CARBON REDUCTION PLAN

Dr Julian Medical Group Ltd

NET ZERO BY 31 MARCH 2040

Company-wide commitment across UK operations

REMOTE-FIRST	NO DEDICATED OFFICE	NO COMPANY FLEET
Corporate operations and most service delivery	No staffed operational office estate	Travel is exceptional and recorded

Version 3.0 | Classification: Public | Publication date: 2 September 2026

Company number 09856896 | www.dr-julian.com

1. Commitment and purpose

Dr Julian Medical Group Ltd is committed to achieving Net Zero greenhouse gas emissions across its UK operations by 31 March 2040 at the latest. We will prioritise absolute emissions reduction and will use high-quality, independently verified greenhouse gas removals only for residual emissions that cannot reasonably be eliminated.

This plan applies to the legal entity Dr Julian Medical Group Ltd and to the activities, services and systems operated under its operational control. It is intended for use across public, NHS, education, employer, insurer and private-sector procurements and contracts. For NHS Scotland contracts, the company-wide target supports the ambition to achieve a net zero NHS Scotland supply chain by 2040.

> **Reporting integrity**
> This plan does not claim that remote delivery is emission-free. It identifies the emissions that remain in a digital and distributed model, preserves previously reported figures without unsupported reclassification, and sets out how data quality and reductions will improve.

Plan at a glance

Reporting entity	Dr Julian Medical Group Ltd, company number 09856896
Boundary	UK operations under the operational control approach
Baseline footprint	16.5 tCO2e, reporting year 2023/24
Latest reported footprint	15.4 tCO2e, reporting year 2024/25
Reported progress	1.1 tCO2e reduction, equivalent to 6.7% below baseline
Next priority	A fully disaggregated annual inventory covering all required Scope 3 categories and material digital-service emissions

2. Operating model and organisational boundary

Dr Julian Medical Group Ltd is a digital health and clinical services provider. Its corporate operations are fully distributed. The company currently has no dedicated staffed operational office estate and no company vehicle fleet. Its statutory registered office is not treated as an operational site for this carbon accounting boundary.

Head-office activity, Board meetings, service implementation, contract management, workforce training, clinical supervision and most service delivery are undertaken remotely. Where face-to-face activity or business travel is clinically necessary or contractually required, it is treated as an exception, approved through normal management controls, recorded and included in the relevant emissions inventory.

The operational-control boundary includes activities over which Dr Julian Medical Group Ltd has authority to set and implement operating policies. It includes directly controlled operations and relevant Scope 3 emissions from employees, purchased services, cloud and technology suppliers, equipment, travel and waste where data are available. Emissions controlled solely by independent suppliers or affiliate clinicians are not treated as Scope 1 or Scope 2 emissions of the company, but relevant purchased-service emissions will be captured in Scope 3 as data maturity improves.

> **Remote service benefit**
> Remote clinical and digital delivery can avoid patient, clinician and commissioner journeys that would otherwise arise from face-to-face delivery. These avoided emissions are not deducted from the company footprint and are not used to claim carbon neutrality. They may be reported separately only where a client requests a defined and evidence-based comparison.

3. Reporting methodology and data quality

This plan has been prepared with reference to Scottish Procurement Policy Note SPPN 3/2022 and the structure and reporting principles in Procurement Policy Note PPN 006. The accounting approach follows the Greenhouse Gas Protocol Corporate Accounting and Reporting Standard and the Corporate Value Chain Scope 3 Standard.

