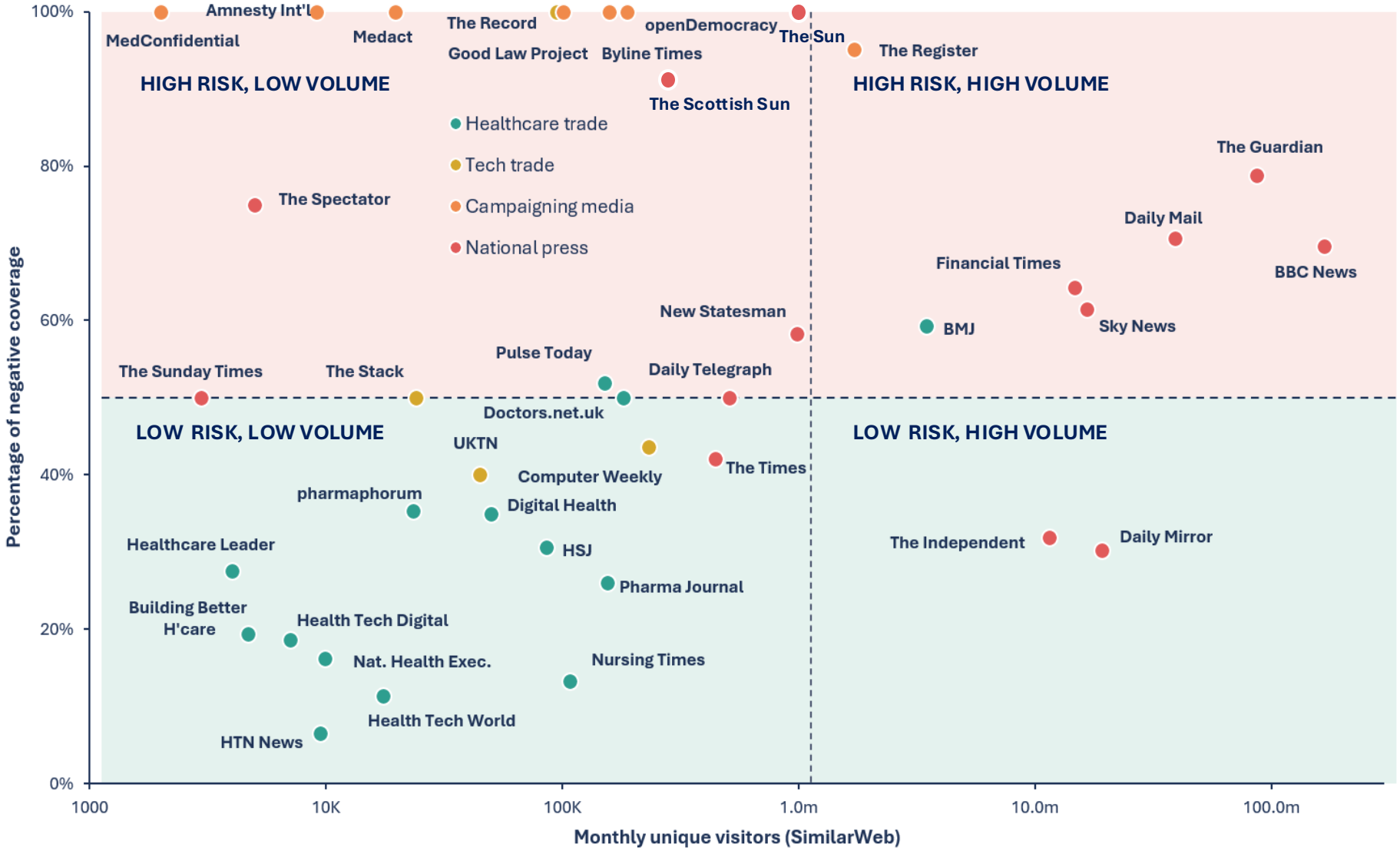
Which outlets are shaping how the public encounters patient data stories?



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National coverage leans negative, sitting between hostile campaigners and more supportive healthcare trade media

National media:

407 articles | 150 pos, 222 neg, 35 neut | Combined monthly unique visitors: c.472m (SimilarWeb)

- Coverage volume is driven by The Telegraph, The Independent, and the Daily Mail.
- While The Independent (57% pos) and the Daily Mirror (64% pos) print mostly positive stories, the overall national mood is negative.
- This doubt is heavily pushed by the Guardian (79% neg), Daily Mail (71% neg), BBC News (70% neg) and Financial Times (65% neg).
- National reporting focuses on the NHS App, Palantir, AI governance, and reform. This is where public opinion is shaped - and doubt about the risks of patient data use dominates

Key outlets: The Telegraph, The Independent, Daily Mail, Guardian, FT, Daily Mirror

Key audiences: Broad public audience; strong reach among politically engaged readers and more risk-sensitive/sceptical audiences

Healthcare trade media:

691 articles | 396 pos, 190 neg, 105 neut | Combined monthly unique visitors: c.4.3m (SimilarWeb)

- Health Tech World (81% positive, 17k monthly visitors) leads, followed by Digital Health (79 articles, 23k monthly visitors), a new and more mixed voice at 43% positive, 35% negative.
- The BMJ is the standout for reach at 3.5m monthly visitors, and has hardened against the FDP - 59% of its coverage is now negative.
- These publications build trust in data sharing, but they largely speak to an existing NHS and tech audience. Their combined reach is roughly 1% of national press reach.

Key outlets: Health Tech World, Digital Health, HSJ, BMJ, Pulse, Nursing Times

Key audiences: Healthcare professionals, NHS leaders, policymakers and system stakeholders; generally more informed and engaged in implementation, with a strong focus on system outcomes.

Tech trade media:

55 articles | 19 pos, 28 neg, 8 neut | Combined monthly unique visitors: c.5.6m (SimilarWeb)

- Computer Weekly dominates (231k monthly visitors), running a relatively split narrative (44% negative, 41% positive) that adds technical credibility to the broader conversation.
- The Record (94K monthly visitors), a cybersecurity title, is entirely negative, while UKTN (45K monthly visitors) reports on the practical realities of the NHS App, cybersecurity and AI governance.

Key outlets: Computer Weekly, The Record, UKTN

Key audiences: Digital, data and technology professionals; innovation-focused audiences interested in infrastructure, cybersecurity and practical application of data systems.

