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	*Ian Hall*
Company name:	*IMServ*
Email address:	*Ian.Hall@IMSERV.com*
Role of stakeholder represented	*Please state the role of the stakeholder/stakeholders on whose behalf you are responding (delete as applicable):* ***BSC Party Agent – HHDA and HHDC***
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 view.	
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?
No view.	
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 view.	
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?
While more preferable than option 1, we initially feel we are more likely to favour option 3 in our role as an existing participant in the Industry, already using the DTN.	
Question 2.2	Are there any other options that we should be considering?
No view.	
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)?
Before answering this point specifically, I note that under point 29, DSR metering option (a), point 579 states "The DSR capacity provider must notify the data collector…to pass the half hourly, non aggregated BSC metered data…to the settlement agent." This contradicts the DECC workshop on 19/11 and the subsequent Option A DTC Strawman document with talks solely about the HHDA agent. *Our understanding and answers submitted are on the basis that it will be the HHDA agent impacted by this Proposal.* *We accept that the DTN is a valid mechanism for HHDAs to provide data to the settlement systems.*	

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We appreciate that the recent DECC consultation has proposed a change to the BSC at a high level however no consideration has yet been given to the subsequent cascadement of the obligations into the supporting documentation or the appropriateness of the document this should be located within. Discussion and agreement on these points is therefore still outstanding.	
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.
We are neutral as to the purpose that the DTN is used for however, as stated above, consideration needs to be given to the location of the requirements and the subsequent charging implications.	
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 all (i.e. development and ongoing usage) costs incurred in using networks in this way should be recovered from parties who choose to make use of this option. With regard to the element of the process in which HHDAs are required to provide data, commercial agreements with the relevant party/s would be necessary to enable HHDAs to charge on all costs they incur in the provision of the data.	
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?
As a HHDA, we don't have a view on this.	

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