Consolidation approach	Operational control
Geographical boundary	United Kingdom operations of Dr Julian Medical Group Ltd
Baseline reporting year	2023/24, first assessment
Current reporting year	2024/25, latest reported footprint available in the prior plan
Unit	Metric tonnes of carbon dioxide equivalent, tCO2e
Greenhouse gases	The seven greenhouse gases covered by the Kyoto Protocol, expressed as CO2e
Conversion factors	UK Government greenhouse gas conversion factors appropriate to the reporting period, as recorded in the supporting calculation workbook
Assurance status	Management-reported footprint; not externally assured

Data hierarchy and controls

- Activity data will be used wherever practicable, including kWh, passenger kilometres, mileage, hotel nights, equipment units and waste weights.
- Supplier-specific emissions data will be used where it is credible, relevant and available. Documented estimates or spend-based factors may be used where primary data are unavailable.
- Assumptions, exclusions, emission factors, source records and calculation methods will be retained in an annual carbon calculation workbook and evidence register.
- Where a material change in organisational boundary, activity or methodology affects comparability, the company will consider restating the baseline and will explain the reason transparently.
- No unverified offset or tree-planting contribution is deducted from gross emissions. Any future treatment of residual emissions will be disclosed separately and supported by evidence.

Legacy data and controlled methodology improvement

The 2023/24 and 2024/25 totals in this plan are carried forward from Carbon Reduction Plan v2.0 dated 20 November 2025. That plan reported an aggregate Scope 3 footprint and did not separately quantify every required Scope 3 category. This version does not invent category values or retrospectively reallocate Scope 1, Scope 2 or Scope 3 without the underlying source evidence. Instead, it identifies the data gaps and makes completion of a disaggregated inventory a formal action.

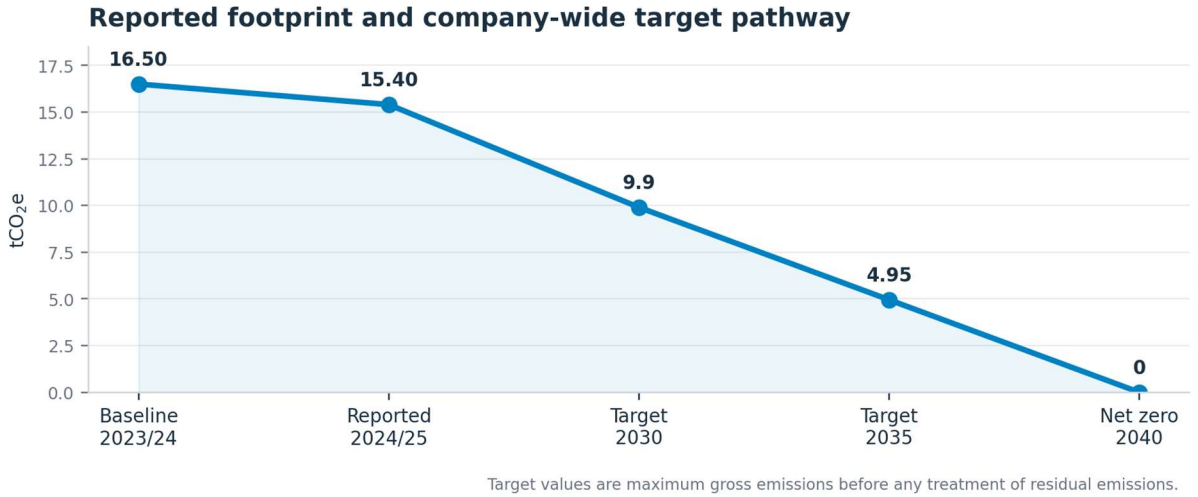
> **Current data status**
> The emissions totals are suitable for tracking the company's reported direction of travel. The next inventory will strengthen auditability by reconciling Scope 1 and Scope 2 classifications, separately assessing each required Scope 3 category, and adding cloud, equipment and purchased-service data where material.

4. Emissions footprint and progress

The following figures reproduce the company's previously reported baseline and current emissions. Scope 1 and Scope 2 were reported as not applicable in the baseline year and are shown as 0.0 for arithmetic presentation. The 2024/25 values are retained exactly as previously reported.

