

THE MURRAY MODEL
(PROPOSED):
**A CLINICAL AND POLICY
FRAMEWORK FOR
IDENTIFYING DIAGNOSTIC
DECLINE AND SUPPORTING
RECOVERY IN WOMEN'S
HEALTH**

INTRODUCING A NEW HEALTH
SYSTEMS MODEL WITH TWO CORE
PATHWAYS:
THE DIAGNOSIS SPIRAL AND THRIVE
ARC FRAMEWORK

WHITE PAPER

**AN INDEPENDENT POLICY WHITE
PAPER ON HEALTHCARE
AUTHOR - DR LIZ MURRAY**

A policy framework to address systemic delays in women's health diagnosis. Transforming the diagnostic pathway from crisis to care.

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Diagnosis Spiral & Thrive Arc



THE MURRAY MODEL (PROPOSED): A CLINICAL AND POLICY FRAMEWORK FOR IDENTIFYING DIAGNOSTIC DECLINE AND SUPPORTING RECOVERY IN WOMEN'S HEALTH

WHITE PAPER

INTRODUCING A NEW HEALTH SYSTEMS MODEL: THE TRANSFORMATIVE HEALTH MODEL. A FRAMEWORK WITH CLINICAL PATHWAYS THAT ALLOW FOR TRANSFORMING THE DIAGNOSTIC PATHWAY IN WOMEN'S HEALTH FROM CRISIS TO CARE.

This white paper presents an independent clinical and policy framework developed by Dr Liz Murray. It is intended to stimulate discussion, research and policy development in women's health.

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March 2026

Murray L. The Murray Model: A Framework for Identifying Diagnostic Decline and Supporting Recovery in Women's Health. Policy White Paper. 2026.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

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The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

EXECUTIVE BRIEF

This paper introduces the Murray Model, a proposed clinical and policy framework describing the trajectory patients may experience when diagnostic delay leads to progressive decline, and the interventions required to support recovery.

THE PROBLEM

Women in the UK wait an average of X years for diagnosis of chronic gynaecological conditions such as endometriosis. Diagnostic delay causes significant harm for patients, with secondary burden to the healthcare system. Most NHS metrics start after a diagnosis, but intervention is needed to prevent and avoid the delay.

WHY THE CURRENT SYSTEM FAILS

The current healthcare pathway unintentionally pushes patients through a predictable cycle of dismissal, fragmentation and decline.

A NEW HEALTHCARE MODEL

FRAMEWORK

The Diagnosis Spiral > Thrive Arc model explains how diagnostic delay occurs and how healthcare systems can intervene earlier.

SCORING TOOLS

The Diagnostic Trajectory Score (DTS) scoring system measures diagnostic delay progression, psychological erosion and recovery trajectory.

CLINICAL PATHWAY

Using the DTS, clinicians can be guided to timely intervention to drastically alter the patient diagnostic and recovery trajectory following the clinical pathway.

IMPLICATIONS OF THE NEW MODEL

CLINICIANS

Have a clear tool and pathway that is focused on prevention and earlier intervention to support recovery.

HEALTHCARE SYSTEMS

These tools quantify the diagnostic delay in real time, allowing the NHS and NICE a way to measure improvement in early recognition.

PATIENTS

Empowered to influence their diagnostic trajectory by the patient-reported DTS tool, improved recovery time and overall healthcare outcomes.

RESEARCH

The model allows for reliable metrics in diagnostic delay impact, effectiveness of new services, and outcomes after specialist intervention.

EMPLOYERS/Charity Organisations

External support can be measured to show improvement following intervention to support patients on the diagnostic trajectory.

POLICY ACTIONS

1. Introduce early-recognition triggers in primary care using the proposed DTS scoring system and clinical pathway.
2. Integrate multi-disciplinary women's health services.
3. Embed patient-experience models into clinician education.

OUTCOME

Early recognition, reduction in diagnostic delay, reduced NHS costs, and improved quality of life for patients.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

THE CURRENT SYSTEM: Structural Barriers to Timely Diagnosis and Patient Support

Scale Of the Problem

Across the United Kingdom, patients with chronic and complex health conditions frequently experience **prolonged diagnostic delays, fragmented care pathways, and insufficient support following diagnosis**. These failures are not typically the result of individual clinician negligence but instead arise from **structural limitations within current healthcare systems**.

While the NHS remains one of the most comprehensive publicly funded healthcare systems in the world, it was not originally designed to effectively manage many of the chronic, multi-system, and poorly understood **conditions that disproportionately affect women**.

As a result, patients often **navigate a prolonged and psychologically damaging process** before receiving appropriate diagnosis, treatment, or validation of their symptoms.

The **consequences are significant**: worsening physical health, reduced quality of life, loss of employment, and deterioration in mental wellbeing.

Diagnostic Delay and Fragmented Care Pathways

Many conditions affecting women – including endometriosis, adenomyosis, polycystic ovary syndrome, autoimmune conditions, chronic pain syndromes, and hormonal disorders – require cross-specialty understanding and long-term management.

However, the current healthcare model is largely organised around single-specialty assessment, where symptoms are addressed in isolation rather than viewed within a whole-person framework.

Patients frequently move through a series of referrals across primary care, gynaecology, gastroenterology, pain management, mental health services, and other specialties before a clear diagnosis is reached.

This process often results in:

- Repeated consultations without resolution
- Conflicting clinical opinions
- Loss of continuity of care
- Patients being discharged between services without a clear pathway forward

During this period, patients may undergo multiple investigations, treatments, and referrals while the underlying condition remains unidentified or inadequately treated.

The Facts

760,000+

WOMEN CURRENTLY ON NHS
WAITING LISTS FOR
GYNAECOLOGICAL CARE

6 MILLION

WOMEN IN THE UK ARE
DEALING WITH UNDIAGNOSED
SYMPTOMS

9+ YEARS

ON AVERAGE TO RECEIVE A
DIAGNOSIS OF
ENDOMETRIOSIS

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THE CURRENT SYSTEM: Structural Barriers to Timely Diagnosis and Patient Support

The Normalisation of Symptoms

A critical feature of the current system is the **normalisation or minimisation of symptoms**, particularly those affecting women.

Patients presenting with chronic pain, fatigue, heavy menstrual bleeding, or cyclical symptoms are **frequently reassured that their experiences are “normal”, stress-related**, or within expected physiological variation.

While reassurance can be appropriate in some clinical contexts, **repeated reassurance without investigation can contribute to prolonged diagnostic delay**. Similarly - instigating hormonal treatments without discussing or confirming the underlying diagnosis/suspected diagnosis (and without safety netting) leaves many women without adequate guidance to know when to return if their symptoms fail to improve.

Over time, this normalisation can lead patients to doubt their own experiences, delaying further help-seeking and reinforcing a cycle of under-recognition.

Psychological Impact of Diagnostic Uncertainty

Diagnostic delay does not only affect physical health.

Patients frequently describe the experience of **prolonged diagnostic uncertainty as deeply destabilising**. Without validation or explanation for their symptoms, many begin to **question their own perception of illness**.

This can result in:

- Self-doubt and reduced confidence when seeking care
- Anxiety surrounding unexplained symptoms
- Feelings of dismissal within healthcare settings
- Deterioration in mental health

In some cases, patients may disengage from healthcare entirely, believing that further consultations will not result in meaningful support.

The Facts

76% worsening mental health

DUE TO DIAGNOSTIC DELAYS

69% unable to work

DUE TO HEALTHCARE CRISIS

45,000

WAITING FOR OVER 1 YEAR FOR TREATMENT

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

THE CURRENT SYSTEM: Structural Barriers to Timely Diagnosis and Patient Support

Functional Decline and Societal Impact

When symptoms remain untreated or poorly managed, many patients experience progressive decline in their functional ability.

This may include:

- **Reduced ability to work or maintain employment**
- **Increased reliance on social support systems**
- **Relationship strain and caregiving burdens**
- **Loss of independence and reduced quality of life**

For the healthcare system, **delayed diagnosis also results in increased long-term costs**, including repeated consultations, unnecessary investigations, **emergency care utilisation**, and **advanced treatment for disease that could have been addressed earlier**.

The Missing Framework for Patient Trajectory

Despite the widespread nature of these experiences, **there is currently no widely adopted clinical framework that maps the patient trajectory** from early symptoms through diagnostic delay to recovery and long-term management.

As a result:

- Clinicians may struggle to recognise patterns of decline early enough to intervene.
- Patients have limited tools to communicate the progression of their symptoms.
- Healthcare systems lack measurable indicators of where patients are being lost within care pathways.

Without a shared model for understanding this trajectory, opportunities for earlier recognition, intervention, and patient support are frequently missed.

The Facts

65% Primary Care

PHYSICIANS REPORTD THEIR OWN WELLBEING AFFECTED BY PRESSURES

33% increase in emergency care

FOR WOMEN SEEKING SUPPORT TO MANAGE THEIR SYMPTOMS

THE NEED FOR A STRUCTURED MODEL

To address these systemic challenges, there is a need for a structured framework that:

- maps the stages patients move through during diagnostic delay
- provides clinicians with a tool to recognise patterns of decline
- enables patients to communicate their experiences more clearly
- supports earlier intervention and improved outcomes

The **DIAGNOSIS SPIRAL** and **THRIVE ARC framework** has been developed to address this gap by providing a structured model of patient decline and recovery within healthcare systems.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

1. Overview of the Model

The Transformational Health Model is a conceptual and clinical framework designed to describe and intervene in the trajectory experienced by patients living with complex, poorly understood, or frequently dismissed health conditions.

The model proposes that patient outcomes are not solely determined by disease pathology but are strongly shaped by health system interactions, diagnostic delay, and support structures.

Two contrasting trajectories are defined:

- **The Diagnosis Spiral (DS)** – a pattern of clinical decline that occurs when symptoms are repeatedly normalised, dismissed, or fragmented across services.
- **The Thrive Arc (TA)** – a recovery-oriented trajectory that begins once validation, understanding, and structured support are introduced.

Together these trajectories form a dynamic framework describing patient movement between decline and recovery within healthcare systems.

The Model Serves Three Purposes:

- 1. Conceptual clarity** – describing common patterns experienced by patients with delayed or complex diagnoses.
- 2. Clinical utility** – allowing clinicians to recognise when a patient is entering systemic decline.
- 3. Operational guidance** – offering a pathway for intervention that redirects patients toward recovery and stability.

The framework is intended for use by:

- clinicians
- healthcare systems
- patient support services
- policymakers
- patients themselves

to better identify, measure, and intervene in harmful care trajectories.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

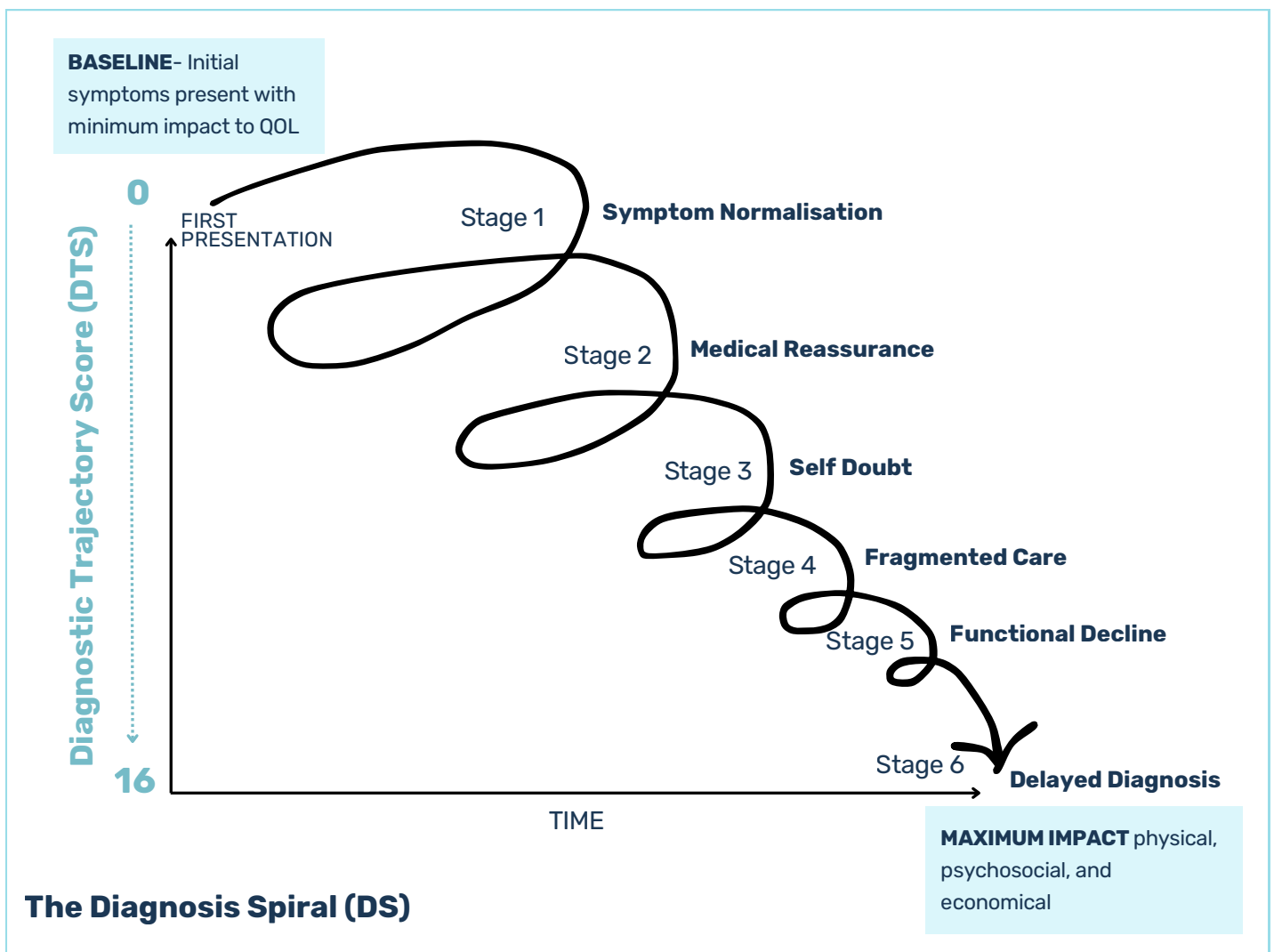
2. The Diagnosis Spiral (DS)

The Diagnosis Spiral describes the **progressive decline experienced by patients** when symptoms are not adequately **investigated, validated, or supported within healthcare systems**.

Rather than representing disease progression, the **spiral reflects systemic and psychological deterioration caused by diagnostic uncertainty**, fragmented care, and repeated invalidation.

