

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to the issues raised in the peer review report. Authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and make point-by-point responses to the issues raised in the peer-review report(s), which are listed below:

Reviewer #1:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** Well written paper highlighting an important area for prevention and treatment.

Reply->Reviewer #1: Thank you for reviewing and the feedback.

Reviewer #2:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** This is an informative paper that is based on care planning and implementation of a diabetes control protocol. The review article appears to be relevant to diabetes care and is useful for providing general guidance to both practitioners and patients. The care plan strategy supplemented by the adoption of KMAP-O framework would be more useful for diabetes care. It is unclear if the paper has adequately addressed the limitations of the strategy. Several critical questions have yet to be addressed: 1) Is there any randomized trial study that used the care plan strategy? 2) What is the adherence level in the clinical practice? 3) How does the practitioner or diabetes educator monitor the compliance level? 4) Is there a potential to convert the care plan system into a digitalized health format for more careful evaluation? 5) Is the care plan flexible or individualized for patient care? 6) Are there any detailed indicators used to monitor the care process and outcomes of the strategy?

Reply->Reviewer #2: Thank you for reviewing and the feedback. I have fully complied with all the suggestions. The details are:

- 1) No, there was no randomized trial that used the care plan strategy.
- 2) It is very difficult to define the adherence level in the clinical practice. The National Diabetes Audit had mentioned that adherence levels observed in George Eliot Hospital clinics were good.
- 3) We reinforced diabetes education for the diabetes educator, as well as the patients.
- 4) Yes, there is potential for digitalization of care plan system. In fact, we are working with a company (AVATR) on creating an app, but that will take about an year.

5) Yes, the care plan is flexible as well as individualized. National Diabetes Audit Phase III (Figure 3c) clearly states National target levels, and our care plan provides columns for individualized targets. There is a separate care plan for Ramadan.

6) The National Diabetes Audit targets are the indicators used to monitor the care process and outcomes of the strategy.