Emissions source	2023/24 baseline (tCO2e)	2024/25 reported (tCO2e)	Change
Scope 1	0.0*	0.1	+0.1
Scope 2	0.0*	1.8	+1.8
Scope 3, included sources	16.5	13.5	-3.0
Total emissions	**16.5**	**15.4**	**-1.1 (-6.7%)**

** The prior plan described Scope 1 and Scope 2 as "not applicable" in the baseline year. No baseline emissions were included in those rows.*



Interpretation of progress

The reported footprint reduced from 16.5 tCO2e to 15.4 tCO2e, an absolute reduction of 1.1 tCO2e or 6.7%. Because the legacy footprint is not disaggregated, the company does not attribute this reduction to individual initiatives without supporting evidence.

The company's current model has no dedicated operational office estate. The 0.1 tCO2e Scope 1 and 1.8 tCO2e Scope 2 values reported for 2024/25 may relate to facilities, energy arrangements or classifications applicable during that reporting year. These values will be reconciled during the next inventory. They have not been altered in this plan.

5. Scope 3 category coverage

PPN 006 requires reporting of five specified Scope 3 categories. The table below shows how each category was treated in the legacy inventory and the control that will apply in the next inventory. It also identifies additional emissions that are more material to a remote digital health provider.

Category	Current reporting position	Required treatment going forward
Upstream transportation and distribution	Not separately included in the legacy footprint. Core services are digital, although occasional delivery of IT equipment or supplies may occur.	Assess courier and inbound logistics records. Report a value or an evidence-based zero; do not assume zero without checking activity.
Waste generated in operations	Not separately included. There is no dedicated office waste stream.	Capture disposal of company-owned equipment and any other controlled waste using provider records, weights or documented estimates. Retain WEEE certificates.
Business travel	Included within the aggregate Scope 3 total, but not separately quantified.	Capture rail, air, mileage, taxi, accommodation and other travel by mode and distance. Record all exceptions to remote delivery.
Employee commuting	Commuting and homeworking were considered within the aggregate Scope 3 total. No separate value is available.	Routine commuting to a Dr Julian office is currently nil because there is no dedicated operational office. Estimate homeworking energy separately using a documented methodology.
Downstream transportation and distribution	Not separately included. Dr Julian ordinarily supplies digital services rather than physical products.	Confirm annually whether any physical distribution occurred. Report zero or not applicable only where the activity review supports that conclusion.
Additional: purchased goods and services	Included within the aggregate Scope 3 total.	Prioritise material cloud, software, outsourced development, professional services, laptops, monitors and peripherals. Use supplier or spend data as appropriate.
Additional: homeworking and digital infrastructure	Homeworking heating and cooling were included. Hosting data were identified for improvement.	Document workforce assumptions and request cloud provider emissions or energy data. Track compute, storage and data-retention optimisation actions.

Materiality for Dr Julian

The most relevant residual emissions are expected to arise from homeworking energy, cloud and digital infrastructure, purchased technology and professional services, and company-owned equipment. Office energy, company-fleet emissions, routine commuting and downstream physical distribution are expected to be low or nil under the current model, but will still be assessed.

6. Emissions reduction targets

The company has adopted the following gross-emissions pathway against the 2023/24 baseline of 16.5 tCO2e. Targets will be reviewed when the enhanced inventory is complete. Any restatement will preserve the same level of ambition and will be explained publicly.

Milestone	Target	Maximum footprint	How progress will be demonstrated
Reported 2024/25	6.7% reduction achieved	15.4 tCO2e	Published footprint and supporting calculation records
By 31 March 2030	At least 40% gross reduction	No more than 9.90 tCO2e	Annual absolute footprint, category data and intensity measures
By 31 March 2035	At least 70% gross reduction	No more than 4.95 tCO2e	Verified progress against operational and supply-chain actions
By 31 March 2040	Net Zero across UK operations	Gross emissions reduced as far as reasonably practicable; verified removals only for residual emissions	Board-approved annual reporting and evidence for any residual-emissions treatment

Supporting intensity measures

Absolute tCO2e remains the primary measure. From the enhanced annual inventory, the company will also report at least one operational intensity measure, such as tCO2e per 1,000 completed clinical appointments and, where useful, tCO2e per £1 million of revenue. Intensity measures will explain the effect of business growth but will not replace the absolute reduction commitment.