Campaigning media:

124 articles | 3 pos, 121 neg, 0 neut | Combined monthly unique visitors: c.2.3m (SimilarWeb)

- The Register leads on both volume and reach (95% negative, 1.7m monthly visitors) - it single handedly has more reach than the entire healthcare trade media category.
- MedConfidential is second by volume (23 articles, all negative), with Foxglove and Amnesty active. These titles function as narrative incubators - Palantir stories in particular tend to originate here before moving to national press.
- The Register's 1.7m monthly visitors means its negative stories are not niche, reaching a tech-literate audience that is active on social media and likely to amplify

Key outlets : The Register, Byline Times, Foxglove, MedConfidential

Key audiences: Highly engaged, advocacy-driven audiences; includes privacy activists, civil society groups and politically motivated readers.

The risk and benefit of patient data are debated in two separate worlds

- Notably, negative leaning outlets that focus on risk-led topics **reach roughly 110 times the monthly audience** of benefit-led outlets. Whilst the positive narrative about the benefits of using patient data exists, it isn't reaching a wide group of people.
- Importantly, these conversations are not only imbalanced in reach, but are also occurring in largely separate spaces, with limited crossover in audiences and voices.
- As a result, simply amplifying benefit-led messaging is unlikely to shift risk-focused narratives; targeted engagement in these distinct forums is required to address concerns directly, while also reinforcing benefits.

Conversations about *risks*

- **Media outlets**: The Register (1.7m), Daily Mail (39m), Byline Times (157K), openDemocracy (188K)
- **Themes**: Palantir, cybersecurity, privatisation, consent/opt-out, sovereignty
- **Voices**: Foxglove, Amnesty International, medConfidential, Good Law Project, Medact
- **Narrative**: Data commercialisation, Donald Trump, surveillance, incompetence

Combined outlet reach: 470m+ monthly unique visitors (national) plus 2.3m (campaigning)

Narrative Gap

Conversations about *benefits*

- **Media outlets**: HSJ (85K), Digital Health (23K), Health Tech World (17K), pharmaphorum (50K), BMJ (3.5m)
- **Themes**: AI deployment, digital transformation, research benefits, waiting list outcomes
- **Voices**: Health ministers, NHS digital leads, Tony Blair Institute, clinical researchers
- **Narrative**: Transformative potential, efficiency, global leadership

Combined outlet reach: c.4.3m monthly unique visitors

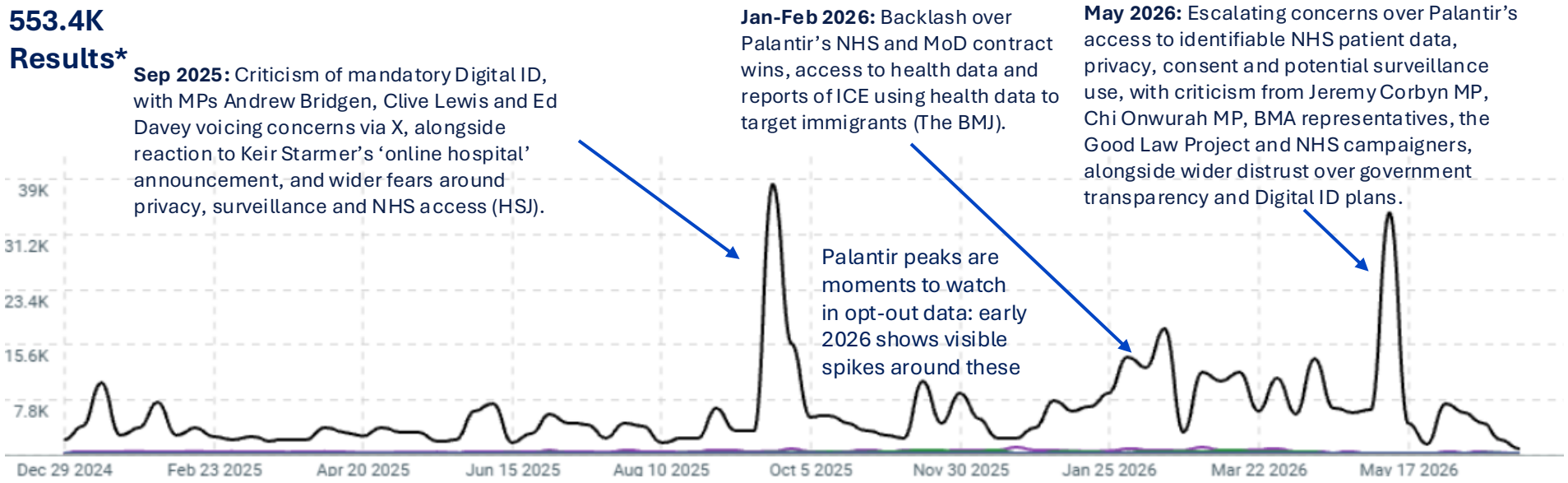
Portland Health Sector Polling – Additional Context, March 2026 (n=1,887)

When asked about the biggest challenge facing the NHS, only 12% of the public cited "NHS is not making enough use of data/digital tools." By contrast, 58.5% cited waiting times, 49% cited availability of doctors, and 29% cited mental health services not meeting demand. Patient data is not necessarily top of mind for the public. When they do encounter stories about use of data, it is often through a risk centred lens in high profile media outlets.

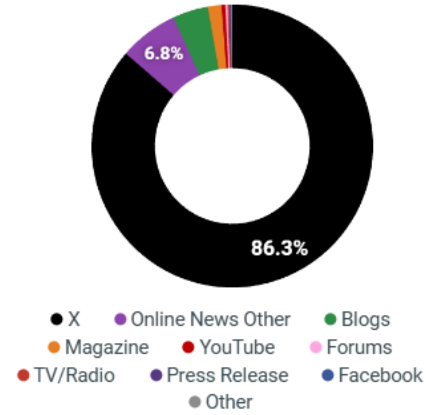
How do traditional media and online debate interact?

