

DCUSA DCP 248 RFI responses – Suppliers

Company	Confidential/ Anonymous	1. How many CT (Current Transformer) metered PC 5-8 customers do you have that will be need to be migrated to HH settlement as a result of P272?	Working Group Comments
Seven Responses	Confidential	35,000 MPANs	Noted
Company	Confidential/ Anonymous	2. How many of these customers have you formally written to via either letter or email to inform them of the need to agree a Maximum Import Capacity with their DNO/IDNO?	Working Group Comments
Seven Responses	Confidential	27,800 MPANs, with confirmation from one respondent that they engage with customers 3 months prior to their contract renewal date.	Noted
Company	Confidential/ Anonymous	3. How many of these customer have you supplied maximum demand data to DNOs for?	Working Group Comments
Seven Responses	Confidential	18,500 MPANs, with confirmation from one respondent that they have supplied maximum demand data to all DNOs that have requested it (which is all of the DNOs and some of the iDNOs).	Noted

Company	Confidential/ Anonymous	4. Please provide any commentary on the information you have provided which you feel may help the Working Group to interpret the data.	Working Group Comments
<p>Summary:</p> <p>Three respondents provided commentary on the information that they provided. The first respondent confirmed that they were happy to help DNOs engage with customer during the P272 migration period and that the ability to retrospectively update a MIC is both reasonable and in line with the settlement of other industry costs. The second respondent noted that of the 50 requests to confirm the MD, seven of these did not fall within the P272 criteria and that they may have identified a way to obtain MD data from the D0010 flow, however this has not yet been tested. The final respondent commented that some DNO's and IDNO's have disregarded the recorded MD, and applied a MIC which has no bearing on the customers current demand requirements, which may only be identified when the customer sees this MIC charge on their supply bill.</p>			
Confidential	Confidential	<p>The capacity is an agreement between the customer and the DNO which it appears has not been maintained since this was removed from the charging mechanism. Similar to comments to Suppliers during the P322 deliberations the need for this data is not a surprise and there has been sufficient time to engage with customers to agree information.</p> <p>As a Supplier we are happy to help with any DNO requests in this area which we have done by providing customer contact details, MD data and supporting through our customer engagement activities. We can appreciate that not all customers will respond to DNO</p>	Noted

		<p>communications but again we are supportive of the need to agree a capacity when we start contract renewal obligations.</p> <p>The proposed solution to allow retrospective updates to capacity is both reasonable and in line with the settlement of other industry costs, so regardless of P272 & P322 it could be argued that this flexibility should always have been available to provide accurate costs to customers.</p>	
Confidential	Confidential	<p>We have received requests to confirm MD for approximately 50 MPANs. Of these there were 7 that did not fall in to P272 criteria.</p> <p>We have investigated and identified that we may be able to get MD data from D010 dataflows through one of our systems. A report has been produced by IT but we have yet to test and confirm the information is accurate before it can be used to provide MD.</p>	Noted
Confidential	Confidential	<p>It has become apparent some DNO's and IDNO's have disregarded the recorded MD, and applied a MIC which has no bearing on the Customers current demand requirements.</p> <p>Although we have used, and passed to the DNO's and IDNO's, the most appropriate up to date contact details,</p>	Noted

		<p>it's clear these letters, from both parties are 'falling on deaf ears' and it won't be until the Customer sees this MIC charge on their supply bill any action will be taken to challenge this 'deemed' MIC.</p>	
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