7. Completed and embedded initiatives

Measure	Embedded practice
Remote-first corporate model	No dedicated staffed operational office estate and no company vehicle fleet. Head-office and Board activity are remote by default.
Digital-first service delivery	Secure digital pathways, clinical documentation, reporting, invoicing, contracts and governance papers reduce routine travel, paper and postage.
Remote implementation and oversight	Contract implementation, training, supervision, operational support and service governance are normally delivered by video or telephone.
Travel controls	Company travel is limited to clinically necessary, contractually required or strategically justified activity rather than routine attendance.
Initial footprint and public planning	A baseline and subsequent reporting-year footprint have been established, with a Board-level Carbon Reduction Plan and annual review commitment.
Supplier considerations	Environmental performance and net zero commitments are considered during material supplier selection and reassessment.
Historic environmental support	Previous support for tree or woodland initiatives has not been deducted from gross emissions and is not used to claim carbon neutrality.

8. Action plan for 2026 to 2030

The following measures will be applied across the business and, where relevant, in the performance of contracts. Detailed evidence will be retained through the annual carbon workbook, procurement records, travel records, cloud and equipment reviews, and management minutes.

Action	Delivery commitment	Measure and evidence	Accountable function
1. Enhanced annual inventory	Reconcile Scope 1 and Scope 2 and separately assess all five required Scope 3 categories, homeworking, cloud, equipment and material purchased services.	Annual calculation workbook; assumptions log; evidence register; updated public CRP.	CEO with Finance and Operations
2. Remote-first governance	Keep Board, leadership, implementation, training, supervision and routine contract meetings remote by default.	Meeting-format monitoring and exception log. No new dedicated office without an environmental and business case.	CEO and COO
3. Business travel	No routine travel where a secure and effective remote option exists. Prefer lower-carbon modes where travel is necessary.	100% of reimbursed travel coded by mode and included in annual footprint; flights and hotels recorded separately.	Operations and Finance
4. Cloud and platform efficiency	Undertake an annual review of compute, storage, backups, environments and data retention, consistent with clinical, legal and security duties.	Cloud usage review; right-sizing and decommissioning actions; provider carbon or energy data requested annually.	CIO and Head of Technology
5. IT equipment circularity	Extend secure device life through repair, redeployment and responsible refresh; securely wipe and recycle end-of-life company equipment.	Device register; average life; repair/redeployment records; 100% of end-of-life company devices supported by WEEE or equivalent evidence.	Technology and Operations
6. Responsible procurement	Include proportionate climate questions in onboarding and review of strategic or material suppliers and subcontractors.	100% of new strategic suppliers assessed; preference for credible CRPs, targets and energy-efficient service delivery where relevant.	Procurement owners and Information Governance
7. Paper, print and postage	Maintain digital records, signatures, invoices, Board papers and contract reporting by default, with exceptions for accessibility, patient choice or legal need.	Print and postage monitored; no routine bulk printing; exceptions documented where material.	Operations and Clinical Governance
8. Workforce engagement	Provide annual guidance on remote-working energy, equipment use, travel decisions and waste handling.	Annual communication or briefing; periodic homeworking and commuting data collection.	People and Operations
9. Management review	Review progress at least annually and after material organisational change or significant new premises, fleet or contract-delivery requirements.	Board or management-body minutes; corrective actions; public update within the review cycle.	Board and CEO

Longer-term priorities from 2030 to 2040

- Continue absolute reduction in cloud, purchased-service, homeworking, equipment and travel emissions as technology, supplier data and lower-carbon alternatives improve.
- Use contractual influence with material technology and service suppliers to seek credible transition plans, energy efficiency and progressively lower-carbon delivery.
- Review any future office, vehicle or physical-service expansion against the 2040 pathway before commitment.
- Address only residual, unavoidable emissions through high-quality, independently verified greenhouse gas removals, disclosed separately from gross emissions.

