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	*Alexandra Pourcelot*
Company name:	*TMA Data Management Ltd*
Email address:	*UDMS@tma.co.uk*
Role of stakeholder represented	*Please state the role of the stakeholder/stakeholders on whose behalf you are responding (delete as applicable):* ***Capacity Market*** *HHDA*
Does this response contain confidential information?	*No*

© ELEXON 2013

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, please see answer to question 3.1	
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, please see answer to question 3.1	
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?
No comment	
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?
No comment	
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?
No comment.	
Question 2.2	Are there any other options that we should be considering?
No comment.	
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, we agree that use of the DTN for HHDA's to send data to the EMR Settlement Agent as it is likely to be a BSC obligation. The data required from the HHDA agents is very similar to that provided for BSC settlement purposes albeit with a lower level of granularity. The DTN is a secure, proven means to send and receive data, it is fully auditable and traceable as well as using defined formats that can be easily interpreted by all parties. The use of Party agents to provide data means that it will be of BSC standard in terms of validation and estimation. The obligation to have at least BSC standards must be maintained throughout the EMR metering data providers to establish an appropriate level of confidence in data quality.	

© ELEXON 2013

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.
Parties accredited/certified to use the DTN or CVA network, should have the option to use these networks to exchange EMR data. The DTN is a well-proven secure means to exchange data in an agreed format. In all likelihood, the data is of similar format/nature as data already being transferred, ensuring a lower development cost option.	
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)?
Parties will only choose this solution to exchange data if it is easier to implement and more secure than the alternatives. The settlement systems development costs should not be recovered from parties and neither should the DTN Transfer data charges. The charges incurred for EMR data transfer, not prescribed by the BSC, clearly should be re-charged to the Elexon subsidiary company for EMR settlement to avoid EMR cost being incorrectly born by BSC Parties, thereby maintaining the ring-fencing principle.	
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?
BSC and MRA change management should be applied to the EMR DTN flows.	

© ELEXON 2013