CARBON REDUCTION PLAN

Your Private Healthcare Ltd, trading as Neurofer

Supplier name	Your Private Healthcare Ltd, trading as Neurofer
Company registration number	16595726
Publication date	06/08/2026
Baseline reporting year	1 August 2025 to 31 July 2026
Current reporting year	1 August 2025 to 31 July 2026 (first reporting year)
Net zero commitment date	2045
Approved by	Mark Whitehouse - Director
Next scheduled review	July 2027

This Carbon Reduction Plan is published in accordance with Procurement Policy Note 006 (Taking account of Carbon Reduction Plans in the procurement of major government contracts) and the NHS England requirement for carbon reduction plans in the procurement of NHS goods, services and works.

1. Commitment to achieving Net Zero

Your Private Healthcare Ltd, trading as Neurofer, is committed to achieving Net Zero carbon emissions by 2045 across its UK operations.

This target is fifteen years ahead of the UK Government's national target of 2050 and five years ahead of the minimum expected of NHS suppliers. It is set deliberately to align with the NHS Carbon Footprint Plus ambition, which covers the emissions the NHS influences through its supply chain. As a clinical service delivered largely by a home-based and travelling workforce, the majority of our emissions sit in that supply-chain boundary, and we consider it right to be measured against the more demanding of the two dates.

We define Net Zero as a reduction of at least 90% in gross emissions against our baseline, with any residual emissions neutralised through certified, permanent carbon removals. We do not intend to rely on offsetting to meet our interim targets, and we will not describe our services as carbon neutral on the basis of purchased offsets.

2. About this organisation and the boundary of this plan

Your Private Healthcare Ltd, trading as Neurofer, is a private healthcare provider delivering specialist ADHD and autism assessment, titration and follow-up services for adults and children across the United Kingdom. The company was incorporated on 21 July 2025, is regulated by the Care Quality Commission, and began delivering clinical services in June 2026.

The company employs two people, both of whom work from home. It operates no central office, no owned or leased vehicle fleet, and no premises over which it has operational control; its registered office is a serviced address and its clinical records and systems are cloud hosted.

Assessments are carried out by self-employed associate clinicians engaged on a sessional basis. Services are delivered through a virtual-first model, supported by face-to-face appointments in clinic rooms hired sessionally at locations across the United Kingdom. Because the associates are not employees, their emissions fall within our supply chain rather than our own operations. They are not among the Scope 3 categories required by PPN 006, but we consider them material to how our service is actually delivered and disclose them voluntarily at Section 4.3.

This plan covers 100% of the company's UK operations. The organisational boundary has been set using the operational control approach, consistent with the GHG Protocol Corporate Standard.

3. Baseline Emissions Footprint

Baseline emissions are a record of the greenhouse gases that were produced in the period before any strategic action was taken to reduce emissions. They are the reference point against which reduction is measured.

3.1 Baseline year: 1 August 2025 to 31 July 2026

The company was incorporated on 21 July 2025. The baseline period is therefore the first full twelve months following incorporation. No earlier period exists, and no prior-year comparative is available. Clinical delivery began in June 2026, in the final two months of this period.

3.2 Additional details relating to the baseline emissions calculations

The baseline is a mixture of recorded and estimated data, and we set out plainly which is which. Headcount and the number of completed assessments are actual figures taken from company records. Energy, travel, waste and homeworking are estimates: in its first year the company held no energy supply contracts, operated no expense system capturing business mileage, and had no waste contracts in its own name, so no primary consumption records exist for the period.

The baseline year also spans a period in which the company was not yet trading clinically. The service went live in June 2026, and 47 assessments were completed in June and July combined. Emissions for the preceding ten months arise almost entirely from two people working from home during set-up. The figures below should therefore be read as the footprint of a company at the very start of its operating life, not as a representative year of clinical delivery.

We have used the provision within the NHS carbon reduction plan requirements that allows a small or medium-sized enterprise to submit the data available to it, provided the gaps are explained and the steps to close them are set out. Section 7 sets out the specific measurement improvements we have committed to for the 2026/27 reporting year, by which point we expect the footprint to be based on primary data.

Every assumption underlying the figures below is listed in Section 5, so that any reader can reconstruct or challenge the calculation.

4. Emissions reporting

4.1 Baseline and current year emissions

As this is the company's first reporting year, the current reporting year and the baseline year are the same period. Figures are stated in tonnes of carbon dioxide equivalent (tCO2e), covering the seven greenhouse gases of the Kyoto Protocol.