The overall NHS data online conversation is dominated by fears around Digital ID and Palantir

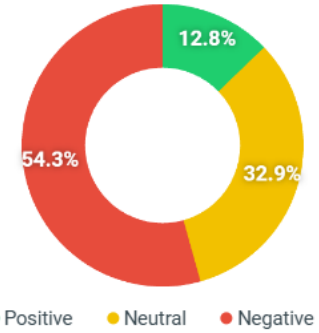
553.4K Results*



Share of Media Types



Share of Sentiment



30.7K avg. results per month – this is still relatively small. For a sense of scale, mentions of the Makerfield by-election sat at 110K results in June

There is a substantial continued conversation on X around NHS data topics, but especially Digital ID and the Palantir NHS contract controversy. This is typically catalysed by campaign organisation articles and increasingly national media articles, but equally often occurs in its own vacuum, driven by a number of different popular spokespeople, including the BMA, Green Party leader Zack Polanski and former Labour Party leader Jeremy Corbyn on social media. X is a known echo chamber, so views and awareness here may not be representative of the wider public and is likely to be much more negative.

Top themes include

- Digital ID (in relation to its use with NHS in our prompt) sparked the highest peak in September 2025.
- Concerns and calls to end the Government's contract with Palantir to manage NHS data have driven most of the conversation between November 2025 to June 2026, following the leak of a document suggested Palantir's 'unlimited access' to identifiable data.

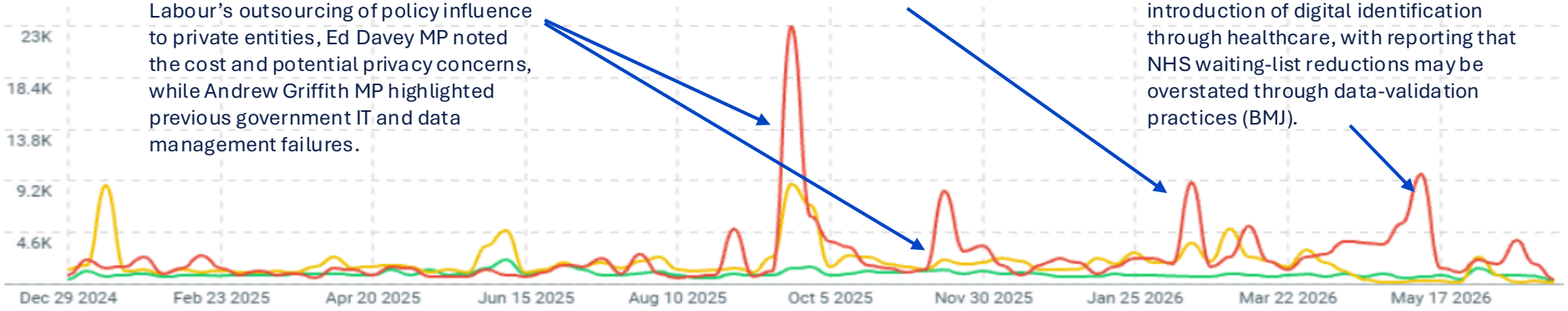
Beyond Palantir concerns, conversations are increasingly driven by Digital ID, surveillance and private-sector influence

395.9K results

Sep – Nov 2025: Concerns centred on Digital ID surveillance, privacy, and security risks linked to centralised databases. Clive Lewis MP criticised Labour's outsourcing of policy influence to private entities, Ed Davey MP noted the cost and potential privacy concerns, while Andrew Griffith MP highlighted previous government IT and data management failures.

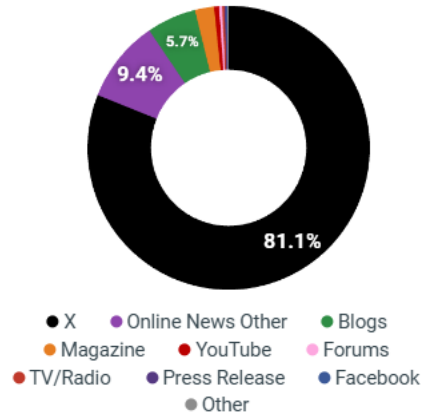
Feb – Mar 2026: Criticism of NHS payroll errors, data-sharing practices and the NHS App versus primary care funding. Concerns also centred on biometric digital IDs and patient opt-out rights.

May 2026: Conversations driven by Digital ID proposals and NHS App promotion (BMJ), with recurring scrutiny of Oracle and the Tony Blair Institute. Alongside this, fears about patient data misuse and the introduction of digital identification through healthcare, with reporting that NHS waiting-list reductions may be overstated through data-validation practices (BMJ).

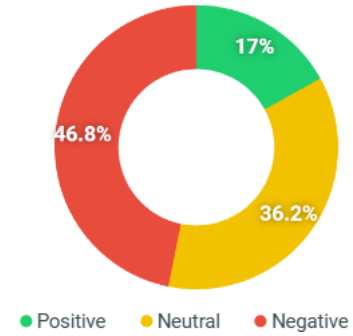


22K avg. results per month – to put this into context, UK mentions of the 'NHS' sit at 290K results in June alone