When women are dismissed in healthcare they often enter the Diagnosis Spiral - a cycle of normalisation, self-doubt and fragmented care that can delay diagnosis for years.

Six stages of the spiral have been identified.



The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

2. The Diagnosis Spiral (DS)

STAGE 1

Symptom Normalisation

Initial symptoms are attributed to benign or lifestyle causes. Patients are reassured that symptoms are normal or transient.

This stage often includes statements such as:

- “This is common.”
- “It’s probably stress.”
- “Many people experience this.”

While reassurance can be appropriate, premature normalisation may delay investigation of emerging pathology.

STAGE 2

Medical Reassurance

Patients receive **reassurance** that no serious condition is present **despite persistent symptoms**. Investigations may be limited or **inconclusive**, reinforcing the perception that the patient’s concerns are disproportionate to clinical findings.

At this stage the **patient’s confidence** in the healthcare system remains largely intact.

STAGE 3

Self Doubt

Repeated **reassurance without resolution** leads patients to question their own perception of symptoms. Patients may begin to internalise the possibility that symptoms are exaggerated, psychological, or imagined.

This stage represents the beginning of psychological destabilisation within the diagnostic process.

STAGE 4

Fragmented Care

Patients seek support from multiple clinicians or services, often **without coordination**.

Clinical encounters become **episodic rather than integrated**, and patients frequently repeat their medical history across providers.

Responsibility for care becomes diffuse, and continuity deteriorates.

STAGE 5

Functional Decline

Symptoms continue or worsen while patients lose confidence in the healthcare system.

Functional capacity may deteriorate, affecting:

- employment
- education
- relationships
- mental wellbeing

Patients may withdraw from healthcare engagement due to frustration or perceived futility.

STAGE 6

Delayed Diagnosis

Eventually a **diagnosis may be identified, often after years** of symptoms.

However, by this stage **significant harm may already have occurred**, including:

- prolonged suffering
- avoidable disease progression
- psychological trauma
- social and economic impact.

The spiral therefore illustrates how diagnostic delay can compound patient harm even when the underlying disease remains stable or treatable.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

3. The Thrive Arc (TA)

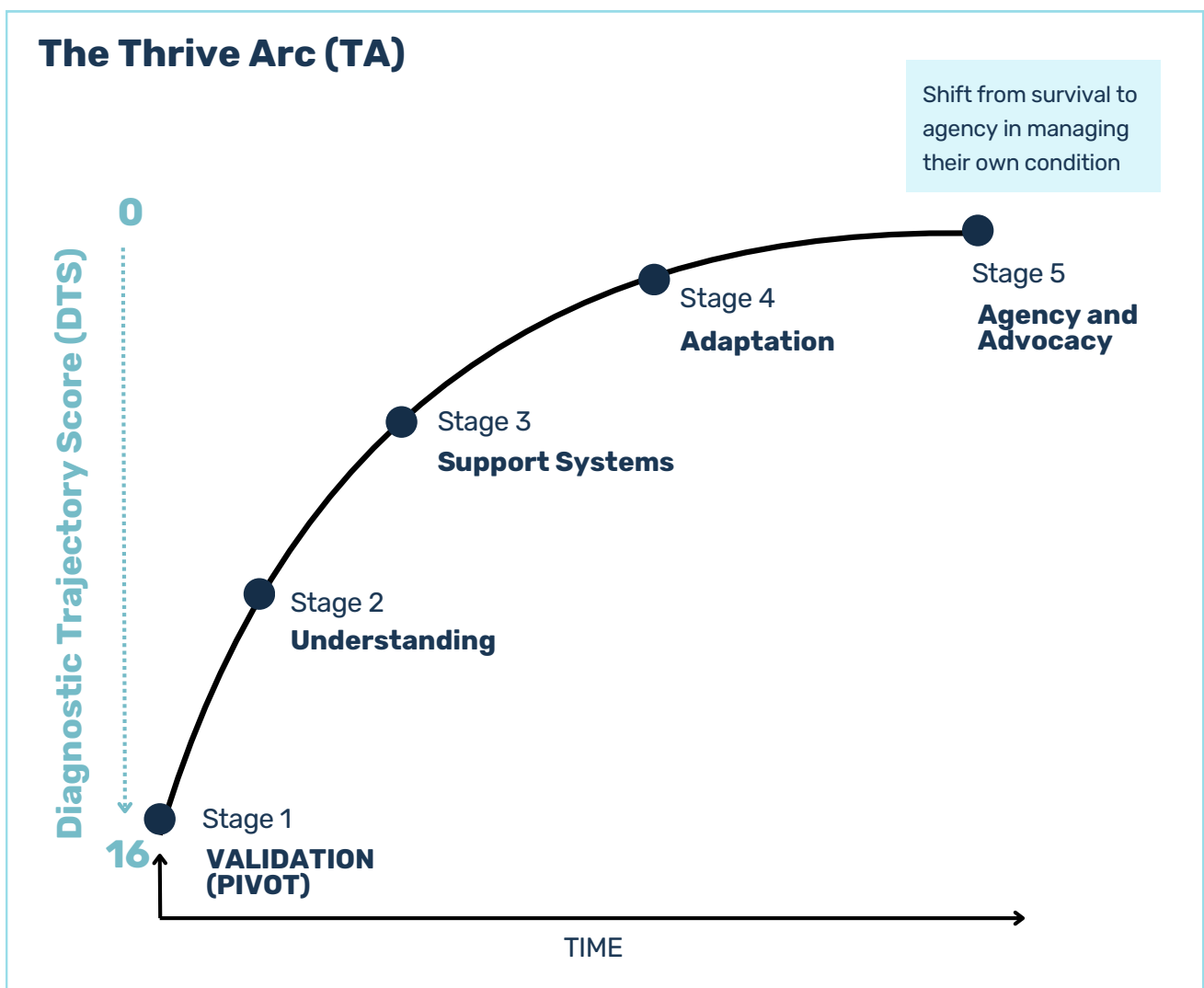
The **Thrive Arc** represents the **recovery trajectory** that can occur when **patients receive appropriate validation, explanation, and structured support**.

The arc is not dependent solely on disease cure. Instead it **reflects improvements in stability, autonomy, and wellbeing** once patients are supported effectively.

The trajectory of the thrive arc and speed of recovery can be influenced not only by the healthcare sector but also by:

- employers
- external support services (charities)
- community support groups
- psychological support

Five stages of the arc have been identified.



The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

3. The Thrive Arc (TA)

STAGE 1

Validation

The **turning point** (pivot) begins when a patient's **symptoms are acknowledged** as legitimate and deserving of **investigation or support**.

Validation may occur through:

- diagnosis
- clinical acknowledgement of uncertainty (sharing the 'suspected diagnosis' with the patient)
- recognition of the patient's lived experience.

This moment frequently represents a profound psychological shift for patients.

STAGE 2

Understanding

Patients gain a **clearer explanation of their condition**, symptom patterns, and management options.

Understanding may include:

- diagnosis
- explanation of chronic illness mechanisms
- realistic expectations of treatment outcomes.

Clarity reduces uncertainty and restores trust in care.

STAGE 3

Support Systems

Patients are connected with **appropriate support networks**, which may include:

- specialist clinicians
- multidisciplinary teams
- patient support organisations
- workplace accommodations.

Care becomes coordinated rather than fragmented.

STAGE 4

Adaptation

Patients begin to **adapt their lives around their condition** and management strategies.

Adaptation can include:

- symptom management plans
- pacing strategies
- treatment optimisation
- lifestyle modifications.

At this stage patients **regain a sense of control** over their health.

STAGE 5

Agency & Advocacy

Patients develop **confidence** and agency in **managing their condition**.

Some individuals also become **advocates**, educators, or contributors to broader **patient support networks**.

The final stage represents a **shift from survival to active participation in health management** and community engagement.

INFLUENCING THE THRIVE ARC (TA)

The TA is a recovery trajectory away from the Diagnosis Spiral (DS) and is instigated by the Pivot intervention. This intervention marks the point of acknowledging the patient's status on the diagnostic pathway, but also the point at which holistic support and appropriate clinical care and practice begins. The clinical pathway outlines how this is approached, but is influenced by healthcare, community support, specialist support, employment and adequate communication and resources. The greater the support, the faster the trajectory on the thrive arc. A confirmed diagnosis is not needed for patient's to change trajectory.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

4. The Pivot: Transition from Spiral to Arc

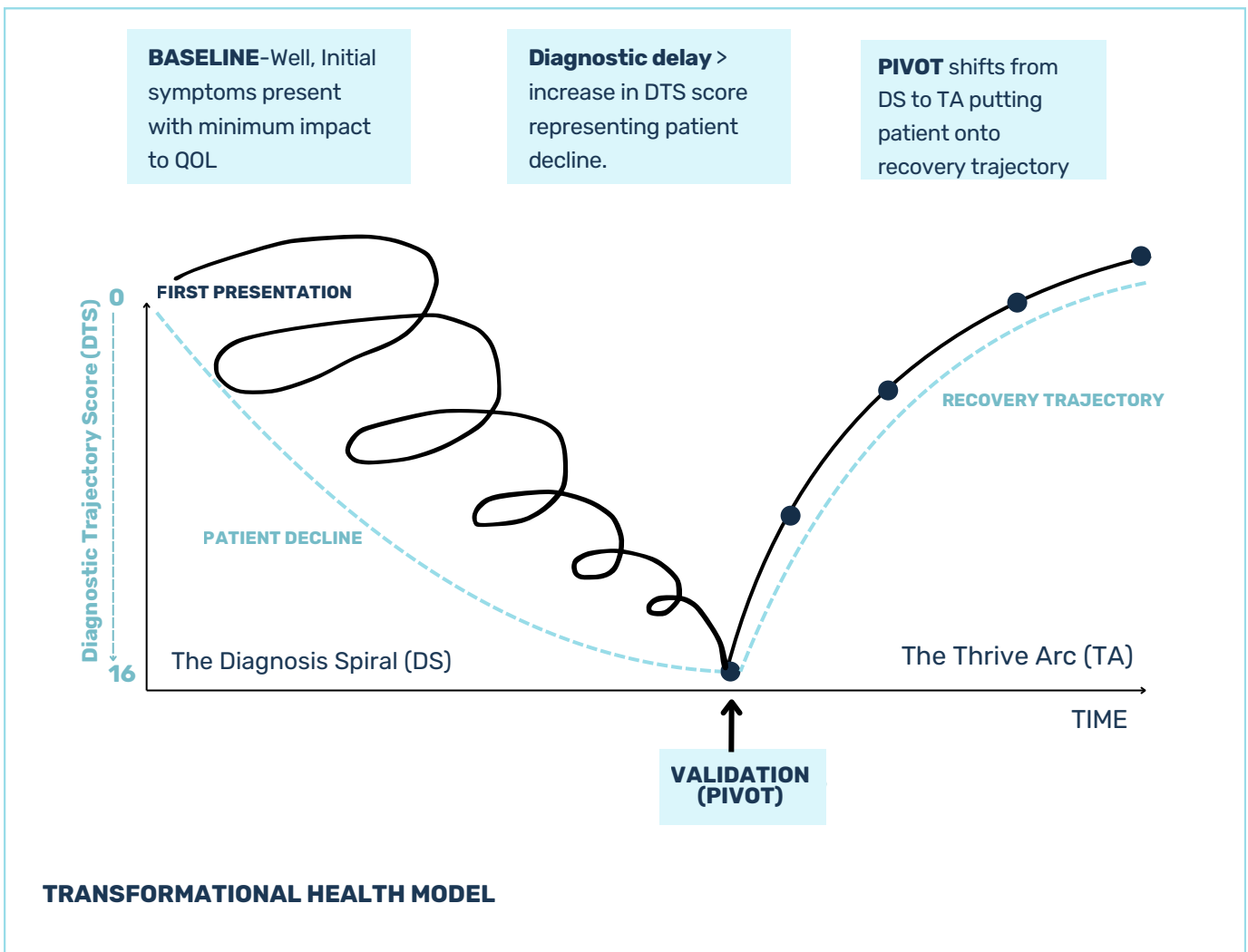
A **critical feature** of the model is the **pivot point** between the Diagnosis Spiral and Thrive Arc.

This pivot often occurs when one of the following happens:

- a clinician recognises and validates the patient's experience
- a diagnosis is established
- a multidisciplinary support system is activated.

The moment of validation either through discussion of suspected diagnosis, confirmed diagnosis, validation of symptoms changes the trajectory direction. Once validation occurs, recovery becomes possible.

A confirmed diagnosis is not needed to pivot a patient from DS to TA. Clear communication sharing the suspected diagnosis (whilst investigations continue, trial treatments commence) with clear safety netting and reinforced validation can have a profound influence on the patient's trajectory.