Emissions source	tCO2e
Scope 1 — direct emissions	0.000
Scope 2 — indirect emissions from purchased electricity (location-based)	0.000
Scope 3 — Category 4: Upstream transportation and distribution	0.072
Scope 3 — Category 5: Waste generated in operations	0.003
Scope 3 — Category 6: Business travel	0.210
Scope 3 — Category 7: Employee commuting (including homeworking)	0.306
Scope 3 — Category 9: Downstream transportation and distribution	0.000
Total Scope 3 (reported categories)	**0.591**
Total gross emissions	**0.591**

Emissions intensity: 12.6 kgCO2e per completed assessment, across 47 assessments delivered in the baseline year (0.30 tCO2e per employee).

4.2 Explanation of the Scope 1 and Scope 2 figures

Scope 1 and Scope 2 emissions are reported as zero. This is a genuine characteristic of the operating model rather than a gap in the data:

- Scope 1: the company owns and leases no vehicles, combusts no fuel on any site under its control, and operates no equipment containing fluorinated gases.
- Scope 2: the company holds no electricity or gas supply contracts. It occupies no premises under operational control and purchases no energy directly.

Should the company take on premises under its own control, or acquire vehicles, these scopes will be populated and the baseline recalculated in line with the policy at Section 7.3.

4.3 Voluntary disclosure outside the required boundary

Two sources sit outside the categories PPN 006 requires but are material to how our service is delivered. We disclose them here so that the reported total is not read as understating our impact. Both are excluded from the totals in Section 4.1 to keep those figures on the required reporting basis.

- Associate clinician delivery — travel to hired clinic rooms and homeworking while carrying out assessments: 0.117 tCO2e. This falls under Scope 3 Category 1 (purchased goods and services).
- Electricity consumed in sessionally hired clinic rooms: 0.023 tCO2e. This falls under Scope 3 Category 8 (upstream leased assets).

Including both, the fuller picture of the baseline year is 0.731 tCO2e, or 15.6 kgCO2e per completed assessment. We expect associate delivery to become the largest single element of our footprint as volumes grow, and Section 7.2 commits us to measuring it directly.

4.4 Reporting standard

Emissions have been reported and recorded in accordance with the published reporting standard for Carbon Reduction Plans and the GHG Reporting Protocol Corporate Standard and use the appropriate UK Government emission conversion factors for greenhouse gas company reporting (the 2026 factor set published by the Department for Energy Security and Net Zero). Scope 1 and Scope 2 emissions have been reported in accordance with SECR requirements, and the required subset of Scope 3 emissions has been reported in accordance with the published reporting standard for Carbon Reduction Plans and the Corporate Value Chain (Scope 3) Standard.

5. Basis of preparation, data quality and assumptions

The following assumptions were used to produce the baseline. They are stated so that the figures can be independently checked, and so that each can be replaced with measured data as it becomes available.

Assumption	Value used	Basis
Employed team	2 people	Actual. Both home-based throughout the baseline year
Assessments completed	47	Actual. June and July 2026, the first two months of clinical delivery
Assessments delivered face to face	9 (approximately 20%)	All others delivered remotely
Homeworking hours	1,700 hours per person	Full-time hours, including the set-up period before the service went live
Homeworking emission factor	0.090 kgCO2e per hour	Blended factor: equipment and lighting year-round plus domestic heating across the heating season
Commuting	None	Neither employee attends a fixed workplace
Business travel by car	600 miles	Meetings, clinic room set-up and supplier visits
Business travel by rail	1,200 passenger-km	Meetings and training
Air travel and hotel stay	None	No overnight or air travel undertaken in the baseline year
Waste arisings	0.15 tonnes	Office-equivalent waste from two home-based workers
Inbound deliveries	300 van-km	IT equipment and limited consumables
Hired clinic room electricity	120 kWh	Memo disclosure only - see Section 4.3
Associate clinician delivery	9 journeys of 40 miles; 4 hours per assessment	Memo disclosure only - see Section 4.3