Share of Media Types



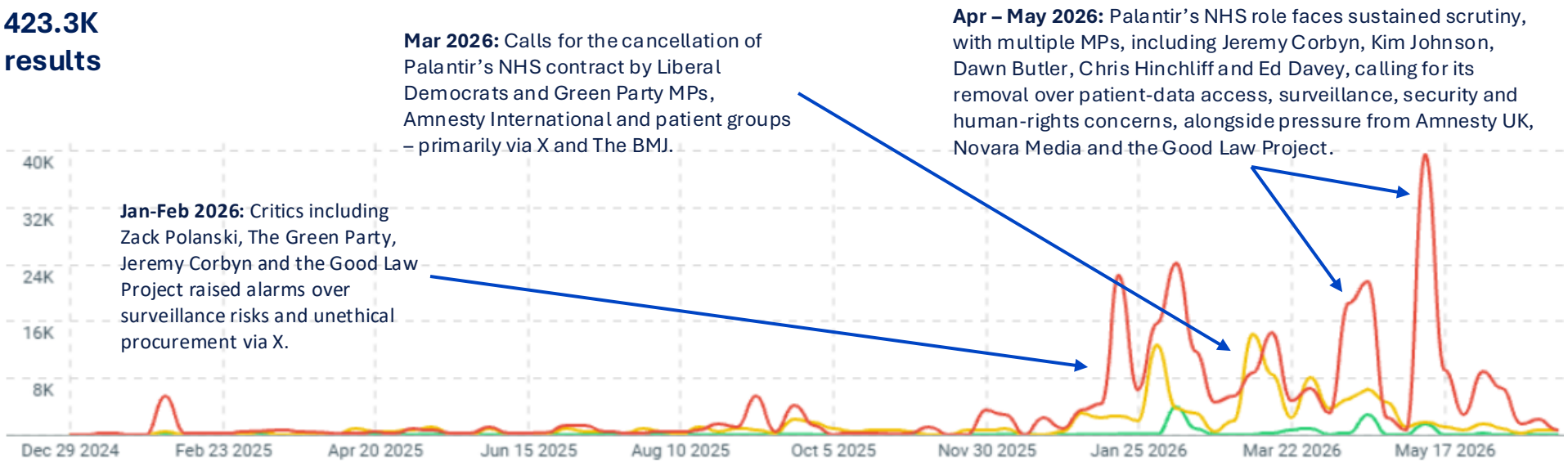
Share of Sentiment



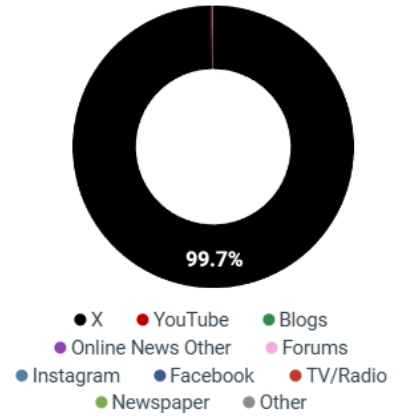
- There is sustained online discussion on X around NHS data topics, increasingly focused on Digital ID, NHS data-sharing, surveillance and the role of private technology companies, such as OpenAI, in healthcare infrastructure.
- As with broader NHS data debates on X, discussion was largely negative in tone and often amplified by campaign groups (e.g.,Together Declaration, No to Digital ID) and MPs from across the political spectrum (Rupert Lowe, Ed Davey), critical of government.
- Conversation peaks were driven by concerns around the Federated Data Platform, patient opt-out rights, AI-enabled surveillance, and criticism of organisations such as the Tony Blair Institute. Discussion frequently reflected fears about privacy erosion, biometric data collection, and the growing influence of private-sector actors over public healthcare systems. Discussions also referenced previous controversial government contracts that resulted in data breach, high costs and harm to citizens (e.g., Horizon Post Office scandal), particularly inMay when the NHS Modernisation Bill (the Health Bill) was introduced to Parliament.
- Broader distrust in NHS governance was reinforced by allegations of misconduct, transparency failures, payroll errors and criticism of costly or unsuccessful public-sector IT projects.

The Palantir contract debate links into many wider controversies

423.3K results

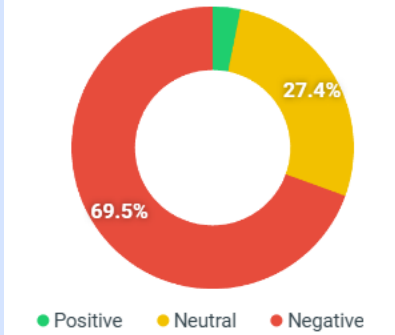


Share of Media Types



21.6K results per month – for a sense of scale, mentions of the much-discussed Clacton by-election sit at 622K for the past 30 days

Share of Sentiment



- The majority of the trackable Palantir online conversation is happening on X and is highly negative with spikes driven by both media moments and individual tweets. Deep-seated mistrust of Palantir reflects different concerns about alleged links to ICE and Israel's war in Gaza, privacy and surveillance concerns about data use by a company involved with military technology, and political cronyism and profiteering within a broader push to protect the NHS.
- A small pockets of discussion focused on the spectre of a future Reform Government, and the consequences for allowing the release of NHS data to others for commercial gain. Farage's friendship with Peter Thiel and the idea of Reform/Farage wanting to selloff the NHS is beginning to surface, informed by messaging/content from the Green Party and Zack Polanski (c. 8.4K tweets).
- Social media is decisively hostile on this topic, reinforced by calls from multiple MPs for Palantir's removal from the NHS, associated with a cross-party letter to the Cabinet Office warning about the UK's reliance on foreign technology firms and calling for the publication of classified documents detailing risks to national digital resilience, global technology dependence and AI.

Social listening key findings

Narrative dominance by controversy

Online conversation around NHS patient data is heavily shaped by spikes of concern - first Digital ID (peaking September 2025), and now increasingly the Palantir NHS contract (Jan-Jun 2026). The latter is currently gaining, not losing momentum.

Emotion-led, mistrust-driven discourse

Discussion is dominated by fear and suspicion, with NHS data use frequently conflated with wider concerns about Palantir, UK political actors, and international issues (e.g. US/Israel), as well as broader anxieties about the future of the NHS. The current environment rewards simple, emotive and easily digestible narratives. Technical explanations and policy detail are not cutting through.

From niche to mainstream

What began with campaigning organisations (notably Good Law Project and BMA) has now been amplified by political figures (e.g. Green Party, Zack Polanski, to a lesser extent Liberal Democrats, and most recently backbench Labour MPs) and national media, significantly extending reach. That said, the overall conversation is only a fraction of the overall conversation around the NHS.

Positive narratives failing to cut through – and struggle for credibility

Healthcare and trade media generate a steady drumbeat of positive stories, but these remain confined to sector channels and are not translating into wider discourse. Pro-data narratives are primarily driven by NHS and Government channels, with limited third-party advocacy. Audience responses are often sceptical, with some perceiving messaging as abstract or lacking tangible impact.

Expansion into new channels

The Palantir debate has moved beyond X into newer, high-reach platforms such as TikTok, indicating broadening audience penetration and sustained traction.

AI search results: AI-generated answers on patient data use are broadly accurate and balanced, but more could be done to ensure they are driven by institutional sources

What are LLMs saying?

- Across models, answers on patient data are generally accurate, balanced and grounded in reputable sources
- When discussing Palantir and the FDP, models consistently explain the platform's purpose and associated controversies
- Unlike social media and online discussions, AI-generated responses are not dominated by risk-led themes

How do models differ?

- ChatGPT and Claude provide the most balanced and policy-focused explanations
- Gemini and Perplexity are more likely to surface wider controversies and external narratives
- Models differ in emphasis, but there is broad alignment on core facts and safeguards

What does this mean?

