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	*Paul Jones*
Company name:	*E.ON*
Email address:	*Paul.jones@eon-uk.com*
Role of stakeholder represented	*Please state the role of the stakeholder/stakeholders on whose behalf you are responding (delete as applicable):* *CfD supplier* *CfD generator: Transmission connected* *Distribution connected* *Private wire* *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?
It may be seen as a helpful alternative for some parties, but we would prefer to use the DTN. It is likely that for those parties who currently use DTN the use of an email solution would be more expensive. Over and above the costs associated with a DTN solution they are likely to incur additional hardware and software costs, as well as ongoing operational costs in order to receive, receipt and process files. *Clearly, if there is optionality in how data is delivered this will also come at a cost centrally, in terms of developing the systems and processes for doing so, as well as the ongoing operation and maintenance of those systems and processes.*	
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, we are likely to want to use the DTN from the offset and are unlikely to want to use this as a workaround.	
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?
It is an appropriate standard to use if using email.	
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?
This would appear to be an expensive solution to pursue for little apparent benefit.	
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, as long as the data is uniquely identifiable through data logic, participant relationship and data relationship.	

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Question 3.2	Do you believe it is appropriate to allow existing networks (i.e. DTN and/or CVA network) to be used for other EMR purposes (unrelated to the BSC or other existing industry codes)? Please provide your rationale.
Yes, as long as the data is uniquely identifiable through data logic, participant relationship and data relationship. Although a DTN based solution would still require the development of systems and processes both centrally and for participants, the costs associated with doing so are likely to be lower than using an email based solution. The infrastructure and processes are already in place to route data flows, maintain data relationships and maintain participant relationships. The DTN provides for the receipting of data flows and the functionality to trace flows allows missing data flows to be followed up, making it a more robust solution. It would therefore appear to be the least risk and cost approach.	
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 are generally supportive of costs being charged in a cost reflective manner. Whether it is appropriate to directly charge suppliers in this instance would depend on the costs being recovered and the cost of administering the charging mechanism. Charging these costs to parties would presumably be the responsibility of the CfD Counterparty and the CM Settlement Body who would recover the costs incurred by Elexon in its role as their agent, as well as the costs incurred directly by them. It is arguable that the EMR mechanism should be consistent with the treatment of DTN costs under the BSC. *In terms of what costs would be specifically charged if that was the chosen approach, it would be difficult to recover development costs from specific users. Charging an upfront fee from the first users would mean subsequent users would be free riding on these costs. Spreading the costs over a number of years would require some initial funding and it is not clear who would provide this.* *Of course a cost reflective charging approach should apply to all solutions, not just use of the DTN.*	
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 are not aware of any changes being needed.	

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