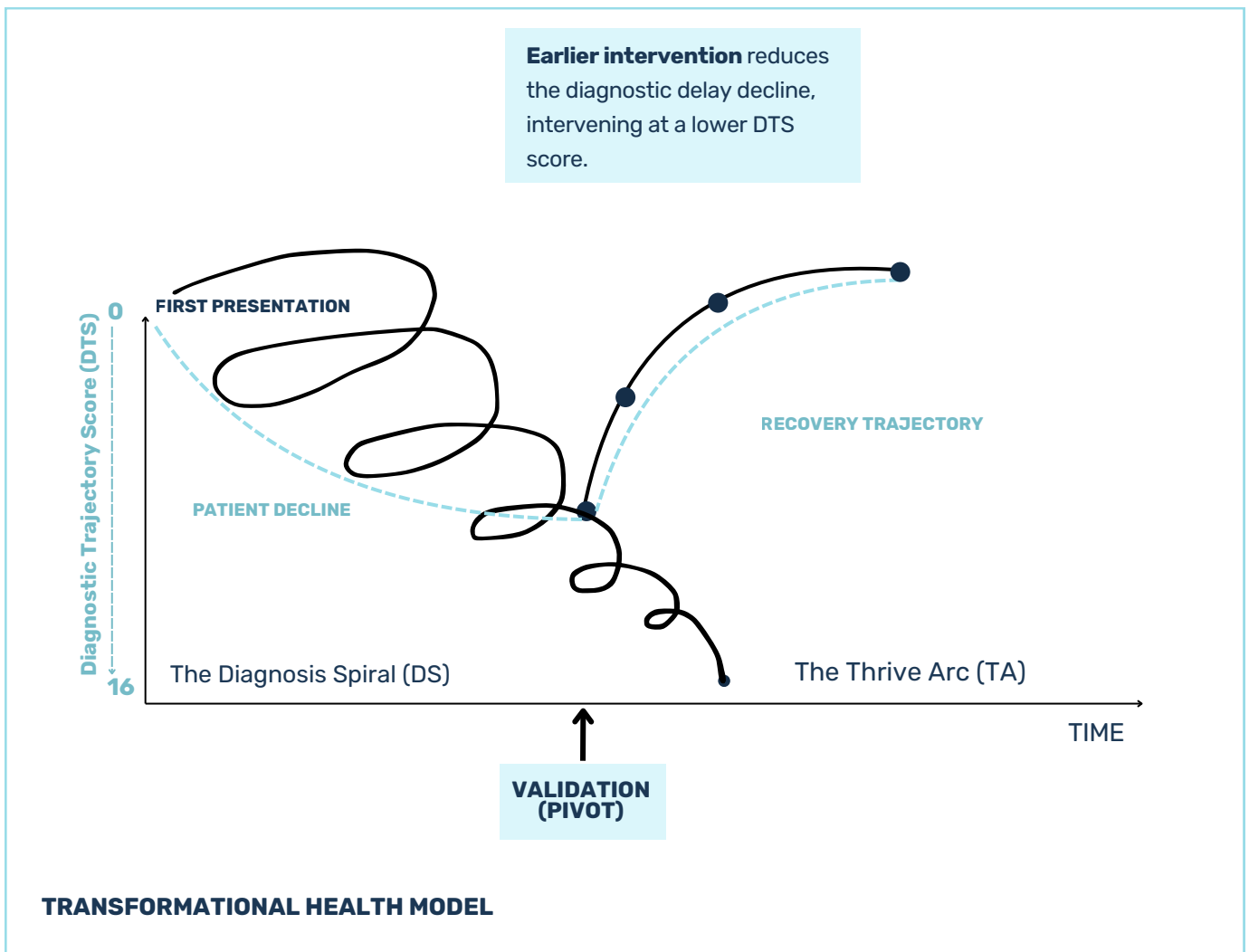
The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

4. The Pivot: Transition from Spiral to Arc

Earlier intervention to pivot from the Diagnosis Spiral improves outcome.

The model emphasises that **earlier pivots** produce **significantly better outcomes**, reducing the cumulative harm associated with **prolonged diagnostic uncertainty**.



The longer a patient remains on the diagnosis spiral, the greater the impact on their wellbeing as they fall into decline (seen by a rise in their DTS score).

A delay in diagnosis is not a slow linear progression, it is a downward spiral. When the right support finally appears - whether through healthcare, community or workplaces, the trajectory can dramatically shift. **With a diagnosis a patient feels relief but also grief for lost years** which can create anger resentment and further distrust in the health care system, **increasing a likelihood into future diagnosis spirals**. Whilst this initial spiral stops - recovery still hasn't started and **the further down the spiral, the more input required to aid recovery**.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

5. The Diagnostic Trajectory Scoring Tool (DTS)

To operationalise the model within clinical settings, a **Diagnostic Trajectory Score (DTS)** has been developed. The tool measures system interaction and patient trajectory; diagnostic delay progression, psychological erosion from repeated dismissal, recovery trajectory once validation occurs.

The **scoring tool** allows clinicians and patients to assess an individual's current position within the Diagnosis Spiral or Thrive Arc.

The tool evaluates multiple domains including:

- symptom persistence
- diagnostic progress
- functional capacity
- healthcare coordination
- psychological wellbeing.

Each domain is scored along a trajectory scale that reflects movement toward either decline (DS) or recovery (TA). Intervention by validation at any point on the DS shifts a patient onto the recovery trajectory (TA). The greater the DTS score, the further in decline the patient is, with higher risk for psychosocial and economic consequences, meaning a greater support input will be required for recovery, and increasing risk of longer term complications.

The scoring tool provides **three practical functions**:

EARLY

IDENTIFICATION

of patients entering systemic decline

STANDARDISED COMMUNICATION

between clinicians

PATIENT-LED REPORTING

of trajectory changes

Patients may also present their score when encountering new clinicians, **allowing rapid assessment** of their current position within the care pathway.

The DTS tool allows for recognition of decline, response to intervention and monitoring for individual patients. The tool is a **quantifiable metric that can aid research**, and impact monitoring. The NHS is currently struggling with a measurable pathway *before diagnosis* (as most NHS metrics start after a diagnosis) and **diagnostic delay is where huge harm occurs and is a significant problem within women's health**. These tools quantify the phase and can assist with national policies and NICE by creating a way to measure improvement in early recognition and intervention.

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Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

5. The Diagnostic Trajectory Scoring Tool (DTS)

CRITERIA	SCORE		
	0	1	2
PRESENTATION NUMBER	FIRST	SECOND	THREE OR MORE
DIAGNOSIS	CONFIRMED	SUSPECTED	UNKNOWN
CLINICAL PROGRESS (PATIENT SUBJECTIVE)	FIRST PRESENTATION	UNCHANGED	WORSE
CLINICAL PROGRESS (CLINICIAN OBJECTIVE)	FIRST PRESENTATION	UNCHANGED	WORSE
MOOD IMPACT	NO	MINOR	MODERATE +
EMPLOYMENT ABSENCE	0-2 DAYS	3-7 DAYS	1 WEEK OR MORE
QOL IMPACT	NOT AFFECTED OR MINIMAL	MODERATELY AFFECTED	SIGNIFICANTLY IMPACTED
RELATIONSHIP IMPACT	NO/NA	MILDLY IMPACTED	IMPACTED

SCORE <6
Not on the diagnosis spiral.
LOW RISK

SCORE 7-10
Patient on the diagnosis spiral and decline has begun.
MODERATE RISK

SCORE 11-16
Significant decline in psychosocial and physical wellbeing.
MAJOR RISK

**Any patient first presenting with new symptoms will start with a DTS score of 2 before even being assessed by a clinician.*

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

5. The Diagnostic Trajectory Scoring Tool (DTS)

The DTS tool presents (with metrics) where the patient is at on their diagnostic pathway, the impact of their ongoing symptoms on their quality of life and can predict longer term consequences. This can be particularly useful for patients transferring between fragmented care for new clinicians to quantifiably see the significance of the patient's journey. The eight criteria capture distinct and significant components to the psychosocial and economic impact of diagnostic delay.

PRESENTATION NUMBER	How many times has the patient presented (across all healthcare systems) for the reported symptoms. This is important to capture fragmented care, lack of continuity in primary care and the duration of the problem. Jess's Rule states that three or more presentations to a GP without a diagnosis should warrant a review of working diagnosis and have a lower threshold for specialist referral.
DIAGNOSIS	Any patient presenting for the first time will begin with a DTS of 2 as their diagnosis is unknown. This marker prompts clinicians to document and discuss what the working diagnosis is, which in itself can prevent patient's from decline on the DS . It is important to ensure documentation as well patient discussion of the underlying diagnosis; unknown (under investigation), suspected or confirmed.
CLINICAL PROGRESS (PATIENT SUBJECTIVE)	Patient's report feeling 'medically gaslit', dismissed or unheard. Recording and acknowledging the patient's subjective account of whether symptoms are getting worse, improving or remain unchanged is vitally important to ensure clinician's are acknowledging subjective clinical status . Discussing this with a patient can further stabilise their position on the DS.
CLINICAL PROGRESS (CLINICIAN OBJECTIVE)	Using standard clinical assessment tools of medical examination, observations and baseline tests this reinforces the diagnostic pathway as clinician-led and also allows for clinician-to-clinician records to easily and quantifiably communicate clinical decline .
MOOD IMPACTED	One of the significant elements and predictors of DS and TA trajectory is the impact of the <i>symptoms and diagnosis status</i> on a patient's mental wellbeing. It is important when having these discussions to reiterate an acknowledgement that any potential mood change is a consequence of the clinical status, not a suspected cause .
EMPLOYMENT ABSENCE	Documenting and discussing impact on employment status/absence is crucial for recognition of severity of symptoms that can often be under-appreciated or dismissed during consultations. Including this can help influence signposting to specialist support services, or communication with employers/signposting to occupational health to protect further DS decline .
QOL IMPACT	Impact of symptoms/diagnosis on QOL can be measured using multiple other clinical tools. These can be used in addition to facilitate further objective metrics. For the DTS a quick insight and patient-reported status is needed. This again can influence signposting and further emphasise clinical decline and impact .
RELATIONSHIP IMPACT	The further on the DS a patient falls, and depending on the underlying problem, the decline can impact relationships which is an element of impact often overlooked in clinical discussions. The inclusion of this is another key determinant of DS/TA trajectory and discussion can prompt vital signposting and support.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

5. The Diagnostic Trajectory Scoring Tool (DTS)

The score of the DTS is intended as a simple indication of DS/TA trajectory, prompt clinical thinking, support signposting and an holistic approach to patient care. The score can be used in two ways:

- monitoring a change in DTS as a determinant of DS/TA trajectory (decline or recovery)
- capturing a level of risk for longer term implications

The higher the DTS, the greater the impact the diagnostic delay is having on the patient's life and the greater amount of support, including clinical, that will be required in time.

SCORE <6

Not on the diagnosis spiral.

LOW RISK

Many patients with acute, self-resolving episodes will fall below 6 on the DTS scale. This is important to still document so that a change can be responded to promptly.

DTS Trigger Score of 7 alerts clinicians patient is on the DS and risks avoidable decline.

SCORE 7-10

Patient on the diagnosis spiral and decline has begun.

MODERATE RISK

Above 7 indicates multiple stages of the diagnosis spiral (DS) has begun and impact of the diagnostic delay is beginning to become more than the physical symptoms. This should warrant a review of the clinical pathway, involvement of support services and consideration of specialist referral.

SCORE 11-16

Significant decline in psychosocial and physical wellbeing.

MAJOR RISK

When patients enter the final stages of the DS, the decline will be such that more extensive support and third party involvement will be needed to aid recovery on the TA. Patients falling into this stage will more likely to have a faster decline on the DS in future episodes due to the experiences and impact of this episode. Mental health support will be needed, with reinforced recognition that the mental health impact is a valid consequence of the experiences, not as a suspected underlying cause of the physical symptoms.

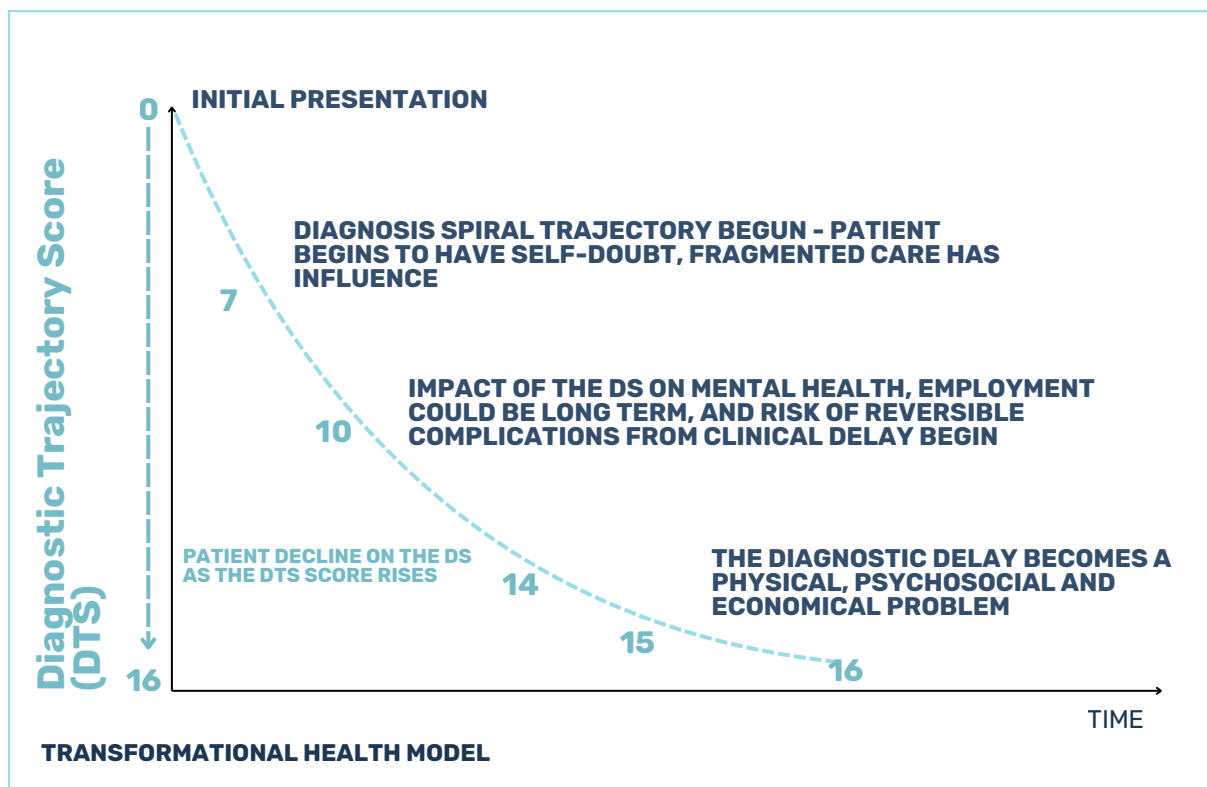
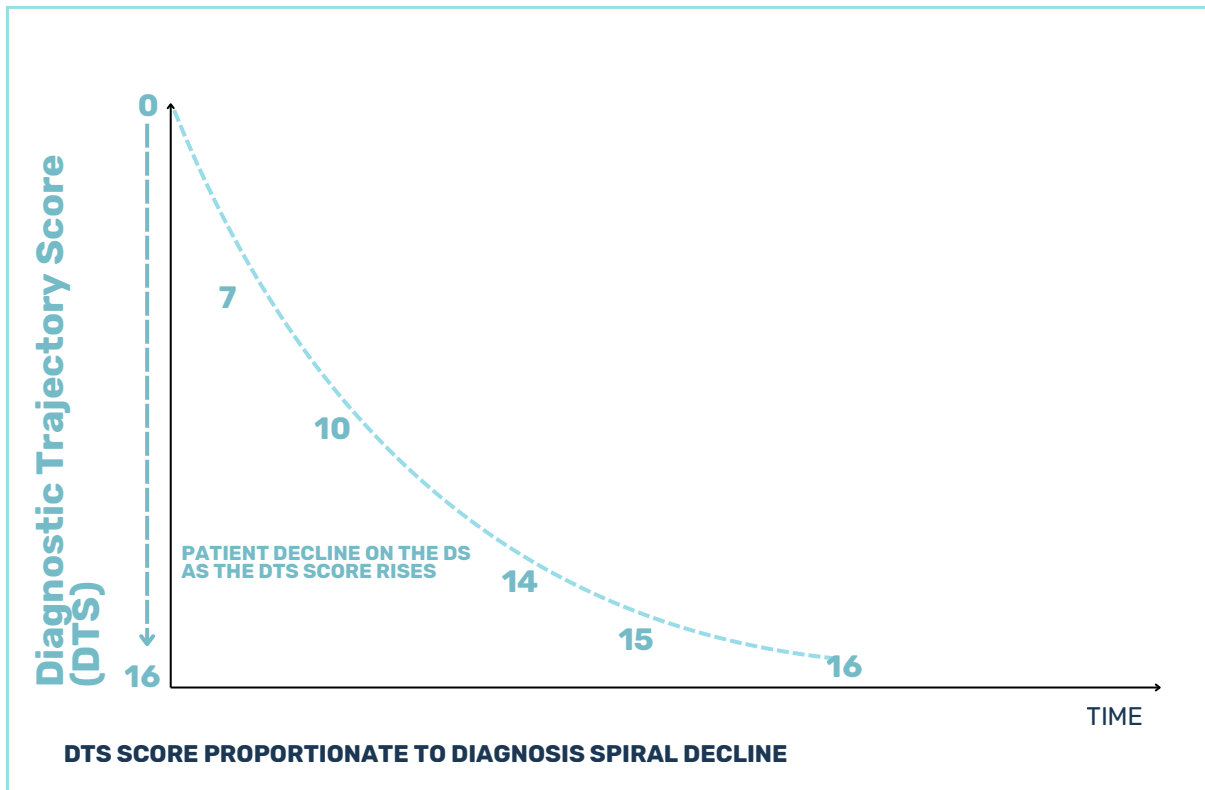
THE HIGHER THE DTS SCORE - THE FURTHER DECLINE ON THE DIAGNOSIS SPIRAL AND THE GREATER THE IMPACT OF DIAGNOSTIC DELAY HAS FOR THE PATIENT.