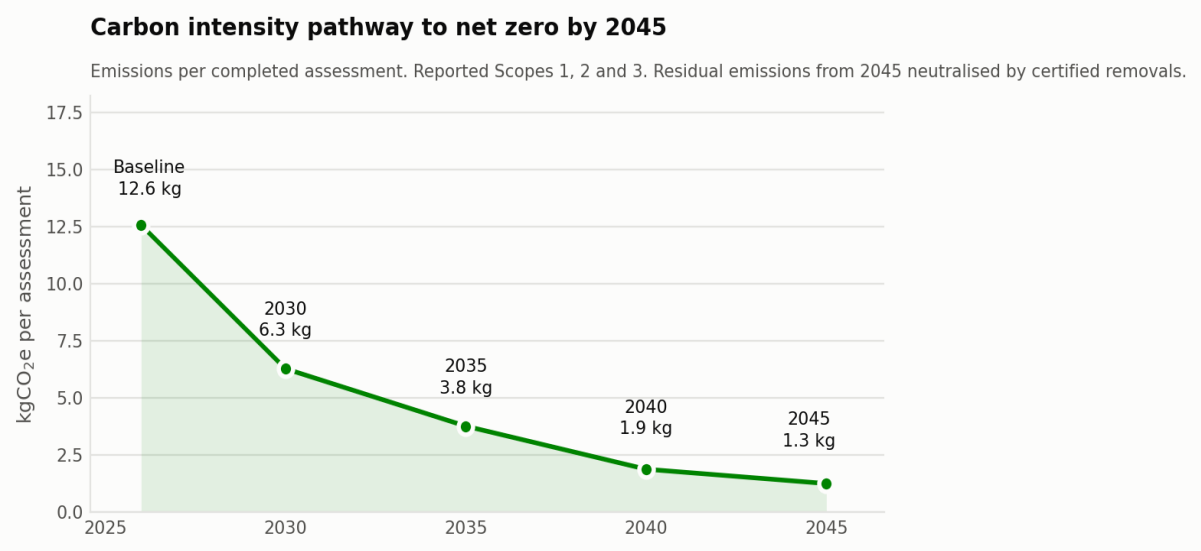
Data quality statement: we assess the confidence in this baseline as low to moderate. Headcount and assessment volumes are recorded facts. The emissions themselves are estimated, and the two largest categories — homeworking and business travel — together account for 87% of the reported total. We publish the figure on this basis because a transparent estimate with stated assumptions is more useful than no baseline at all, and because it establishes the reference point against which our reductions will be measured. It should not be relied upon as a measured footprint.

6. Emissions reduction targets

In order to progress towards Net Zero, we have adopted the following carbon reduction targets, measured against the 2025/26 baseline.

Our primary managed measure is carbon intensity, emissions per completed assessment. We have chosen it deliberately and state the reason openly: the company completed its first 47 assessments in the final two months of the baseline year and expects to grow substantially. An absolute target set against a footprint of 0.591 tCO2e would be exceeded by growth alone within a single year and meeting it would require the business to stop expanding rather than to decarbonise. Intensity measures whether the service is genuinely getting cleaner. Absolute figures are shown alongside it so that our total contribution remains visible and is never obscured by a falling per-unit number.

Reporting year	kgCO2e per assessment	Absolute tCO2e	Reduction against baseline
Baseline year 2025/26	**12.6**	**0.591**	N/A
2029/30	6.3	0.30	50% reduction
2034/35	3.8	0.18	70% reduction
2039/40	1.9	0.09	85% reduction
2044/45	**1.3**	**0.06**	**90% reduction, residual neutralised by certified removals**



Progress against these targets will be reported in the annual update to this plan.

We expect absolute emissions to rise before they fall, because the baseline captures only two months of clinical delivery. Where that happens, we will say so plainly in the annual update, report the absolute figure without presentation, and show the intensity trend alongside it.

We will adopt the 2026/27 reporting year as the definitive baseline once a full year of clinical delivery has been completed and will restate the targets above against it. The 2025/26 figures will remain published as the reference year, so the change is visible rather than quiet. This is a recalculation in line with the policy at Section 7.3, not a relaxation of the commitment: the 2045 net zero date and the percentage reductions do not change.

7. Carbon reduction projects

7.1 Completed and in place

The following measures were adopted at the point the company was established and were in place throughout the baseline year. Their effect is already contained within the baseline figures and is the main reason the footprint is as small as it is.

A virtual-first clinical model
Assessment, titration and follow-up appointments are offered remotely by default, with face-to-face appointments available by choice rather than by exception. This is the single largest structural reason the footprint is small: it removes the majority of patient and clinician journeys that a wholly clinic-based service would generate.

