Consultation on EMR data flows

We invite you to respond to the questions on this form. Please submit responses entitled 'Consultation on EMR data flows' to emr@elexon.co.uk by 5pm on 7 March 2014.

Your details

Respondent	*Kevin Kennedy*
Company name:	*GDF SUEZ Energy International (UK-Europe)*
Email address:	*Kevin.kennedy@gdfsuez.com*
Role of stakeholder represented	*GDF SUEZ Energy International (UK-Europe) operates a diverse portfolio of assets, including gas, coal, pumped storage and renewable generation, as well as a retail business and a trading function.* *BSC Parties: IPM Energy Trading Ltd, First Hydro Company, Rugeley Power Generation Ltd, Indian Queens Power Ltd, Saltend Cogeneration Company Ltd, Deeside Power Ltd, GDF SUEZ Marketing Ltd., Teesside Energy Trading Ltd., Teesside Power Ltd.* *Roles:* ***CfD*** *CfD supplier* *CfD generator: Transmission connected* *Distribution connected* ***Capacity Market*** *CM Supplier* *CM Capacity Provider* *CMU type: CMRS Transmission CMU* *CMRS Embedded CMU* *Non-CMRS* *Customer Demand Response*
Does this response contain confidential information?	*No*

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Consultation questions

Option 1: Sending files as email attachments	
Question 1.1	Do you agree that sending and receiving electronic data files as email attachments is an appropriate mechanism for parties who wish to minimise their investment in IT systems? If not, what alternative would you propose?
No – we would not propose sending/receiving electronic data files as email attachments due to security concerns. Secure FTP sites with simple file acknowledgement would be more appropriate as a minimal solution.	
Question 1.2	Would you be likely to use this mechanism yourself? If so, would you see this as a permanent solution, or a temporary workaround?
No	
Question 1.3	Do you agree that XML is an appropriate open standard to use for the data files attached to these emails? If not, what alternative would you propose?
Yes – XML is entirely appropriate & desirable.	
Question 1.4	Do you agree with our proposal that the settlement systems should also attach human-readable versions of each file (in PDF format) to outgoing emails?
Yes.	
Option 2: Other potential mechanisms for sending and receiving data	
Question 2.1	What do you see as the pros and cons of the options outlined above? Which option(s) do you see as most appropriate?
Secure FTP – simple to use, universally available technology, could be access from a desktop 'manually'. Web Services / SOAP etc – slightly more sophisticated, more aligned with modern application design & technologies. Web Portal – similar to Web Services in that can be automated via application services, but also could be used 'manually'. If improved market access is the issue, then it should be possible to offer all of the above as additional mechanisms.	
Question 2.2	Are there any other options that we should be considering?
No	
Option 3: Possible use of existing industry networks to exchange data	
Question 3.1	Do you agree that the DTN is the appropriate mechanism for HHDAs to provide data to the settlement systems (provided that the obligation to do so is in the BSC)?
Yes	
Question 3.2	Do you believe it is appropriate to allow existing networks (i.e. DTN and/or CVA network) to be

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	used for other EMR purposes (unrelated to the BSC or other existing industry codes)? Please provide your rationale.
If the question relates to whether DTN and CVA networks should be used for EMR data flows, then we would agree. Parties who currently use DTN and CVA networks may wish to extend their existing systems and interfaces to continue to use these networks to receive EMR data (as opposed to developing new networks or systems to receive EMR data).	
Question 3.3	Do you agree that the costs incurred in using networks in this way should be recovered from parties who choose to make use of this option? If so, should this apply to all such costs (including for example the costs of including appropriate functionality in the settlement systems.)? Or should it apply only to those costs directly attributable to individual data recipients (e.g. DTN data transfer charges)?
We agree that directly attributable costs should be recovered from specific parties – eg DTN data transfer charges should be applied as they are now. However, it is unclear what the proposed mechanism is for recharging costs for providing additional functionality in settlement systems for generating data files in the 'legacy' file format, or the costs for providing the additional transfer mechanisms in outlined in 2.1. It also seems inappropriate for existing parties to bear all the costs of changes, and no mechanism for some of these costs to be recovered from new/future parties.	
Question 3.4	What changes would be needed to existing codes or Licenses to allow the DTN and/or CVA network to be used in this way?
We agree that there should be appropriate code/licence changes to enable mechanisms for proposing and assessing changes to EMR-related data flows.	

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