A HIGHER DTS REFLECTS THE TRANSITION OF A PHYSICAL PROBLEM TO BECOMING A PSYCHOSOCIAL AND ECONOMIC ONE WITH CONSEQUENCES FOR FUTURE CLINICAL EPISODES AND REQUIRING GREATER RESOURCES AND INPUT FOR RECOVERY

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

5. The Diagnostic Trajectory Scoring Tool (DTS)



The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Proposed Clinical Pathway

Integration of the Diagnosis Spiral (DS) and Thrive Arc (TA) Using the Diagnostic Trajectory Score (DTS)

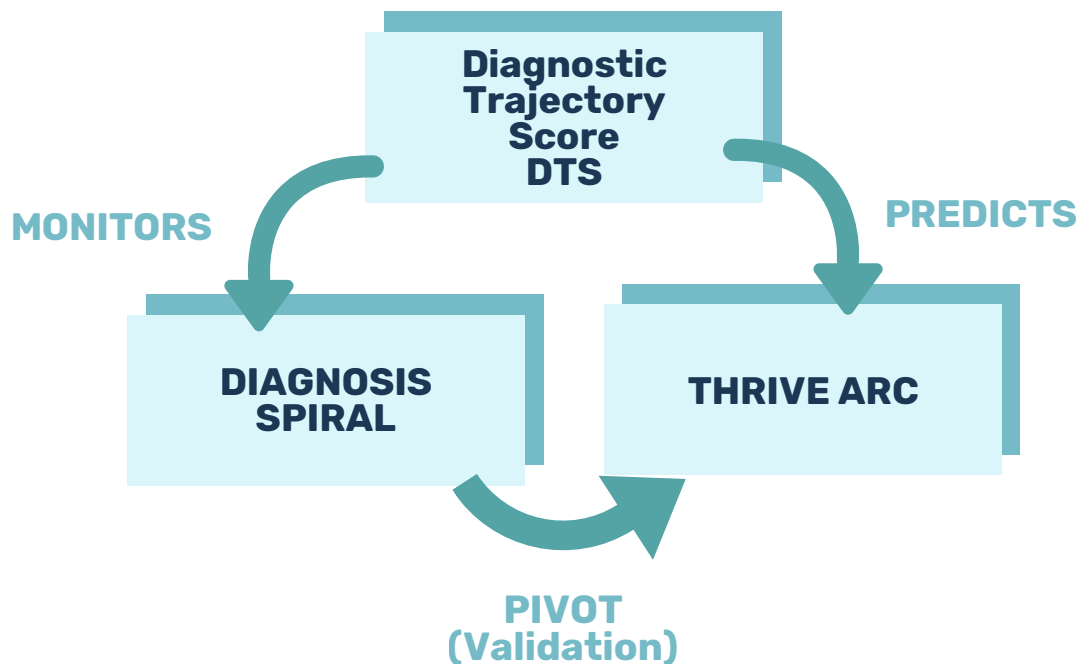
OVERVIEW

The proposed clinical pathway **operationalises the Diagnosis Spiral (DS) and Thrive Arc (TA) framework through the application of the Diagnostic Trajectory Score (DTS)**, enabling structured assessment, stratification, and intervention based on patient trajectory.

The pathway is designed to support:

- Early identification of patients at risk of deterioration
- Standardised assessment of trajectory over time
- Clear thresholds for escalation, investigation, and referral
- Integration of patient-reported experience into clinical decision-making

The DTS functions as a longitudinal tool, allowing both clinicians and patients to track movement along the Diagnosis Spiral and into the Thrive Arc, supporting dynamic and responsive care.



The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Proposed Clinical Pathway

STEP 1

Initial Presentation and Baseline DTS Assessment

At first presentation (or first use of the model), the patient undergoes a baseline DTS assessment. This establishes a baseline DTS score at the first presentation of new symptoms.

This may be completed:

- Clinician-led
- Patient-completed prior to consultation
- Jointly during consultation

Clinical Output:

- Assignment of a DTS score and corresponding stage within the Diagnosis Spiral or Thrive Arc
- Establishment of a baseline trajectory position
- Documented in patient notes for future reference

The DTS captures:

- Symptom persistence and progression
- Functional impact
- Prior healthcare interactions
- Evidence of fragmentation or delay

Clinical Consideration:

Even at early stages, repeated presentations or emerging functional impact should prompt increased clinical attention.

Even if initial presentation appears to have a clear diagnosis, or acute isolated clinical episode, this should be documented. If the patient does not respond to expected treatment, the DTS will form part of the process.

The minimum DTS score a patient may have on first presentation is 2

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Proposed Clinical Pathway

STEP 2

SCORE <6

Not on the diagnosis spiral.

LOW RISK

Risk Stratification and Stage Identification

Based on the DTS, patients are stratified into trajectory bands.

LOW RISK DTS <6 (Early Stage / Symptom Normalisation or Medical Reassurance)

- Symptoms present but limited functional impact
- Minimal prior healthcare interaction

Recommended Approach:

- Safety-netting with clear review timeframe
- Early follow-up if symptoms persist or evolve
- Patient education on when to re-present

Moderate DTS 7-10 (Self-Doubt / Fragmented Care Emerging)

- Ongoing symptoms with increasing functional impact
- Multiple consultations or lack of diagnostic clarity

Recommended Approach:

- Structured re-assessment (avoid repetition without progression)
- Consider targeted investigation
- Review of previous consultations and findings
- Early consideration of multidisciplinary input

High DTS 11-16 (Functional Decline / Delayed Recognition)

- Significant functional impairment
- Repeated or escalating healthcare interactions
- Evidence of diagnostic delay

Recommended Approach:

- Escalation of care and prioritised review
- Comprehensive assessment (biomedical + functional + psychosocial)
- Referral to appropriate specialist services
- Active care coordination

SCORE 11-16

Significant decline in psychosocial and physical wellbeing.

MAJOR RISK

Thrive Arc (Post-Validation and Support Phase)

- Diagnosis established or condition recognised and validated. This could include patient being informed of the 'suspected diagnosis' whilst trial treatments/investigations commence. Safety netting, adequate counselling and information shared.
- Support systems and management strategies in place or signposted to
- Focus on symptom management and functional restoration
- Ongoing monitoring using DTS to track recovery or relapse
- Support for self-management, adaptation, and long-term care planning

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Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Proposed Clinical Pathway

STEP 3

Clinical Decision Points and Escalation Triggers

The DTS enables defined clinical trigger points for action.

These may include:

- **Increase in DTS over time**
 - Indicates progression along the Diagnosis Spiral™
 - Prompt re-evaluation and escalation
- **Crossing defined DTS thresholds**
 - Triggers investigation, referral, or multidisciplinary review
- **High DTS at initial presentation**
 - Suggests pre-existing delay
 - Requires accelerated pathway rather than standard progression
- **Stagnation despite input**
 - Indicates need for pathway reassessment or alternative approach

STEP 4

Longitudinal Monitoring and Review

The DTS is designed for repeated use over time.

Recommended use:

- At each significant clinical interaction
- At defined review intervals
- Following intervention or escalation

Clinical Purpose:

- Track movement along the Diagnosis Spiral or Thrive Arc
- Assess response to intervention
- Identify early signs of relapse or further decline

This supports a shift from episodic care to trajectory-based care.

**Patients DTS scores may fluctuate which should be reviewed the same way as an escalation of DTS score. If patients initially respond to some therapies, but later decline this should be documented and reviewed accordingly.*

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Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Proposed Clinical Pathway

STEP 5

Patient Integration and Shared Decision-Making

A core component of the pathway is patient involvement.

Patients may:

- Complete or contribute to DTS scoring
- Track their own trajectory over time
- Present DTS data when accessing new services

Clinical Benefit:

- Improves continuity across fragmented systems
- Enhances shared understanding of condition progression
- Supports more balanced and informed decision-making

STEP 6

Multidisciplinary and Cross-System Integration

For patients with moderate to high DTS scores, the pathway supports coordinated care across services.

This may include:

- Primary care
- Specialist services
- Allied health professionals
- Mental health support
- Occupational health (where relevant)

The DTS provides a shared reference point, reducing fragmentation and duplication.

SUMMARY

The proposed clinical pathway shifts care from a reactive, episodic model to a proactive, trajectory-based approach, in which:

- Patients are identified earlier in their decline
- Interventions are triggered by defined thresholds
- Care is adjusted dynamically over time
- Patient experience is integrated into clinical reasoning

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Proposed Clinical Pathway

The greater involvement across services can increase the recovery time on the TA

By embedding the Diagnosis Spiral and Thrive Arc within routine assessment and decision-making, the pathway aims to reduce diagnostic delay, improve patient outcomes, and support more efficient use of healthcare resources.

KEY POINTS

- **Validation/Pivot from DS to TA does not require a confirmed diagnosis.** Involving patients in discussions to show **validation of their symptoms**, sharing the '**suspected diagnosis**' and explaining the plan (investigations, trial of treatments) and **safety-netting**.
- **Discussion of mental health as a result of the diagnostic delay should clearly be outlined as mental health as a secondary response to the physical symptoms** and ensure the patient does not perceive this as a suggestion the mental health symptoms could be an underlying cause of the symptoms.
- **Signposting to occupational health** (and offering supported documentation), external support services (**charities**, support groups) and **online resources** further offers validation to the patient and can be done if a patient has a 'suspected diagnosis'.
- **Reiterate to patients** that offer of support for mental health, pain, fatigue and lifestyle are not to dismiss the underlying potential organic cause, but to offer a **holistic approach to their care**.

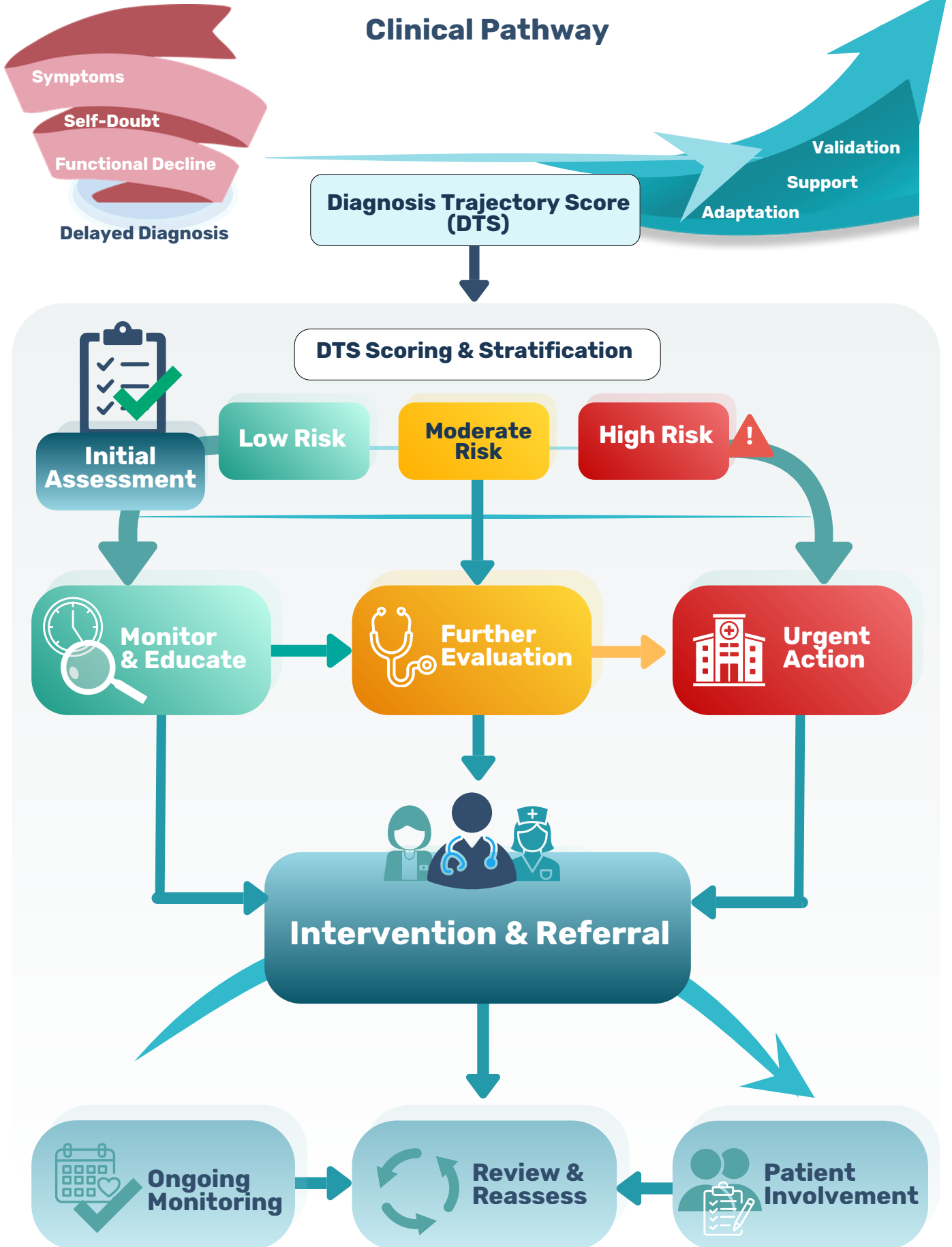
A PATIENT FEELING VALIDATED WITH THEIR SYMPTOMS AND GIVEN INFORMATION, SUPPORT AND SIGNPOSTING CAN IMMEDIATELY SLOW THEIR DTS DECLINE (DIAGNOSIS SPIRAL TRAJECTORY).