Sessional clinic room hire close to patients

Rather than operating fixed sites, clinic rooms are hired at locations selected so that most patients can reach a clinician within a 90-minute drive. This shortens patient travel, which is the largest emissions source in most face-to-face healthcare models, and avoids heating and lighting premises that stand empty between clinics.

A fully home-based team
Both employees work from home, and the company operates no central office, so there is no routine commuting to eliminate.

Digital-by-default records and reports
Assessment reports and clinical correspondence are issued electronically. The company operates no routine printing, posting or physical filing, and is compliant with the NHS Data Security and Protection Toolkit.

Cloud-hosted infrastructure
No on-premises servers are operated. Systems are hosted with providers whose data centre operations are covered by their own published decarbonisation commitments.

No company vehicles
The company owns and leases no vehicles and does not intend to acquire any.

7.2 Planned for implementation

The measures below are committed for delivery across the next two reporting years. The first group is deliberately weighted towards measurement, because the credibility of every subsequent target depends on replacing the estimates in this plan with recorded data.

By the end of the 2026/27 reporting year

- Capture business mileage and rail travel through the expense system, so that Category 6 is calculated from records rather than estimated.
- Survey both employees annually on working pattern, home heating type and any commuting, to place Category 7 on a surveyed rather than assumed basis.
- Record associate clinician travel and delivery mode per assessment, so that the largest expected element of our footprint is measured rather than estimated.
- Record the virtual and face-to-face split for every assessment, so that intensity can be reported against a known delivery mix.
- Obtain waste transfer and recycling data from the operators of the clinic rooms we hire.
- Request energy data or a renewable supply confirmation from each clinic room provider and record it in the supplier file.
- Adopt a written travel hierarchy: remote by default; rail in preference to car for journeys over 50 miles; car sharing where clinicians attend the same site.
- Introduce a low-emission mileage policy that does not financially favour higher-emitting vehicles.
- Set a minimum four-year replacement cycle for IT equipment, purchase refurbished devices where clinically and operationally suitable, and dispose of equipment through a certified WEEE route with reuse prioritised.

By the end of the 2027/28 reporting year

- Include environmental criteria in the selection of clinic room providers, weighting renewable electricity supply and public transport accessibility.
- Ask material suppliers and regular associate clinicians to confirm their own net zero commitments and record them in the supplier file.
- Extend measurement to all relevant Scope 3 categories, including purchased goods and services, ahead of the NHS requirement for suppliers to report full Scope 3 and global operations from April 2027.
- Provide carbon literacy training to all staff, with environmental responsibilities written into role descriptions for the operational leadership.

- Publish patient-facing guidance on choosing a virtual appointment, so that the lower-carbon option is presented as a clinically equivalent choice rather than a lesser one.
- Assess the feasibility of an electric vehicle salary sacrifice or mileage incentive for clinicians who travel regularly to clinics.

7.3 Governance, monitoring and recalculation

This plan is approved by a director of the company and will be reviewed and republished at least annually, within six months of each reporting year end. Responsibility for delivery sits with the Chief Operating Officer, who will report progress to the board at least twice a year.

The baseline will be recalculated if the company acquires or disposes of operations, takes on premises or vehicles under its own control, changes its organisational boundary, or identifies a methodological error or data improvement that changes the reported baseline by more than 5%. Any recalculation will be disclosed in the annual update, with the previous figure shown alongside it.

This plan is published on the company website and is available to any contracting authority on request.

8. Declaration and sign off

This Carbon Reduction Plan has been completed in accordance with PPN 006 and associated guidance and reporting standard for Carbon Reduction Plans.

Emissions have been reported and recorded in accordance with the published reporting standard for Carbon Reduction Plans and the GHG Reporting Protocol corporate standard and uses the appropriate Government emission conversion factors for greenhouse gas company reporting.

Scope 1 and Scope 2 emissions have been reported in accordance with SECR requirements, and the required subset of Scope 3 emissions have been reported in accordance with the published reporting standard for Carbon Reduction Plans and the Corporate Value Chain (Scope 3) Standard.

This Carbon Reduction Plan has been reviewed and signed off by the board of directors (or equivalent management body).

Signed	
Name	Mark Whitehouse
Title	Director
On behalf of	Your Private Healthcare Ltd, trading as Neurofer
Date	06/08/2026