Submitter	Bruce Palmer

Questions	Comments
Q1. Do you agree that introducing a regulated EIEP4A will address the issues with EIEP4 described above in 2.6?	Not all issues. EIEP4 is a protocol from retailer to distributor. Current MEP may need to know. Incoming MEP may need to know. Incoming retailer may need to know. None of these are parties to EIEP4.
Q2. If you are a retailer or distributor, does limiting the data provided in the proposed EIEP4A to only medically dependant status at the ICP level meet your operational needs? If not, what additional data would you suggest?	The columns stated are the minimum; nothing else needed. But EIEP4 is the wrong place to handle this.
Q3. Should the use of the EIEP transfer hub be mandatory?	Why mandate it? I note that the Registry hub is a sensible way to send EIEP files. People not using the Registry hub will have a reason. It is not my role to tell them that their reason is invalid. It could be handled as "Use Registry hub unless there is agreement otherwise" But this whole topic should not be going through EIEP4. It should be a field in Registry.
Q4. Do you agree with the objective of the proposed form? If not, why not?	No. 1) Your introduction 2.9 says "*EIEP4A uses the same data format as EIEP4*". No, it doesn't. The specification here is not of the EIEP4 format. It is of the EIEP4 format with most of the columns stripped out. This is not the same format so it cannot be handled by the same program / file format definition. If you intend to use the same format as EIEP4 as described in your introduction, the specification here needs to say "*detail columns are the same as EIEP4 with all columns blank other than…*" 2) 10(a) requires full replacement files to be sent " *whenever any medically dependent consumer information changes*". An ICP could change medical status within ten minutes of another one. A retailer unable to send incremental files as per 10(b) will be required to potentially send a full replacement file within ten minutes of the previous one.

	Clearly this is excessive. The Authority is aiming towards "ensure real-time or frequent updates to better meet operational needs". 10(a) is not a "real time" protocol; at best it is nightly. 3) Nothing in the specification requires timeliness for incremental files. 10(b) "*an 'incremental' file that only provides new or amended medically dependent consumer information … **since the last incremental or snapshot version was provided***". It would be perfectly legal for a trader to send an incremental file once per month. The Authority is aiming towards "ensure real-time or frequent updates to better meet operational needs". A minimum frequency would need to be set for 10(b) or the entire exercise risks not achieving its objectives. 4) You will need to update the EIEP4 protocol to stipulate that its medical dependence fields will be blank. Otherwise distributors could send EIEP4 and EIEP4A with different medical values for the same ICP. The fields should instead be in Registry. Schedule 11.1 clause 9 then solves the timeliness issue. If the Authority is fixated on an EIEP4A approach – because this does not need Code changes and Registry cannot be touched – then: (i) EIEP4A is EIEP4 with all columns present but most blank so the format is the same (ii) Incremental files at least daily but only if there have been changes (iii) Full file monthly to cover the completeness of processing issue below. The EIEP4A incremental files as specified suffer from the same design error as Registry notification (NOT/NMR) files. From an audit aspect it is not possible to show completeness of processing. Unless a file must happen daily even if empty, or each file contains a reference to its predecessor (e.g. a sequence number), then you cannot tell the difference between (i) a file that was never created as there was no data

	to report, (ii) one that was created and never received, and (iii) one received that was never processed.
Q5. Have we identified all the main costs and benefits? If not, what are we missing?	I can only speak for the systems I am responsible for. This is relatively easy to handle, but will not achieve the EA's goals without addressing the timeliness issue, and designing a way that completeness of processing can be proven (i.e. prove we haven't missed an incremental file) or subsequently assured. You make all of this go away by putting the field in Registry.
Q6. Do you agree the benefits of the proposed amendment outweigh its costs?	Doesn't matter because it is the wrong fix for the problem. Put it in Registry as part of the "Trader" fields.
Q7. Does the proposal adequately address privacy concerns? If not, what additional safeguards should be included?	If I am not a market participant with access to Registry, an ICP number is meaningless. If I am a market participant with access to Registry, an ICP Number leads me to an ICP address, and in many cases, the GPS location. Privacy blown. Describing medically dependant data simply by associating it with an ICP number only makes it private for non-Registry participants. However, the nature of the medical dependency is not stated. It is just a flag to cause a separate process to be followed for disconnections and for planned outage. The attribute could be "Electrical Dependency Present"; medical being just one type of this. One would not disconnect a doctor's surgery, a dentist, a fire station, a school, a dairy shed etc. without further thought. It is the EA that has made a special case for medical reasons that has introduced the privacy matter. Having it on record in Registry that an ICP has an electrical dependency present is not in itself a privacy issue.
Q8. Do you foresee any practical or technical challenges with implementing ICP-only data exchanges? If so, what mitigations would you propose?	1. Trader being switched to does not have visibility of medical dependence. 2. Revocation in terms of "*Use N if a previous report for this ICP was Y"* is not possible for a trader switched to, as they do not have visibility of any EIEP4A file sent by the previous trader. They will only see this if the attribute is in Registry. 3. Medical dependence details should lapse if the ICP becomes inactive for reason of "vacant premise". A vacant premise disconnected from the grid cannot by definition have a medical dependency.

	4. The field should be a more generic ""Electrical Dependency Present" and held in Registry.
Q9. Do you agree the proposed amendment is preferable to the other options? If you disagree, please explain your preferred option in terms consistent with the Authority's statutory objective in section 15 of the Electricity Industry Act 2010.	The field should be in Registry. That way: (i) all participants with access to the ICP can see it and will receive an automatic notification file if details change (ii) Registry provides effective dating of any changes as well as supporting reverse/replace (iii) Registry is supposed to be the database of record for ICP-related information (iv) There are already code compliance thresholds for the number of days Registry updates can lag reality (v) Updating accuracy and days lag for Registry is subject to an existing audit regime and covered by Registry process AC-020. You don't have to invent a new one.