Diagnosis Spiral™ & Thrive Arc™

DIAGNOSIS SPIRAL™

THRIVE ARC™

Clinical Pathway



The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Case Example

To highlight how the Transformational Health Model could be used to benefit the patient, clinicians, the healthcare system and other parties the below case example is based on a fictional patient using reported national statistics.

Year 2015
22Y Female
Presentation:
Painful and heavy periods

22YF Presents with

Symptoms: painful heavy periods

Clinical examination reveals no concerning features.

GP starts hormonal contraceptives to manage symptoms.

Working diagnosis not documented, coding for dysmenorrhea/menorrhagia within the patients notes.

No safety net given, no discussion of potential causes (either primary or secondary)

CRITERIA	SCORE		
	0	1	2
PRESENTATION NUMBER	FIRST	SECOND	THREE OR MORE
DIAGNOSIS	CONFIRMED	SUSPECTED	UNKNOWN
CLINICAL PROGRESS (PATIENT SUBJECTIVE)	FIRST PRESENTATION	UNCHANGED	WORSE
CLINICAL PROGRESS (CLINICIAN OBJECTIVE)	FIRST PRESENTATION	UNCHANGED	WORSE
MOOD IMPACT	NO	MINOR	MODERATE +
EMPLOYMENT ABSENCE	0-2 DAYS	3-7 DAYS	1 WEEK OR MORE
QOL IMPACT	NOT AFFECTED OR MINIMAL	MODERATELY AFFECTED	SIGNIFICANTLY IMPACTED
RELATIONSHIP IMPACT	NO/NA	MILDLY IMPACTED	IMPACTED

DTS SCORE: 2

The **clinical response to start hormonal therapy is **as per guidelines** for menorrhagia and dysmenorrhea. However at this stage it is unclear if the underlying diagnosis is primary or secondary.*

No discussion regarding the potential for primary or secondary causes is discussed with the patient and no safety netting to return if things get worse.

The **patient's initial response to the consultation seems satisfactory and is pleased to explore treatment options to improve her symptoms. **As no official diagnosis has been discussed, she leaves thinking her heavy and painful periods are 'normal'** and she is being offered something to support what is a normal period.*

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Case Example - continued

Year 2022
29Y Female
Presentation:
Ongoing painful
and heavy
periods

29YF Continues to present for another 7 years with:

Symptoms: painful heavy periods - ongoing

Over five years the patient has seen multiple GP's and tried three different types of hormonal contraceptives for ongoing painful heavy periods.

The consultations continue to be documented as 'Dysfunctional Uterine Bleeding' 'Dysmenorrhoea' but no discussion with the patient or exploration of whether the underlying cause could be primary or secondary.

Patient returns having stopped the hormone treatments wanting to try to conceive for a pregnancy. Symptoms have worsened and patient has had one miscarriage. Patient reports that she has missed work due to severity of the bleeding, vomits at times with the pain. During the consultation patient appears tearful and upset and is offered antidepressants.

CRITERIA	SCORE		
	0	1	2
PRESENTATION NUMBER	FIRST	SECOND	THREE OR MORE
DIAGNOSIS	CONFIRMED	SUSPECTED	UNKNOWN
CLINICAL PROGRESS (PATIENT SUBJECTIVE)	FIRST PRESENTATION	UNCHANGED	WORSE
CLINICAL PROGRESS (CLINICIAN OBJECTIVE)	FIRST PRESENTATION	UNCHANGED	WORSE
MOOD IMPACT	NO	MINOR	MODERATE +
EMPLOYMENT ABSENCE	0-2 DAYS	3-7 DAYS	1WEEK OR MORE
QOL IMPACT	NOT AFFECTED OR MINIMAL	MODERATELY AFFECTED	SIGNIFICANTLY IMPACTED
RELATIONSHIP IMPACT	NO/NA	MILDLY IMPACTED	IMPACTED

DTS SCORE: 10
DIAGNOSIS UNKNOWN (to both patient and clinician)
PATIENT IS IN THE MODERATE RISK GROUP AND ON THE DIAGNOSIS SPIRAL

The **clinician arranges and **ultrasound**, offers **non hormonal therapies as per guidelines** and outlines the criteria for fertility referrals (2 years TTC). The **clinician documents in the notes ?endometriosis but does not discuss with the patient.** Antidepressants are started due to discussion of acknowledged low mood.*

The **patient feels once again dismissed and her mood deteriorates further feeling it is suggested she can't cope with her periods because she is depressed. Her anxiety around fertility continues, and the impact on her relationship becomes more strained and trying to conceive becomes harder with the ongoing physical symptoms.*

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Case Example - continued

Year 2024
31Y Female
Presentation:
Ongoing painful
and heavy
periods

31YF Attends A&E with severe acute RIF pain, severe bleeding and a positive pregnancy test

Symptoms: painful heavy periods - ongoing. Acute emergency attendance for suspected ectopic pregnancy.

Between 2022-24 the patient returned to the GP twice. The ultrasound was normal and the GP reassured the patient that the scan and her blood tests were normal and advised the patient to continue trying to conceive and offered further analgesics for the pain. No further safety netting and coding continues to be 'dysmenorrhea'.

2024 - patient attends A&E with acute abdominal pain/RIF and severe bleeding with clots and vomiting. Clinically stable, an ectopic pregnancy is ruled out but miscarriage is confirmed. Acute CT scan showed possible adhesions and letter to GP was sent (no discussion with the patient) advising to arrange MRI for suspected endometriosis and referral to gynaecology.

CRITERIA	SCORE		
	0	1	2
PRESENTATION NUMBER	FIRST	SECOND	THREE OR MORE
DIAGNOSIS	CONFIRMED	SUSPECTED	UNKNOWN
CLINICAL PROGRESS (PATIENT SUBJECTIVE)	FIRST PRESENTATION	UNCHANGED	WORSE
CLINICAL PROGRESS (CLINICIAN OBJECTIVE)	FIRST PRESENTATION	UNCHANGED	WORSE
MOOD IMPACT	NO	MINOR	MODERATE +
EMPLOYMENT ABSENCE	0-2 DAYS	3-7 DAYS	1 WEEK OR MORE
QOL IMPACT	NOT AFFECTED OR MINIMAL	MODERATELY AFFECTED	SIGNIFICANTLY IMPACTED
RELATIONSHIP IMPACT	NO/NA	MILDLY IMPACTED	IMPACTED

DTS SCORE: 14
DIAGNOSIS suspected to clinicians
unknown to patient
PATIENT IS IN THE MAJOR RISK GROUP
AND ON THE DIAGNOSIS SPIRAL

*The **GP** reviews the patient and explains referral to gynaecology to explore ongoing symptoms (**does not discuss the suspected diagnosis**) and arranges an MRI (which returns as normal, but adhesions suggestive of endometriosis though inconclusive. This report is not discussed with the patient. **REFERRAL TIME for Gynaecology is 18 months.** Patient returns to GP two more times but no letter to gynaecology to expedite urgency of referral is sent.

*The **patient's mental health is deteriorating and had to give up work** due to recurrent absences and without able to explain to employer anything beyond 'period related absences'. Patient experienced stigma in the workplace, worsening her mental health. Patient becomes socially withdrawn due to low mood.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Case Example - continued

Year 2027
33Y Female
 Presentation:
 Ongoing painful
 and heavy
 periods
Over 12 years

33YF 12 years presenting with painful heavy periods.

Following consultation with Gynaecology in 2026, urgent diagnostic laparoscopy arranged (waiting time 14 months). 2027 laparoscopy confirmed endometriosis stage 4 with adenomyosis, adhesions and bowel involvement.

Following the first consultation with the gynaecologist, patient was told the diagnosis was suspected endometriosis but diagnosis required laparoscopy (due to MRI being inconclusive). Patient was restarted on hormonal therapy (zolodex) but not told this would induce a temporary menopause.

Diagnostic laparoscopy confirmed advanced endometriosis and that treatment would likely require a hysterectomy and that fertility was no longer salvageable.

Patient signposted to endometriosis online website, given a leaflet and listed for hysterectomy (2 year waiting time)

CRITERIA	SCORE		
	0	1	2
PRESENTATION NUMBER	FIRST	SECOND	THREE OR MORE
DIAGNOSIS	CONFIRMED	SUSPECTED	UNKNOWN
CLINICAL PROGRESS (PATIENT SUBJECTIVE)	FIRST PRESENTATION	UNCHANGED	WORSE
CLINICAL PROGRESS (CLINICIAN OBJECTIVE)	FIRST PRESENTATION	UNCHANGED	WORSE
MOOD IMPACT	NO	MINOR	MODERATE +
EMPLOYMENT ABSENCE	0-2 DAYS	3-7 DAYS	1 WEEK OR MORE
QOL IMPACT	NOT AFFECTED OR MINIMAL	MODERATELY AFFECTED	SIGNIFICANTLY IMPACTED
RELATIONSHIP IMPACT	NO/NA	MILDLY IMPACTED	IMPACTED

DTS SCORE: 16 > 14
VALIDATION POINT - DIAGNOSIS Suspected to CONFIRMED

Patient is at the bottom of the diagnosis spiral and will shift to the thrive arc. However the diagnostic delay and fall through diagnostic spiral means the time for recovery is significant, with significant and irreversible consequences.

The patient's diagnostic delay of over 10 years is a common case example which is affecting a significant proportion of the population and the NHS today.

The diagnosis/pivot was at the bottom of the DS (DTS 16) but due to the extensive delay the patient has experienced: **irreversible organ damage, infertility, significant mental health decline, unemployment, relationship instability, social withdrawal and a complete lack of trust in the healthcare system.** The consequences for this are: **increased likelihood of faster decline on DS in future, greater burden on NHS due to advanced disease, economic impact for patient and the economy, increased burden on secondary care services.**

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Case Example - REFLECTIONS How the proposed model could change this patient's journey and outcome

Year 2027

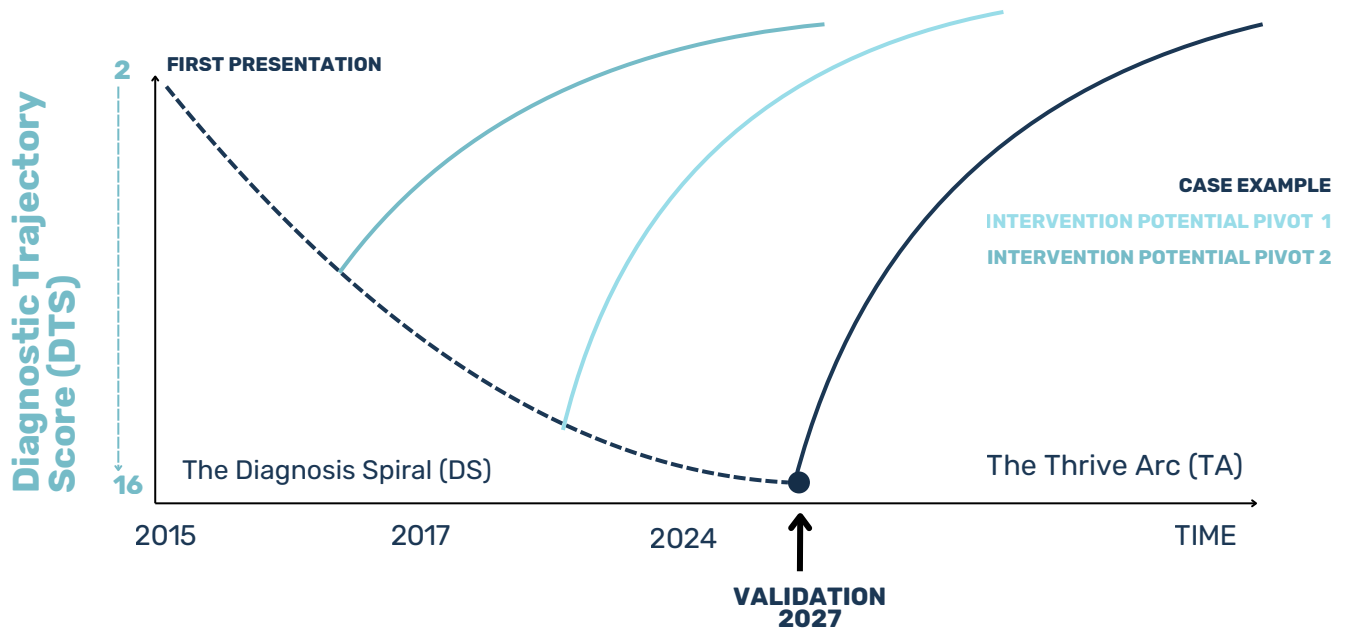
33Y Female

Time to
diagnosis

Over 12 years

Between 2025-2022 at some point the patient would have crossed the DTS trigger score of 7. Whilst initial primary care interventions were according to guidelines there were key aspects that could have intercepted the patient's trajectory and potentially avoided escalation and consequential impact.

- First presentation: confirmed diagnosis of dysmenorrhoea with patient and discussed potential for primary vs secondary causes/safety netting to return with red flags listed to indicate secondary causes.
- Earlier referral for investigations and secondary care input, notably after three presentations, or DTS trigger of 7.
- Discussion of mental health symptoms as a consequence of ongoing symptoms, not inferred as a potential cause
- signpost to secondary support services for menstrual health early in the process
- began using 'suspected endometriosis' as a working diagnosis earlier and discussed with patient with adequate counselling
- referral to occupational health/letter to employer to support patient's employment



Whilst earlier specialist medical intervention may not have changed the diagnosis (or prognosis of) - the patient experience of the diagnostic delay would have been drastically different and some of consequential impacts (physical, psychological, social, economic) could have been prevented.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

IMPLICATIONS Of the Diagnosis Spiral™ and Thrive Arc™ Model.