- AI currently provides a more nuanced picture of patient data use than other online discussions
- While some NHS sources are being used by LLMs consistently (such as *nhs.uk/your-nhs-data-matters)*, there is an opportunity to improve the visibility and influence of trustworthy institutional sources overall by optimising content for AI discovery and citation

Why does negative coverage have a disproportionate impact on public trust and behaviour?

In a low trust environment, negative coverage has a contextual advantage

Negative coverage has disproportionate impact not because the public is anti-data, but because risk stories land in an already fragile trust environment – and are easier to understand, remember and repeat

Negative stories land in a low-trust context

Risk stories are cognitively simpler than benefit stories

People fear loss of control more than they value abstract benefit

Negative stories activate existing, specific concerns

Negative and positive stories travel in structurally different ecosystems

The broader mood is fragile rather than hostile – and patient data stories are always filtered through that wider anxiety

- Only **26%** were satisfied with the NHS in 2025 – the second lowest on record, up from a historic low but still pointing to a system operating in a low-trust environment
- Only **16%** of the public expected NHS care to improve over the next five years, while **53%** expected it to get worse
- Public attachment to NHS principles remains strong – but confidence in delivery is weak; that gap between ideal and reality is precisely the space where negative coverage operates most effectively

In this environment, stories about data governance, AI and structural reform are not received neutrally – **they are interpreted through pre-existing doubt about whether institutions can act competently and in the public interest**

26%
satisfied with the NHS

16%
expect NHS care to improve over the next 5 years

Source: King's Fund / British Social Attitudes Survey, 2025

Risk stories are cognitively simpler than benefit stories – and imply more of an active response

RISK STORY

"Your data could be misused"

- Immediate and personal
- Requires no prior knowledge
- Easy to recall and repeat
- No comprehension burden

Clear implied action: be wary, opt out, oppose

BENEFIT STORY

"Data use improves planning, research and earlier diagnosis"

- Requires explanation of: what data, for what purpose with what safeguards, under what consent model, with what outcome
- High comprehension burden

No clear implied action: this is something that will just happen, and happen to you

People fear loss of control more than they value abstract benefit – and patient data invokes that instinct directly

55%

agree technology improves care quality

Health Foundation, 2025

38%

say AI would improve care quality – vs 19% who say it would make things worse

Health Foundation, 2025

60%

want government to take a cautious approach to AI in public services

Ipsos AI tracer, 2025

- The imagined loss from data misuse – loss of privacy, removal of control, decisions made without consent – is personal and immediate
- The imagined gain – better planning, future research, earlier diagnosis for populations – is diffuse and future-facing
- Support for patient data is real but conditional: strongest where public benefit is immediate and clear, weakest where AI, commercial actors or unfamiliar governance structures are involved

Sources: Health Foundation, 2025; Ipsos AI Tracker, 2025

Negative stories do not create concern from nothing – they activate fears the public already holds

Pre-existing public concern	Stories that activate this concern
Cyber attacks – the single most common data security concern among the public (NHS England)	Ransomware / data breach stories
42% agree technological change is moving faster than government can control (BSA PAS, 2025)	AI governance / FDP / structural reform stories
Risks of AI outweigh benefits – **36%** vs **33%** who say benefits outweigh risks (BSA, 2025)	Commercial access / Palantir stories / Stories linking NHS data to AI-led decision making

Stories do not need to be fully understood to have impact – if they concur with what someone already believes, they **reinforce rather than inform.**

Sources: NHS England Public Attitudes to Data, 2024; BSA Public Attitudes to Science, 2025

Negative and positive stories travel in structurally different ecosystems

NEGATIVE STORY ECOSYSTEM

- **Originates:** Campaigning outlets (The Register, openDemocracy, privacy groups)
- **Gains credibility:** Specialist press (HSJ, Digital Health)
- **Amplified:** National Tier 1 (Guardian, FT, Daily Mail, BBC)
- **Audience:** Broad, sceptical, emotionally engaged – limited prior knowledge

POSITIVE STORY ECOSYSTEM

- **Originates:** Think tanks, NHS communications, university research
- **Stays:** Specialist press (HSJ, Digital Health, trade outlets)
- **Rarely reaches:** National Tier 1 media
- **Audience:** Smaller, already-receptive, already-informed

The communications challenge, therefore, is not simply to generate more positive stories – it is both to ensure that **benefit-led content reaches audiences who are currently only getting risk-led framing** AND **that risks and concerns are directly addressed where they originate and spread.**

Negative and positive stories travel in structurally different ecosystems

1 – Media exposure & recall: Ask what respondents have recently seen or heard, where, and what they understood the story to be about – separating attitude from media exposure

2 – Perceived control & understanding: Test whether respondents feel in control of how their data is used, understand the safeguards in place, and can distinguish between direct care, planning and research uses

3 – Trusted messengers: Test who respondents trust most to explain patient data – NHS doctor, patient charity, university researcher, government minister, tech company, privacy group – to understand messenger effects alongside message effects

Opt-out behaviour: an emerging pattern of event-driven response

January 2025 – June 2026 opt-out data:

- Opt-out levels appeared broadly stable through 2025, with more visible spikes emerging in May and June 2026 around specific high-profile events. So far, this looks more like event-driven fluctuation than sustained linear growth
- Opt-out spikes correlate with specific media events: Palantir 'unlimited access' revelations, cybersecurity incidents, Digital ID concerns
- This differs from 2021, when national data opt-outs rose sharply in a concentrated period, rather than appearing as smaller event-driven spikes

What this suggests:

1. The public appears to discern between media volume and actual potential risk, responding to substance rather than noise
2. Opting out represents active engagement with the safeguards available to them, not rejection of data use per se
3. Opting out of one service or data share is not the same as an outright rejection of data sharing principles more broadly

2026 opt-out data suggests an emerging pattern: when specific events occur, opt-out activity increases; when they don't, the baseline remains stable. This differs from both sustained panic and complete indifference. Whether this pattern holds or accelerates will be clearer as additional data emerges.

