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	*Colin Frier*
Company name:	*Siemens Operational Services*
Email address:	*Colin.frier@siemens.com*
Role of stakeholder represented	*Please state the role of the stakeholder/stakeholders on whose behalf you are responding (delete as applicable):* ***Capacity Market*** *CM HHDC/DA*
Does this response contain confidential information?	*If yes, then please clearly show which information is confidential.*

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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 email is not appropriate. Would prefer the DTN.	
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?
At best a temporary solution..	
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?
XML is fine if email is chosen.	
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	
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?
SFTP is a possibility, Web Services and Web portal have their own issues with them being in the public domains as does email regarding security. The DTN is still our preferred option.	
Question 2.2	Are there any other options that we should be considering?
None that we can think of.	
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 used for other EMR purposes (unrelated to the BSC or other existing industry codes)? Please provide your rationale.
This would depend on the volumes of new data. If the other EMR volumes start to affect existing Agents delivery or receipt of DTN flows then it should not be allowed. Otherwise cannot see this being a problem, as long as the DTN is not opened up too far.	

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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)?
Cost recovery is vital from our perspective. The increase in the DTN traffic to facilitate this for all of our MPANs would be potentially into £+10K per annum. We would expect reimbursement of the costs incurred in developing and implementing the solution and the on-going operational expenses, including DTN costs of providing the data. To minimise handling expenses any payments should be from a single central point, not from multiple 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?
Requests to HHDC/ HHDA agents should be documented within BSC502/3 respectively.	

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