The Diagnosis Spiral™ and Thrive Arc™ model provides a **structured framework to identify, understand, and intervene in trajectories** of patient **decline and recovery**.

By defining the progression from early symptom normalisation through to functional deterioration – and establishing a clear pivot toward validation, support, and adaptation – **the model introduces a shared language across patients, clinicians, and systems**.

When operationalised through a **scoring tool and associated clinical pathway**, the model has the potential to:

- **Support earlier recognition of clinical and functional decline**
- **Reduce delays in diagnosis and intervention**
- **Improve patient–clinician communication and continuity of care**
- **Enable more consistent, person-centred decision-making**
- **Reduce avoidable progression to crisis states**
- **Facilitate longitudinal tracking of patient trajectory**

Crucially, the model bridges the gap between patient-reported experience and clinical interpretation, translating subjective narratives into structured, actionable insight.

Transformational Health model

IMPLICATIONS FOR

PATIENTS

CLINICIANS

HEALTHCARE SYSTEM

EMPLOYERS

RESEARCH

CHARITY SERVICES

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

IMPLICATIONS Of the Diagnosis Spiral™ and Thrive Arc™ Model.

PATIENTS

For patients, the model provides validation, clarity, and a mechanism for active participation in care.

Individuals with chronic or complex conditions frequently **experience prolonged uncertainty, dismissal, and fragmented care.** The Diagnosis Spiral™ reframes these experiences as part of a recognisable pattern, rather than isolated or individualised failure.

Key implications include:

- **Validation of experience**

Recognition of defined stages may reduce self-doubt and psychological distress associated with not being believed or understood.

- **Improved health literacy and self-advocacy**

The framework enables patients to describe symptom progression, functional impact, and unmet need in a structured way.

- **Continuity across care settings**

A patient-held scoring tool supports consistent communication across multiple providers, reducing repetition and information loss.

- **Earlier escalation and intervention**

Identification of deterioration stages may prompt more timely review, referral, or investigation.

- **Restoration of trajectory**

The transition to the Thrive Arc™ introduces a defined pathway toward stabilisation, adaptation, and improved quality of life, even where diagnostic uncertainty remains.

The Thrive Arc™ trajectory has the potential to be further influenced by external support services including the patient's employer, charity support groups and community engagement.

For clinicians, the model offers a pragmatic framework to support recognition, assessment, and decision-making in complex or evolving presentations.

In time-constrained clinical environments, patterns of gradual decline may be difficult to detect. The Diagnosis Spiral™ provides a cognitive scaffold to support earlier identification and more structured evaluation.

Key implications include:

- **Enhanced pattern recognition**

Defined stages support earlier identification of patients at risk of deterioration.

- **Structured assessment**

The scoring tool provides a semi-quantitative adjunct to clinical judgement, supporting consistency and documentation.

- **Improved communication**

A shared framework may reduce misalignment between patient experience and clinical interpretation.

CLINICIANS

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

IMPLICATIONS Of the Diagnosis Spiral™ and Thrive Arc™ Model.

- **Reduction in diagnostic overshadowing**

Explicit recognition of functional decline may reduce inappropriate attribution of symptoms solely to psychological causes.

- **Support for clinical decision-making**

The associated pathway provides guidance on thresholds for investigation, referral, and escalation.

- **Management of uncertainty**

The model supports clinicians in navigating diagnostic uncertainty without delaying supportive intervention.

Involving the patient through this tool can improve patient rapport and serve as a reminder to signpost, validate, and involve the patient with information along the diagnostic pathway. This will likely result in fewer repeat-attendances as patients are better informed of the realistic time process for investigations and treatments.

At a system level, the model has potential to improve efficiency, reduce avoidable demand, and enhance outcomes through earlier intervention.

Delayed diagnosis and fragmented pathways are associated with repeated consultations, duplicated investigations, and late-stage escalation. The Diagnosis Spiral™ and Thrive Arc™ model addresses these challenges through earlier recognition and clearer pathway alignment.

Key implications include:

- **Reduction in cyclical healthcare utilisation**

Earlier identification and intervention may reduce repeated presentations without progression.

- **More targeted use of resources**

Structured assessment and defined escalation points may reduce unnecessary investigations and delayed referrals.

- **Improved pathway clarity**

The model supports more consistent thresholds for escalation and multidisciplinary involvement.

- **Data-informed service improvement**

Aggregated scoring data may provide insight into patterns of delay, informing service design and policy.

- **Alignment with preventative and early-intervention strategies**

The model supports a shift from reactive to proactive care delivery.

HEALTHCARE SYSTEM

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

IMPLICATIONS Of the Diagnosis Spiral™ and Thrive Arc™ Model.

EMPLOYERS

Chronic health conditions and delayed diagnosis have direct implications for workforce participation, productivity, and wellbeing. The model offers a framework to support earlier recognition and appropriate workplace response.

Key implications include:

- **Earlier identification of need**

Employees experiencing decline may be recognised and supported before reaching crisis or prolonged absence.

- **More appropriate workplace adjustments**

Understanding functional impact enables timely and proportionate accommodations.

- **Reduction in absenteeism and presenteeism**

Earlier intervention may reduce both time away from work and reduced productivity while present.

- **Improved retention and engagement**

Employees who feel understood and supported are more likely to remain in work.

- **Integration with occupational health**

The model may complement existing occupational health assessments, providing additional structure to support planning.

For third-sector organisations, the model provides a consistent framework to inform support delivery, education, and advocacy.

Key implications include:

- **More targeted support provision**

Identification of patient stage enables tailored interventions aligned to need.

- **Strengthened advocacy**

A structured framework supports clearer articulation of systemic issues to policymakers and stakeholders.

- **Improved education and awareness**

The model can be used to increase understanding of delayed diagnosis and functional decline across audiences..

- **Cross-sector alignment**

A common framework supports integration between healthcare, social care, and community services.

SUPPORT ORGANISATIONS & ADVOCACY GROUPS

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

ECONOMIC IMPACT of DIAGNOSTIC DELAY And Potential System Benefit

Delayed diagnosis and fragmented care pathways are associated with significant economic burden across healthcare systems, employers, and wider society. These costs arise not only from late-stage intervention, but from the cumulative effect of repeated consultations, duplicated investigations, reduced productivity, and long-term functional impairment.

Within healthcare systems, diagnostic delay often results in cyclical utilisation patterns, whereby patients re-present multiple times without progression in diagnosis or management. This can include repeated primary care consultations, referrals across multiple specialties, and investigations that do not alter clinical trajectory. Over time, this pattern contributes to increased system demand without corresponding improvement in patient outcomes.

In parallel, delayed recognition of deterioration may lead to escalation into more complex and resource-intensive care, including emergency presentations, advanced interventions, and prolonged treatment pathways. These later-stage costs are frequently avoidable with earlier identification and intervention.

Beyond healthcare, the **economic impact extends to workforce participation.** Individuals experiencing prolonged diagnostic uncertainty or unmanaged symptoms are more likely to experience reduced productivity (presenteeism), increased absenteeism, **and, in some cases, premature exit from the workforce.** This has implications for both organisational performance and broader economic productivity.

The Diagnosis Spiral™ and Thrive Arc™ model has the potential to mitigate these costs through earlier recognition and more structured intervention. By identifying patterns of decline at an earlier stage, the model may reduce repeated, non-progressive healthcare interactions and support more targeted use of diagnostic and referral pathways.

The introduction of a scoring tool and clinical pathway also enables more efficient allocation of resources, directing attention toward patients demonstrating measurable deterioration rather than relying solely on episodic presentation. **Over time, this may reduce avoidable escalation to high-cost care.**

At a population level, aggregated data derived from use of the model could support identification of common points of delay within pathways, informing service redesign and resource allocation. This creates an opportunity not only for cost reduction, but for improved value – defined as better outcomes achieved with more efficient use of resources.

While formal economic evaluation is required, the model aligns with established principles of early intervention, preventative care, and value-based healthcare, suggesting potential for both cost avoidance and system optimisation.

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Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

POLICY RECOMMENDATIONS

To realise the potential benefits of the Diagnosis Spiral™ and Thrive Arc™ model, coordinated action is required across clinical practice, service design, and policy.

The following recommendations are proposed:

- **Integration into clinical guidance and pathways**

National and regional bodies should consider incorporating the model into existing clinical guidelines, particularly within areas characterised by diagnostic delay or complex, multi-system conditions.

- **Pilot implementation within targeted services**

Initial adoption should focus on pilot sites, such as primary care networks or specialist services, to evaluate feasibility, acceptability, and impact.

- **Development of training and education programmes**

Clinicians and allied professionals should be supported through training on the use of the model, including interpretation of the scoring tool and application of the clinical pathway.

- **Support for patient-held tools**

Patients should be enabled to utilise the scoring system as part of their own care navigation, supporting shared decision-making and continuity across providers.

- **Incorporation into digital health systems**

Integration within electronic health records and digital platforms would support consistent use, data capture, and longitudinal tracking.

- **Commissioning and funding alignment**

Commissioners should consider how the model aligns with existing priorities around early intervention, prevention, and reducing health inequalities.

- **Data collection and evaluation frameworks**

Implementation should be accompanied by robust data collection to assess impact on patient outcomes, service utilisation, and cost.

These recommendations are intended to support phased adoption, ensuring that implementation is evidence-informed, scalable, and responsive to local context.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

IMPLEMENTATION PATHWAY

A phased implementation approach is recommended to ensure feasibility, evaluation, and scalability.

PHASE 1 Development and Refinement

Further refinement of the scoring tool and clinical pathway should be undertaken in collaboration with clinicians, patients, and multidisciplinary stakeholders. This phase should focus on usability, clarity, and alignment with existing practice.

PHASE 2 Pilot and Feasibility Testing

Pilot implementation within selected clinical settings (e.g. primary care, women's health services, or multidisciplinary clinics) should assess:

- Usability in routine practice
- Clinician and patient acceptability
- Impact on consultation structure and decision-making
- Early indicators of change in referral patterns or escalation

Qualitative and quantitative data should be collected to inform refinement.

PHASE 3 Pilot and Feasibility Testing

Formal evaluation should assess:

- Patient outcomes (e.g. time to diagnosis, functional status)
- Service utilisation (e.g. repeat consultations, referral patterns)
- Clinician experience and confidence
- Economic impact (where feasible)

Findings should inform iterative improvement of the model and its application.

PHASE 4 Scale and Integration

Subject to positive evaluation, the model may be scaled through:

- Integration into clinical guidelines and pathways
- Inclusion within digital health systems
- Expansion across regions and specialties

Ongoing monitoring and evaluation should be maintained to ensure sustained impact and adaptability.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Limitations

This white paper is a clinically informed conceptual framework derived from patient experience, clinical observation and systems analysis. The Diagnosis Spiral and Thrive Arc framework is proposed as a conceptual model to describe the trajectory experienced by many patients navigating fragmented care pathways. The model is intended as a practical clinical and patient-facing tool and is presented here as a framework for discussion, testing and future validation.

- The scoring system, while designed to support structured assessment, has not yet undergone formal reliability or validity testing. As such, it should be considered an adjunct to, rather than a replacement for, clinical judgement.
- The model may also be subject to variability in interpretation, particularly across different clinical contexts or specialties. Training and guidance will be important to support consistent application.
- There is a risk that, if applied without appropriate clinical context, the model could oversimplify complex presentations. It is therefore essential that it is used to support, rather than constrain, holistic clinical assessment.
- In addition, implementation within resource-constrained settings may present practical challenges, including time pressures and competing priorities.
- Finally, while the model is designed to be broadly applicable, its initial development has been informed by specific patient experiences and clinical contexts. Further work is required to ensure generalisability across diverse populations and healthcare systems.

Future Research

Further research is required to evaluate the validity, reliability, and impact of the Diagnosis Spiral™ and Thrive Arc™ model.

Key areas for investigation include:

- **Validation of the scoring tool**

Assessment of inter-rater reliability, construct validity, and sensitivity to change.

- **Impact on patient outcomes**

Evaluation of whether use of the model reduces time to diagnosis, improves functional outcomes, or enhances patient experience.

- **Health economic evaluation**

Analysis of cost implications, including potential reductions in healthcare utilisation and broader economic impact.

- **Implementation research**

Exploration of barriers and facilitators to adoption across different settings, including primary care, specialist services, and community contexts.

- **Equity and accessibility**

Assessment of how the model performs across diverse populations, including those at risk of health inequalities.

- **Digital integration and data utilisation**

Evaluation of how integration within digital systems may enhance usability, data capture, and system-level insight.

This research will be essential to support wider adoption, inform policy, and ensure that the model delivers meaningful and measurable benefit across patient, clinical, and system domains.

The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

CONCLUSION

The current landscape of diagnostic delay in women’s health reflects not a failure of individual clinicians, but a systemic gap in recognition, continuity, and structured response to patient deterioration. Across conditions, patients experience prolonged periods of uncertainty, fragmented care, and progressive functional decline—often without a framework that validates or quantifies their trajectory.

The Diagnosis Spiral and Thrive Arc model offers a unifying, clinically applicable framework to address this gap. By reframing patient journeys as dynamic trajectories rather than isolated clinical encounters, the model enables earlier recognition of deterioration, clearer communication between patients and clinicians, and more timely, coordinated intervention.

Importantly, this model is not designed to replace existing clinical pathways, but to strengthen them. It provides a shared language and structure that can be applied across specialties, empowering patients to articulate their experiences and supporting clinicians in identifying patterns that may otherwise be overlooked.

The integration of the Diagnosis Trajectory Score (DTS) and associated clinical pathway introduces the potential for measurable, actionable change—transforming subjective experiences into structured data that can guide decision-making, improve continuity of care, and reduce avoidable harm.

At a system level, the implications are significant. Earlier diagnosis and intervention have the potential to reduce healthcare utilisation, minimise long-term morbidity, and alleviate the economic burden associated with delayed care. For employers and support organisations, the model offers a framework to better understand and respond to fluctuating health needs, improving retention, productivity, and wellbeing.

This white paper presents a model that is both conceptually robust and practically implementable. However, its true impact will depend on collaborative adoption, iterative evaluation, and continued research. Future work should focus on validating the model across diverse populations, refining the scoring system, and assessing its impact on clinical outcomes and system efficiency.

The opportunity now is not simply to acknowledge the problem of diagnostic delay, but to act. By embedding structured, trajectory-based thinking into clinical practice and policy, we can move from a system that reacts late to one that recognises early, responds appropriately, and supports patients to not only survive—but to thrive.