Communications recommendations

Communicating about Patient Data – recommendations for consideration

MEDIA

Get positive stories into the outlets people actually read

- **Target the persuadable middle:** Prioritise higher-reach outlets that are receptive to benefit-led stories - titles running genuinely split coverage are where a well-evidenced story can shift the balance.
- **Lead with patient impact:** Focus on real-world outcomes, not systems or infrastructure.
- **Pre-empt the negative incubators:** Get ahead of risk narratives before they reach national media through prepared responses and appropriate engagement - including rapid-response plans for cyber incidents, which now drive the biggest negative spikes.

SOCIAL

Show up where the debate lives, in the format it rewards

- **Match the channel:** Tailor towards short, human content that performs better on TikTok, Instagram and Reddit.
- **Lean on credible outsiders:** Equip independent clinicians, academics and patient voices to tell benefit-led stories.
- **Give people something positive to do:** Give people practical ways to engage with the benefits of data use.

AI/GEO

Own the channel where balanced stories are already winning

- **Make content machine-readable:** Ensure credible information is easy for LLMs to find and use (e.g., llms.txt file, sitemap, FAQ schema).
- **Answer the real questions:** Create balanced content around data use, safeguards, opt-outs and what things like a break in the NHS Federated Data Platform contract would mean in practice for the NHS.
- **Become a citable source:** Publish authoritative information on owned and earned media channels.

About this work

This report presents research commissioned by Understanding Patient Data and conducted by Portland into UK media coverage and public discourse on health data use. It assesses how narratives, concerns and opportunities have developed over the last five years.

The analysis and findings presented are based on Portland's independent research and assessment of the evidence. Portland is responsible for the research methodology, analysis and conclusions, while Understanding Patient Data directed the project scope, oversight and publication of the report.

About Understanding Patient Data

Understanding Patient Data (UPD) is a trusted independent voice on patient data. We make the use of patient data more visible, understandable and trustworthy, so it can be used well, responsibly and for public benefit. UPD is a hosted organisation of the NHS Alliance in London. UPD is funded by Wellcome, the Medical Research Council, the National Institute for Health and Care Research, NHS England, the Department of Health and Social Care, and the Office for Life Sciences.

About Portland

Portland is a leading public affairs, corporate affairs and geopolitics consultancy. Founded in London, and with a strategic presence in Doha, Paris and Nairobi, we help our clients to build reputation, manage risk, and embrace opportunity. We have a strong heritage in healthcare and life sciences, where we support major pharmaceutical companies, patient groups and advocacy organisations to navigate some of the biggest and most pressing issues of the day, using rigorous insight to build programmes and campaigns that shift perceptions, shape operating environments, and create change for our clients. Portland is part of Omnicom Group, the world's leading marketing and sales company.

Suggested citation for this work

Understanding Patient Data & Portland (2026) Health data in the headlines: a changing media landscape (July 2026). Available at: https://www.understandingpatientdata.org.uk/health-data-in-the-headlines

Portland Understanding Patient Data

Appendix – Detailed Methodology

Our research methodology: Media Analysis I

1. Overview of Research Scope

This research employs a hybrid analytical methodology to evaluate the media landscape surrounding NHS patient data use between 1 March 2025 and 30 June 2026. By combining multi-platform data aggregation with secondary manual verification, the study moves beyond high-level volume tracking to analyse the **"Social License" -** the degree to which media narratives either foster public trust or cultivate systemic doubt. Note the 12-month range was extended to encompass interesting additional developing stories.

2. Data Sourcing and Refinement

Data was harvested from a mix of industry-standard monitoring and archival tools, including **Signal AI** for real-time digital and national news, and **Dow Jones Factiva** for specialist trade and print archives. Initial datasets were processed using Large Language Models (LLMs) to identify primary leads, followed by a rigorous phase of manual review to ensure the final dataset (n=746) remained strictly relevant to NHS data governance and technology.

3. The Trust-Doubt Sentiment Nexus

The analysis utilises a **Risk-Benefit Sentiment Framework** specifically calibrated for the NHS data topic. Rather than a standard positive/negative binary, sentiment is defined by its impact on the reader's perception of data safety and utility:

- **Positive (Trust-Building):** Coverage that makes the reader feel secure and informed about how their data is being used to improve the health service.
- **Negative (Doubt-Inducing):** Coverage that fosters scepticism, fear, or negativity regarding data safety, ethics, or commercial involvement.
- **Neutral:** Fact-based reporting, administrative updates, or balanced accounts that do not significantly alter perceptions either way.

Core search queries: ("NHS app" OR "Single Patient Record" OR "Health Data Research Service" OR "care.data" OR "Health Data Research UK" OR " Federated Data Platform" OR "opt-out" OR "opt out" OR "opt-outs" OR "opting out" OR "opted out" OR "DigiTrials" OR "ICBs" OR "Integrated Care Board*" OR "NHS opt-out system" OR "Secure Data or Trusted Research Environments" OR "SDEs" OR "TREs" OR "National Data Opt-Out review" OR "National Data Opt Out" OR "National Data Library" OR "Medium Term Planning Framework" OR ++"NIHCR" OR "National Institute for Health and Care Research" OR "health data" OR "healthcare data" OR "patient data" OR "patient record*" OR "health record*" OR "healthcare record*" OR "personal data" OR "analogue to digital" OR "personal information" OR "private information" OR "data privacy" OR "data management" OR "manage data" OR "manages data" OR "management of data") AND ("NHS" OR "Life Sciences Plan" OR "10 Year Health Plan" OR "National Health Service") AND sourcecountry:uk OR lang:en

Reading list: Ada Lovelace Institute, BBC News, Bloomberg, British Journal of General Practice, British Medical Association, British Medical Journal, Building Better Healthcare, Byline Times, Channel 4, Civil Service World, Computer Weekly, Corporate Watch, Daily Mail, Daily Mirror, Dark Reading, DataGuidance, Fierce, Fierce Healthcare, Financial Times, GovInsider, Health Europa, Health Service Journal, Health Tech Digital, Health Tech World, Healthcare Leader, NewsInfo World, Institute for Fiscal Studies, Itv Media, King's Fund, MedCity News, Medscape UK, MIT Technology Review, National Health Executive, New Statesman, NHS Confederation, NHS Providers, Nursing In Practice, Nursing Times, openDemocracy, PA Media Group, Pharmaceutical Journal, pharmaphorum, Privacy International, Prospect, PublicTechnology, Pulse Today, Reuters, Sky News, STAT, Sunday Mirror, TechCrunch, The Daily Telegraph, The Guardian, The House, The i / i News, The Independent, The Lancet, The Mail on Sunday, The Observer, The Register, The Spectator, The Stack, The Sunday Telegraph, The Sunday Times, The Times, Tony Blair Institute For Global Change, UKTN, WIRED, ZDNet
Note to supplement data gaps in the above Signal list, we also added through Talkwalker or manual scrape: Big Brother Watch, Foxglove, Medact, Amnesty International, Corporate Watch, Open Democracy, Medconfidential, Yorkshire Bylines, Digital Health, Doctors.net.uk, HTN Health Tech News / HTN News., Breached.co, Google Cloud Blog, Royal College of General Practitioners, e-Science Lab.