9. Environmental measures applied when performing contracts

The following controls are part of Dr Julian Medical Group Ltd's standard delivery model and will be applied proportionately when performing contracts:

- Remote mobilisation, training, clinical supervision, contract management and governance wherever this is secure, effective and acceptable to the contracting authority.
- Digital patient pathways, clinical records, outcome collection, correspondence, invoicing and reporting, with accessible non-digital alternatives where required.
- No routine contract-related flights, hotels or car journeys when a remote option is available. Any exception is recorded and included in the organisational footprint.
- Cloud and data-storage capacity reviewed to reduce idle resources and unnecessary retention while preserving clinical safety, information governance, security and legal obligations.
- Company-owned equipment repaired or redeployed before replacement where secure and practical, with certified disposal at end of life.
- Proportionate environmental review of strategic suppliers and subcontractors, particularly cloud, technology, development and equipment providers.
- Provision of relevant emissions, action-plan or sustainability information to contracting authorities where the contract requires it.

> **NHS Scotland alignment**
> NHS Scotland National Procurement requires Carbon Reduction Plans for relevant and priority tenders and monitors supplier plans against its 2040 net zero target. Dr Julian's company-wide 2040 commitment, remote-first delivery model and contract controls are designed to support that requirement.

10. Governance, review and publication

Control	Approach
Board oversight	The Board of Directors approves the net zero commitment, reviews progress and challenges material variance from the pathway.
Executive accountability	The Chief Executive Officer is accountable for this plan. Relevant executive and operational leads own data collection and delivery actions.
Annual review	The footprint and plan will be reviewed at least annually, and earlier after material changes to the organisational boundary or operating model.
Evidence retention	Calculation workbooks, source records, assumptions, supplier information, travel data, equipment and waste records will be retained proportionately.
Corrective action	Material gaps or missed milestones will result in a documented corrective action plan and will be reported honestly in the next published update.
Publication	The latest approved plan will be published on the company's UK website. Previous versions will be retained or clearly archived to show progress and avoid conflicting public statements.

11. Declaration and sign-off

This Carbon Reduction Plan has been prepared for Dr Julian Medical Group Ltd with reference to SPPN 3/2022 and using the structure and reporting principles of PPN 006, the Greenhouse Gas Protocol Corporate Standard and the Corporate Value Chain Scope 3 Standard. The historical footprints are reproduced from the prior approved plan and the limitations of the legacy data are disclosed transparently.

The plan commits the company to improve category-level data, apply the environmental management measures described when performing contracts, report progress annually and achieve Net Zero greenhouse gas emissions across UK operations by 31 March 2040 at the latest.

Board approval	This plan was reviewed and approved by the Board of Directors.
Board approval date	2 September 2026
Signed on behalf of the supplier	Dr Julian Nesbitt

Board approval	This plan was reviewed and approved by the Board of Directors.
Position	Founder and Chief Executive Officer
Date of sign-off	2 September 2026

12. Standards and references

Scottish Government: Public procurement - taking account of climate and circular economy considerations: SPPN 3/2022

Cabinet Office: PPN 006: Taking account of Carbon Reduction Plans in the procurement of major government contracts

Cabinet Office: PPN 006: Technical standard for Completion of Carbon Reduction Plans

Department for Energy Security and Net Zero: UK Government conversion factors for company reporting of greenhouse gas emissions

GHG Protocol: Corporate Accounting and Reporting Standard

GHG Protocol: Corporate Value Chain Scope 3 Standard

Scottish Government: NHS Scotland climate emergency and sustainability annual report 2025

Document control

Document title	Carbon Reduction Plan
Organisation	Dr Julian Medical Group Ltd
Version	3.0
Classification	Public
Publication date	2 September 2026
Document owner	Founder and Chief Executive Officer
Approved by	Board of Directors
Next scheduled review	At least annually and earlier following material organisational change
Supersedes	Carbon Reduction Plan v2.0 dated 20 November 2025

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