The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

ABOUT THE AUTHOR

Dr Liz Murray is a UK-based doctor, author and women's health advocate. Through her work in clinical practice, patient advocacy and public health communication, she has focused on improving recognition and support for women navigating complex and often delayed diagnoses. Her work explores the intersection between patient experience and healthcare systems, with particular interest in how diagnostic pathways influence long-term wellbeing and recovery. The Diagnosis Spiral and Thrive Arc framework emerged from this work to better describe the trajectories many patients experience within fragmented care systems

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The (proposed) Murray Model: A Transformational Health™ model

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The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

APPENDICES

- 1. The Diagnostic Trajectory Scoring Tool (DTS)**
- 2. The Diagnostic Spiral - Graphic**
- 3. The Thrive Arc - Graphic**
- 4. The DS/TA Intervention - Graphic**
- 5. Transformational Health Model - Clinical Pathway Flowchart**
- 6. Transformation Health Model - Proposed Clinical Pathway**

The (proposed) Murray Model: A Transformational Health model

Introducing the Diagnosis Spiral and Thrive Arc Framework

The Diagnostic Trajectory Scoring Tool (DTS)

CRITERIA	SCORE		
	0	1	2
PRESENTATION NUMBER	FIRST	SECOND	THREE OR MORE
DIAGNOSIS	CONFIRMED	SUSPECTED	UNKNOWN
CLINICAL PROGRESS (PATIENT SUBJECTIVE)	FIRST PRESENTATION	UNCHANGED	WORSE
CLINICAL PROGRESS (CLINICIAN OBJECTIVE)	FIRST PRESENTATION	UNCHANGED	WORSE
MOOD IMPACT	NO	MINOR	MODERATE +
EMPLOYMENT ABSENCE	0-2 DAYS	3-7 DAYS	1 WEEK OR MORE
QOL IMPACT	NOT AFFECTED OR MINIMAL	MODERATELY AFFECTED	SIGNIFICANTLY IMPACTED
RELATIONSHIP IMPACT	NO/NA	MILDLY IMPACTED	IMPACTED

**Any patient first presenting with new symptoms will start with a DTS score of 2 before even being assessed by a clinician.*

SCORE <6

Not on the diagnosis spiral.

LOW RISK

SCORE 7-10

Patient on the diagnosis spiral and decline has begun.

MODERATE RISK

SCORE 11-16

Significant decline in psychosocial and physical wellbeing.

MAJOR RISK

The (proposed) Murray Model: A Transformational Health model

Introducing the Diagnosis Spiral and Thrive Arc Framework

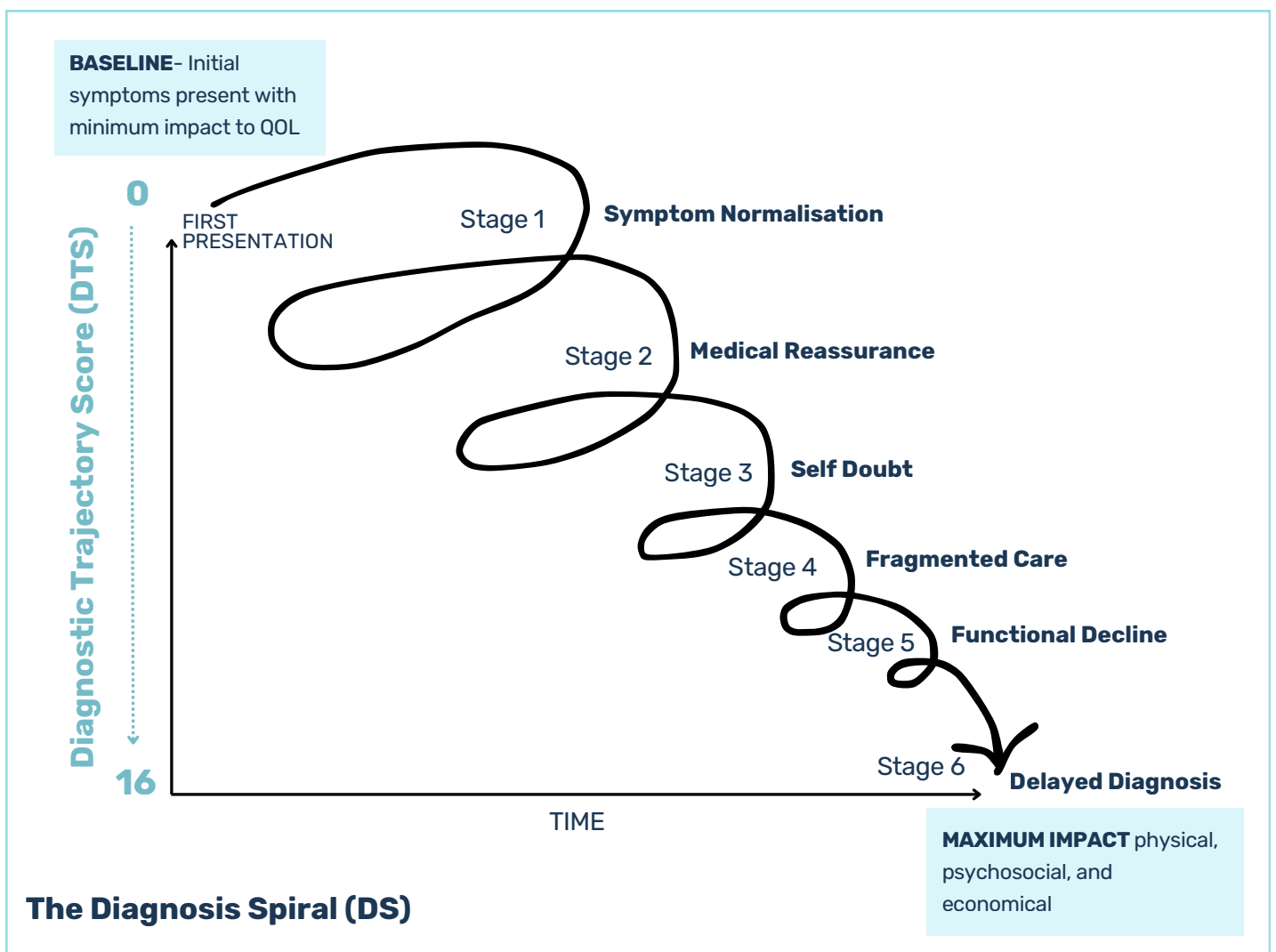
The Diagnosis Spiral (DS)

The Diagnosis Spiral describes the **progressive decline experienced by patients** when symptoms are not adequately **investigated, validated, or supported within healthcare systems**.

Rather than representing disease progression, the **spiral reflects systemic and psychological deterioration caused by diagnostic uncertainty**, fragmented care, and repeated invalidation.

When women are dismissed in healthcare they often enter the Diagnosis Spiral - a cycle of normalisation, self-doubt and fragmented care that can delay diagnosis for years.

Six stages of the spiral have been identified.



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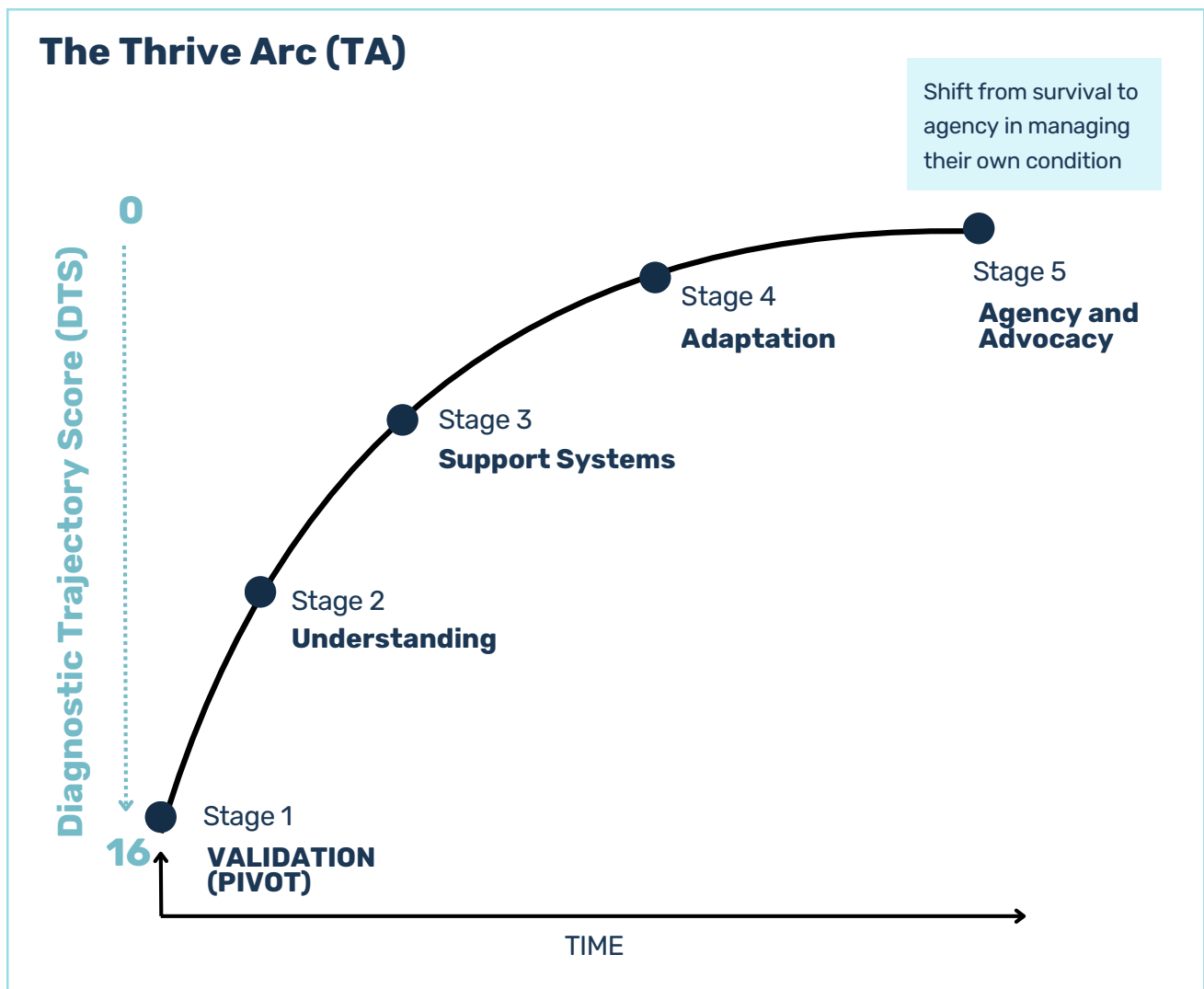
Introducing the Diagnosis Spiral and Thrive Arc Framework

The Thrive Arc (TA)

The **Thrive Arc** represents the **recovery trajectory** that can occur when **patients receive appropriate validation, explanation, and structured support**.

The arc is not dependent solely on disease cure. Instead it **reflects improvements in stability, autonomy, and wellbeing** once patients are supported effectively.

Five stages of the arc have been identified.



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Introducing the Diagnosis Spiral and Thrive Arc Framework

The Pivot: Transition from Spiral to Arc

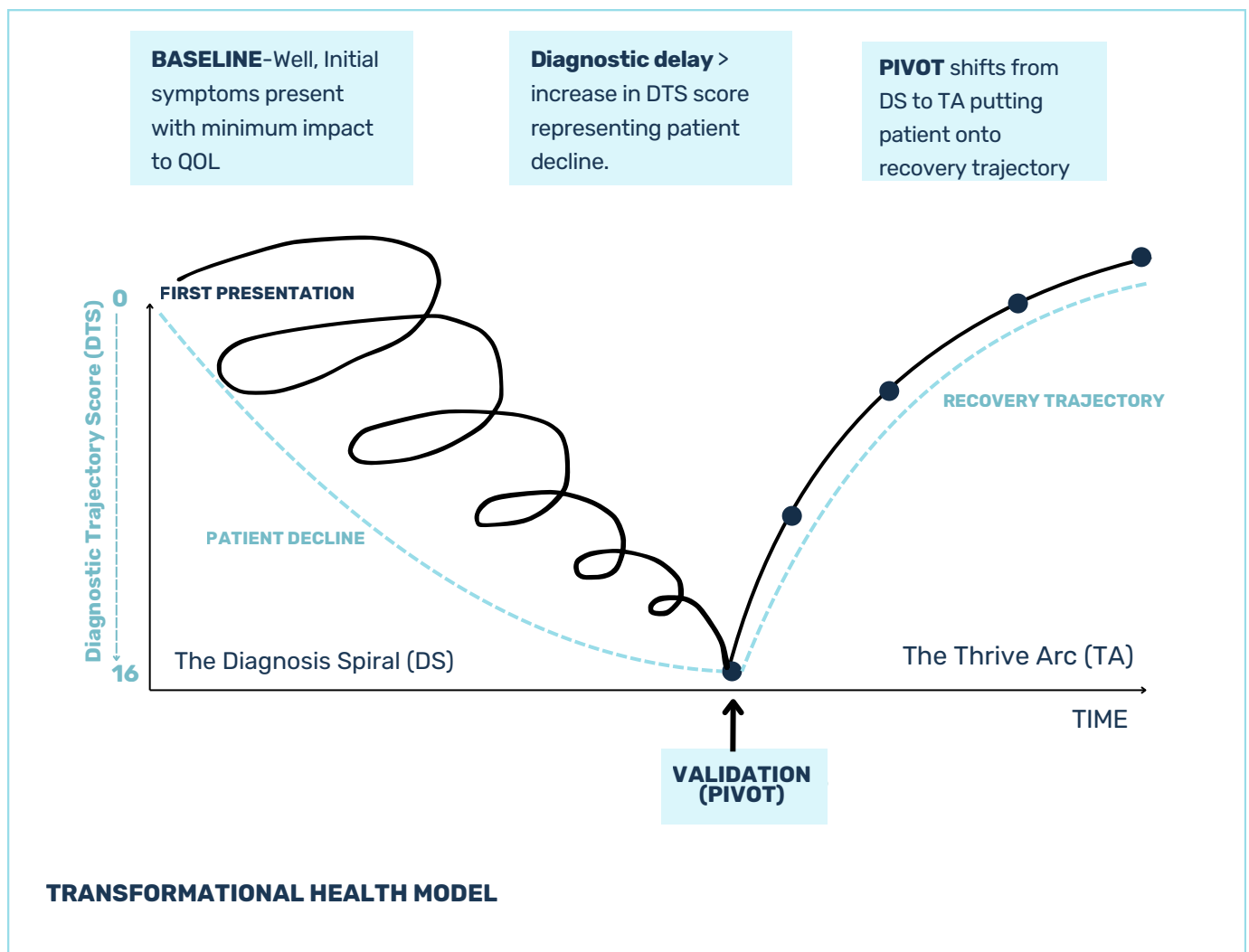
A **critical feature** of the model is the **pivot point** between the Diagnosis Spiral and Thrive Arc.