Our research methodology: Media Analysis II

4. Defining the Risk-Benefit Landscape

The study evaluates the "Social License" by tracking the tension between transformative benefits and systemic risks:

Key Beneficial Uses (Trust Drivers)

- **Medical & Diagnostic Advancement:** Accelerating research, improving NHS diagnostics, and finding breakthroughs.
- **Organisational Efficiency:** Streamlining services to save staff time and facilitating better communication within the NHS and to patients.
- **Patient Empowerment:** Providing individuals with better visibility of their patient records.
- **Public Control:** Ensuring transparency and public access to data, including the ability to easily opt out.

Core Data Risks (Doubt Drivers)

- **Data Handler Accountability:** The risk of blurred responsibility within complex data-sharing agreements, where a lack of clear oversight makes it difficult to hold specific entities - whether public or private - accountable for errors or misuse.
- **Security & Sovereignty:** Risks of data breaches, loss, and concerns over data usage by foreign countries (e.g. the US and China).
- **Governance & Ethics:** Lack of transparency, "spy tech" surveillance concerns, and commercial profiteering from data software contracts.
- **Accuracy & Bias:** Mishandling of data leading to errors in patient records, diagnosis, or referrals, alongside algorithmic bias that exacerbates health inequalities for marginalised groups (e.g. ethnic minorities, women, and the trans community).
- **Structural & Human Impact:** Changes to NHS processes that de-humanise the patient experience, take more time from staff, or create interoperability gaps.

5. Thematic Taxonomy

To provide granular insight, each article was categorised under the following thematic tags:

- **AI deployment governance & regulation**
- **NHS App & digital transformation**
- **NHS structural reform (abolition, ICBs)**
- **Palantir / FDP data governance**
- **Cybersecurity / ransomware**
- **Health data research benefits**
- **Waiting list / elective reform outcomes**
- **Patient consent & opt-out**
- **Privatisation & commercial data access**
- **Other (General Health Tech / Policy)**

Our research methodology: Media Analysis III

6. Categorising Media Outlets

The study groups print and online media outlets into four discrete groups:

- **National Media** – Mainstream national newspapers and large-scale general news outlets with broad readerships and coverage across politics, society, business and public affairs. These publications shape national public discourse and agenda-setting through high-circulation reporting and commentary. *(e.g., The Times, The Guardian, The Telegraph)*
- **Healthcare Trade Media** – Specialist publications focused on the healthcare and pharmaceutical sectors. These outlets primarily target healthcare professionals, policymakers, NHS stakeholders and industry audiences, providing sector-specific reporting, analysis and commentary. *(e.g., Health Tech World, BMJ, HSJ)*
- **Tech Trade Media** – Specialist technology and digital industry publications aimed at professional, commercial and policy audiences within the technology sector. Coverage typically focuses on digital innovation, enterprise technology, cybersecurity, AI, data governance, and the business and regulatory implications of emerging technologies. *(e.g., Computer Weekly, UKTN)*
- **Campaigning Media** – Advocacy-oriented organisations and publications that combine investigative journalism, policy critique, campaigning and public-interest activism around specific social, legal, ethical or civil liberties issues. These outlets often seek to influence public debate, policy development and institutional accountability. (e.g., *Byline Times, Good Law Project, Privacy International, MedConfidential*)

7. Media Outlet Reach

- Online media outlet reach was determined using data from SimilarWeb – a digital intelligence platform that analyses website traffic, mobile app performance and overall market trends.
- The number of unique visitors per month (UVM) to outlet websites was used as a measure of reach.

8. Additional Definitions

- **Data 'opt-out'** – A mechanism allowing patients to withhold permission for their confidential health data to be used for purposes beyond their direct care, such as research, planning, or platform development.
- **Digital ID** – A new digital method for verifying identity when accessing services in the UK.
- **Federated data platform (FDP)** – An NHS England data infrastructure programme intended to connect and enable secure access to operational data across NHS organisations while allowing data to remain within local systems where appropriate.
- **Health sovereignty** – The principle that a country should retain strategic autonomy over its healthcare systems, infrastructure, and population health data.
- **Large language model (LLM)** – An AI system trained on large text datasets to process and generate language.
- **NHS 10-Year Plan** – A long-term strategic policy framework setting out priorities, reforms, and investment goals for the future development and sustainability of the NHS, launched in July 2025.
- **Palantir** – A US software company specialising in large-scale data integration and analytics, primarily working in defence.

Our research methodology: Social listening I

1. Scope of Digital Research

This phase of the research utilises the **Talkwalker** social intelligence platform to map and analyse the "organic" digital discourse surrounding NHS patient data. While the media analysis focuses on structured journalism, this methodology captures the secondary ripple effects: how citizens, clinicians, and activists interpret and discuss these narratives across the social and open web.

By cross-referencing Talkwalker's social data with our media dataset, the methodology identifies the narrative feedback loop: how a story originates in the specialist press, is amplified by national media, triggers social advocacy, and ultimately influences the summary provided by Generative AI tools to the public.

2. Query Construction & Boolean Logic

To ensure high precision and recall, the analysis was underpinned by a sophisticated Boolean search strategy. This combined broad sectoral terms with specific policy initiatives and technical platforms.

Core search queries

("health data" OR "healthcare data" OR "patient data" OR "patient record*" OR "health record*" OR "healthcare record" OR ("personal data" AND ("NHS" OR "healthcare")) OR ("analogue to digital" AND "NHS") OR ("data" AND (++"ICBs" OR "Integrated Care Board*")) OR "DigiTrials" OR "NHS opt-out system" OR ("NHS" AND ("Secure Data or Trusted Research Environments" OR ++"SDEs" OR ++"TREs" OR "National Data Opt-Out review" OR "National Data Opt Out"))) AND ("NHS" OR "UK" OR "England" OR "Life Sciences Plan" OR "The Ten-Year Health Plan" OR "10 Year Health Plan" OR "National Institute for Health and Care Research" OR ++"NIHCR" OR "Medium Term Planning Framework" OR "National Data Library" OR sourcecountry:uk) AND lang:en

"NHS app" OR "Single Patient Record" OR "NHS data" OR ("NHS England" AND "data") OR "Health Data Research Service" OR ("++HDRS" AND "data") OR ("Ambient scribing" AND "NHS") OR ("Foresight AI" AND "NHS") OR "care.data" OR "Health Data Research UK" OR "Federated Data Platform" OR (++"FDP" AND "data") OR ("NHS" AND ("opt-out" OR "opt out" OR "opt-outs" OR "opting out" OR "opted out"))

With filter: sourcecountry:uk and lang:en applied in analytics

Other custom filters were applied on top to assist with theme analysis, i.e. Palantir/FDP, NHS structural reform, cybersecurity etc.

Additional Palantir query for wider data capture:

"Palantir" AND "NHS" AND sourcecountry:uk AND lang:en

Our research methodology: Social listening II

3. Data Acquisition & Multi-Channel Mapping

The analysis spans a diversified digital ecosystem to capture a representative cross-section of public sentiment:

- **Real-Time Social Platforms:** Tracking viral spread and sentiment on **X (formerly Twitter)** and public interactions on **YouTube**, as well as monitoring engagement on official **Facebook and Instagram** company channels.
- **The Open Web:** Aggregating discussions from **blogs, forums (e.g. Reddit, Mumsnet), and review sites**, where more long-form, lived-experience narratives often emerge.
- **Media-to-Social Spillover:** Analysing the direct correlation between Tier 1 media coverage and spikes in social volume to identify which specific news "triggers" ignite broader public conversation.

4. Conversational Drivers & Evolution

The methodology employs Talkwalker's AI-powered analytics to move beyond volume-tracking into narrative forensics:

- **Trigger Analysis:** Identifying the "spark" events - whether a technical breach, a government announcement, or a viral anecdote - that transition a topic from niche concern to mainstream digital trend.
- **Voice Mapping & Influence:** Categorising the "Key Opinion Leaders" (KOLs) driving the narrative, distinguishing between institutional voices, professional advocates, and grassroots activists.
- **Longitudinal Evolution:** Tracking how conversations mature over time, such as the shift from technical queries to emotive debates regarding sovereignty and privacy.

Our research methodology: Social listening III

5. LinkedIn Panel Data

Through social listening platform Pulsar, the analysis reviews an expansive panel of LinkedIn profiles, including Governmental, policy and healthcare profiles. Over the top of this panel of individual data, we layered on top a refined version of our patient data issues search, simplified to meet the technical needs of the platform.

Panel filter overlay

"Palantir" OR "Palentir" OR "FDP" OR "Federated data platform" OR "Single Patient Record" OR "EPR" OR "patient data" OR "health data" OR "health record" OR "health data" OR "healthcare data" OR "patient data" OR "patient record" OR "patient records" OR "health record" OR "health records" OR "healthcare record" OR "healthcare records" OR "NHS Data" OR "analogue to digital" OR "NHS opt-out" OR "Data Opt-Out" OR "Data Opt Out" OR "National Institute for Health and Care Research" OR "NIHCR" OR "National Data Library" OR "NHS app" OR "Single Patient Record" OR "NHS data" OR "Health Data Research Service" OR "Ambient scribing" OR "Foresight AI" OR "care.data" OR "Health Data Research UK" OR "opt out" OR "opt-out" OR "opt-out" OR "opt-outs"

Our research methodology: LLM answer review

1. Generative AI Search & LLM Visibility Analysis

As public information-seeking shifts toward Generative AI, this methodology incorporates Talkwalker's specialised module for **Generative Search Analysis**. This monitors how NHS data topics are synthesised and presented by leading Large Language Models (LLMs), including **ChatGPT, Claude, Gemini, and Perplexity**.

The analysis focuses on:

- **Accuracy:** Checking for misinformation in answers related to patient data topics
- **Source Authority:** Tracking which media outlets and think tanks the AI models prioritise as authoritative sources
- **Sentiment review:** Identifying if specific LLMs are reflecting any of the prevailing negative media sentiment.
- **Risk vs benefit positioning:** Assessing how accurately "Benefits" are cited compared to "Risks."

2. Example prompts analysed

NHS data

- What is patient data and how is it used?
- How do I find out about NHS data use?
- How does the NHS protect our data?
- How do I explain how patient data is used in the NHS?
- Should I be worried about my NHS data?
- What is changing about NHS data with the Ten Year Plan?
- What is changing with how NHS data is managed now NHS England is being abolished?
- What is the public attitude toward NHS patient data and how it is used?
- How do I view my health record?
- How does the NHS use patient data for medical research?
- How does the NHS use plan and improve services?
- How is AI being rolled out across the NHS?

Brand

- Who are Understanding Patient Data?

Palantir issue focus

- Who is Palantir and what is their role with the NHS?
- How can I opt-out of sharing my NHS data with Palantir?
- What role does Palantir have with the NHS?
- Which trusts have contracts with Palantir?

Our research methodology: Integrating polling data

UPD Kantar tracker data

To understand the broader context into which patient data stories land – and the impact this has on how readers engage with such coverage – we have incorporated contextual analysis from the ongoing Kantar quarterly survey of UK health attitudes and behaviours.

In particular, this helps to interpret if and why news stories contribute to how much the public trust the use of data, the existing narratives these stories affirm or contradict and, given this context, insight into how to best communicate with this audience moving forwards to help build trust in the future.

Supporting Public Polling Data

This report incorporates findings from Portland's recent – yet unpublished - Sector Thought Leadership research (March 2026), a nationally representative survey of 1,887 UK adults conducted 24–26 March 2026.

Findings from this research are presented in teal callout boxes throughout the report, providing public opinion context alongside the media analysis.

Questions cover attitudes to NHS challenges, trust in institutions, technology adoption concerns, and views on AI in public services.

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