This pivot often occurs when one of the following happens:

- a clinician recognises and validates the patient's experience
- a diagnosis is established
- a multidisciplinary support system is activated.

The moment of validation either through discussion of suspected diagnosis, confirmed diagnosis, validation of symptoms changes the trajectory direction. Once validation occurs, recovery becomes possible.

A confirmed diagnosis is not needed to pivot a patient from DS to TA. Clear communication sharing the suspected diagnosis (whilst investigations continue, trial treatments commence) with clear safety netting and reinforced validation can have a profound influence on the patient's trajectory.

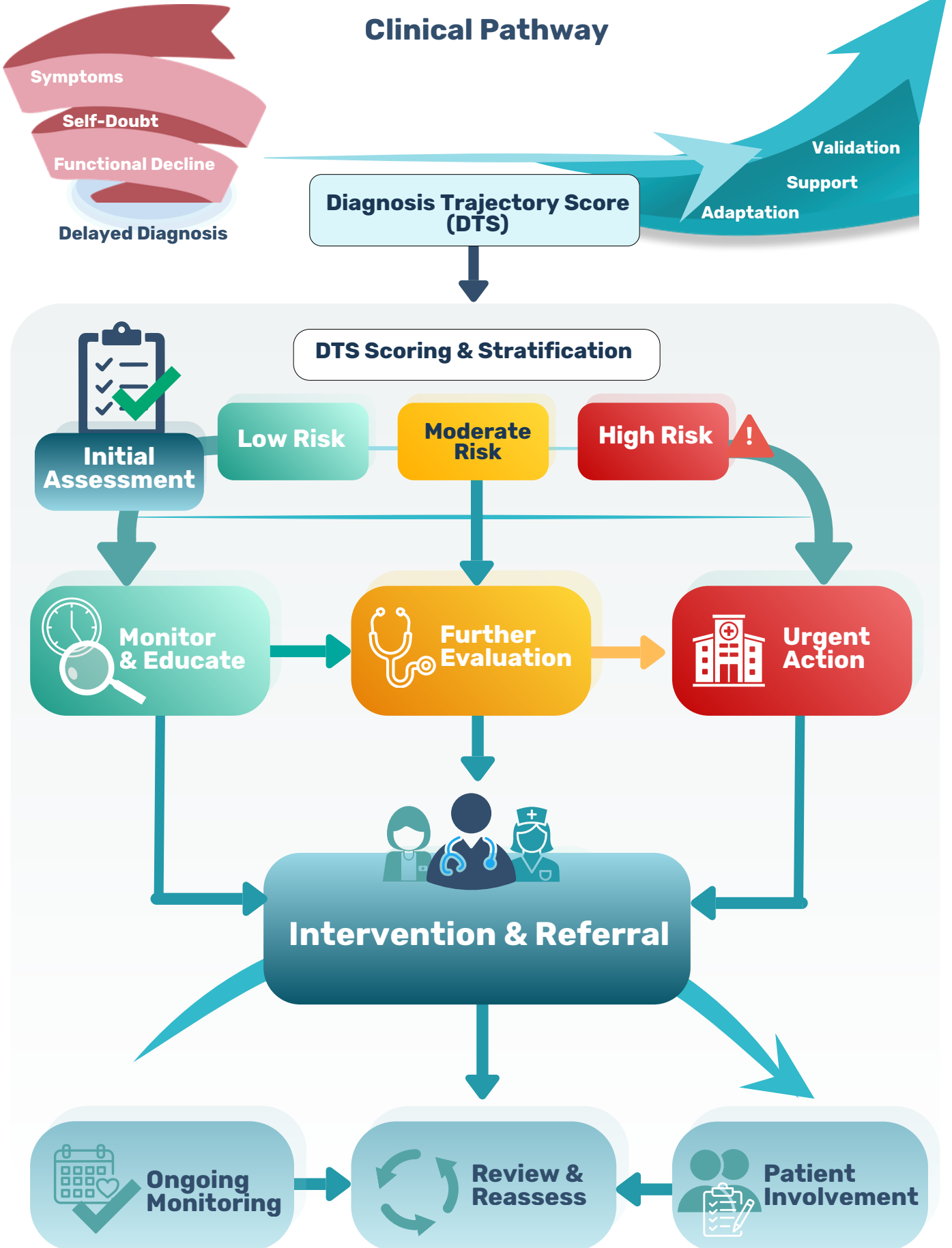


Diagnosis Spiral & Thrive Arc

DIAGNOSIS SPIRAL

THRIVE ARC

Clinical Pathway



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Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

Proposed Clinical Pathway

Integration of the Diagnosis Spiral (DS) and Thrive Arc (TA) Using the Diagnostic Trajectory Score (DTS)

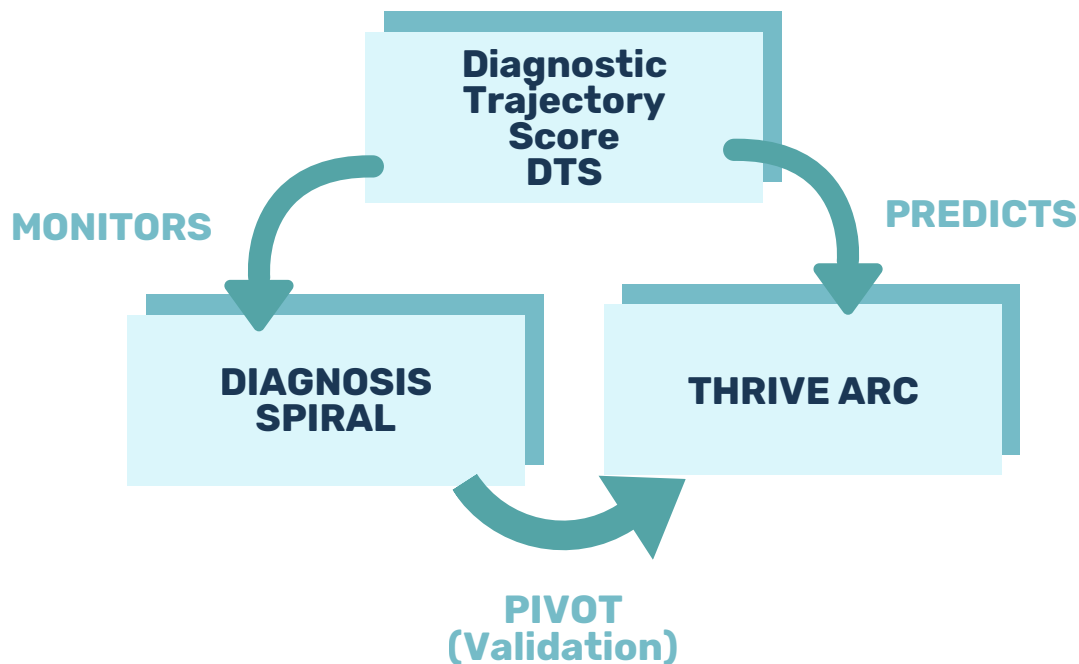
OVERVIEW

The proposed clinical pathway **operationalises the Diagnosis Spiral (DS) and Thrive Arc (TA) framework through the application of the Diagnostic Trajectory Score (DTS)**, enabling structured assessment, stratification, and intervention based on patient trajectory.

The pathway is designed to support:

- Early identification of patients at risk of deterioration
- Standardised assessment of trajectory over time
- Clear thresholds for escalation, investigation, and referral
- Integration of patient-reported experience into clinical decision-making

The DTS functions as a longitudinal tool, allowing both clinicians and patients to track movement along the Diagnosis Spiral and into the Thrive Arc, supporting dynamic and responsive care.



The (proposed) Murray Model: A Transformational Health model

Introducing the Diagnosis Spiral and Thrive Arc Framework

Proposed Clinical Pathway

STEP 1

Initial Presentation and Baseline DTS Assessment

At first presentation (or first use of the model), the patient undergoes a baseline DTS assessment. This establishes a baseline DTS score at the first presentation of new symptoms.

This may be completed:

- Clinician-led
- Patient-completed prior to consultation
- Jointly during consultation

Clinical Output:

- Assignment of a DTS score and corresponding stage within the Diagnosis Spiral or Thrive Arc
- Establishment of a baseline trajectory position
- Documented in patient notes for future reference

The DTS captures:

- Symptom persistence and progression
- Functional impact
- Prior healthcare interactions
- Evidence of fragmentation or delay

Clinical Consideration:

Even at early stages, repeated presentations or emerging functional impact should prompt increased clinical attention.

Even if initial presentation appears to have a clear diagnosis, or acute isolated clinical episode, this should be documented. If the patient does not respond to expected treatment, the DTS will form part of the process.

The minimum DTS score a patient may have on first presentation is 2

The (proposed) Murray Model: A Transformational Health model

Introducing the Diagnosis Spiral and Thrive Arc Framework

Proposed Clinical Pathway

STEP 2

SCORE <6

Not on the diagnosis spiral.

LOW RISK

Risk Stratification and Stage Identification

Based on the DTS, patients are stratified into trajectory bands.

LOW RISK DTS <6 (Early Stage / Symptom Normalisation or Medical Reassurance)

- Symptoms present but limited functional impact
- Minimal prior healthcare interaction

Recommended Approach:

- Safety-netting with clear review timeframe
- Early follow-up if symptoms persist or evolve
- Patient education on when to re-present

Moderate DTS 7-10 (Self-Doubt / Fragmented Care Emerging)

- Ongoing symptoms with increasing functional impact
- Multiple consultations or lack of diagnostic clarity

Recommended Approach:

- Structured re-assessment (avoid repetition without progression)
- Consider targeted investigation
- Review of previous consultations and findings
- Early consideration of multidisciplinary input

High DTS 11-16 (Functional Decline / Delayed Recognition)

- Significant functional impairment
- Repeated or escalating healthcare interactions
- Evidence of diagnostic delay

Recommended Approach:

- Escalation of care and prioritised review
- Comprehensive assessment (biomedical + functional + psychosocial)
- Referral to appropriate specialist services
- Active care coordination

SCORE 11-16

Significant decline in psychosocial and physical wellbeing.

MAJOR RISK

Thrive Arc (Post-Validation and Support Phase)

- Diagnosis established or condition recognised and validated. This could include patient being informed of the 'suspected diagnosis' whilst trial treatments/investigations commence. Safety netting, adequate counselling and information shared.
- Support systems and management strategies in place or signposted to
- Focus on symptom management and functional restoration
- Ongoing monitoring using DTS to track recovery or relapse
- Support for self-management, adaptation, and long-term care planning

The (proposed) Murray Model: A Transformational Health model

Introducing the Diagnosis Spiral and Thrive Arc Framework

Proposed Clinical Pathway

STEP 3

Clinical Decision Points and Escalation Triggers

The DTS enables defined clinical trigger points for action.

These may include:

- **Increase in DTS over time**
 - Indicates progression along the Diagnosis Spiral™
 - Prompt re-evaluation and escalation
- **Crossing defined DTS thresholds**
 - Triggers investigation, referral, or multidisciplinary review
- **High DTS at initial presentation**
 - Suggests pre-existing delay
 - Requires accelerated pathway rather than standard progression
- **Stagnation despite input**
 - Indicates need for pathway reassessment or alternative approach

STEP 4

Longitudinal Monitoring and Review

The DTS is designed for repeated use over time.

Recommended use:

- At each significant clinical interaction
- At defined review intervals
- Following intervention or escalation

Clinical Purpose:

- Track movement along the Diagnosis Spiral or Thrive Arc
- Assess response to intervention
- Identify early signs of relapse or further decline

This supports a shift from episodic care to trajectory-based care.

**Patients DTS scores may fluctuate which should be reviewed the same way as an escalation of DTS score. If patients initially respond to some therapies, but later decline this should be documented and reviewed accordingly.*

The (proposed) Murray Model: A Transformational Health model

Introducing the Diagnosis Spiral and Thrive Arc Framework

Proposed Clinical Pathway

STEP 5

Patient Integration and Shared Decision-Making

A core component of the pathway is patient involvement.

Patients may:

- Complete or contribute to DTS scoring
- Track their own trajectory over time
- Present DTS data when accessing new services

Clinical Benefit:

- Improves continuity across fragmented systems
- Enhances shared understanding of condition progression
- Supports more balanced and informed decision-making

STEP 6

Multidisciplinary and Cross-System Integration

For patients with moderate to high DTS scores, the pathway supports coordinated care across services.

This may include:

- Primary care
- Specialist services
- Allied health professionals
- Mental health support
- Occupational health (where relevant)

The DTS provides a shared reference point, reducing fragmentation and duplication.

SUMMARY

The proposed clinical pathway shifts care from a reactive, episodic model to a proactive, trajectory-based approach, in which:

- Patients are identified earlier in their decline
- Interventions are triggered by defined thresholds
- Care is adjusted dynamically over time
- Patient experience is integrated into clinical reasoning

The (proposed) Murray Model: A Transformational Health model

Introducing the Diagnosis Spiral and Thrive Arc Framework

Proposed Clinical Pathway

The greater involvement across services can increase the recovery time on the TA

By embedding the Diagnosis Spiral and Thrive Arc within routine assessment and decision-making, the pathway aims to reduce diagnostic delay, improve patient outcomes, and support more efficient use of healthcare resources.

KEY POINTS

- **Validation/Pivot from DS to TA does not require a confirmed diagnosis.** Involving patients in discussions to show **validation of their symptoms**, sharing the '**suspected diagnosis**' and explaining the plan (investigations, trial of treatments) and **safety-netting**.
- **Discussion of mental health as a result of the diagnostic delay should clearly be outlined as mental health as a secondary response to the physical symptoms** and ensure the patient does not perceive this as a suggestion the mental health symptoms could be an underlying cause of the symptoms.
- **Signposting to occupational health** (and offering supported documentation), external support services (**charities**, support groups) and **online resources** further offers validation to the patient and can be done if a patient has a 'suspected diagnosis'.
- **Reiterate to patients** that offer of support for mental health, pain, fatigue and lifestyle are not to dismiss the underlying potential organic cause, but to offer a **holistic approach to their care**.

A PATIENT FEELING VALIDATED WITH THEIR SYMPTOMS AND GIVEN INFORMATION, SUPPORT AND SIGNPOSTING CAN IMMEDIATELY SLOW THEIR DTS DECLINE (DIAGNOSIS SPIRAL TRAJECTORY).