

Oxford Sarcoma Advisory Group (OSAG)

Constitution

2026

Hosted by: Oxford University Hospitals NHS Foundation Trust

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1. Introduction

This constitution sets out how the Oxford Sarcoma Service organises, governs and delivers sarcoma care across its geography.

It aligns with the NHS England Specialised Commissioning Sarcoma Service Specification (No. 170122S) and describes how provider organisations and professionals collaborate through agreed pathways, designated services and a Sarcoma Advisory Group (SAG) to deliver safe, effective and equitable care.

The constitution will be reviewed annually and updated as required to reflect changes in national policy, commissioning arrangements and local configuration.

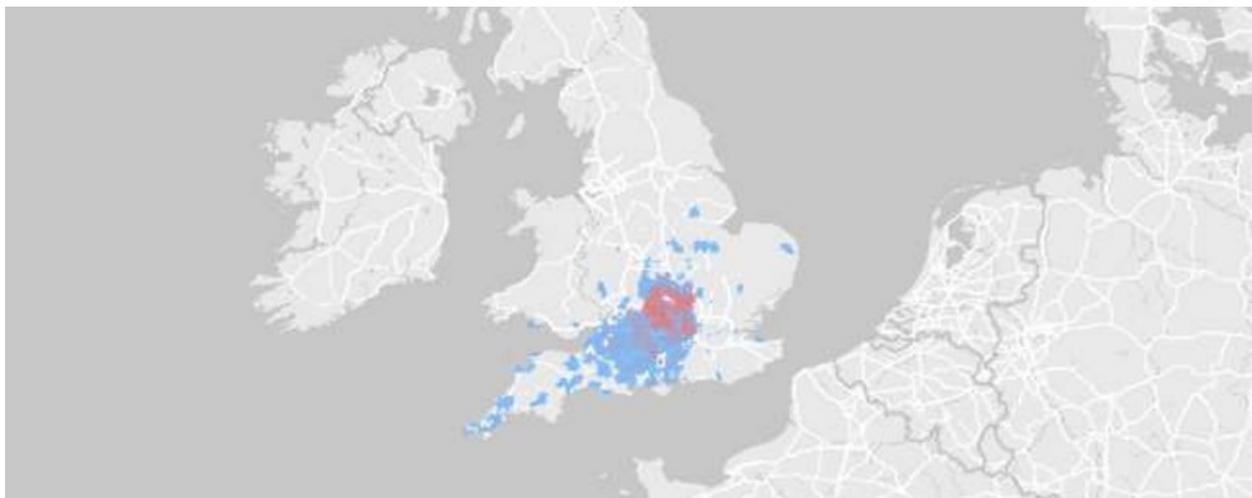
2. Configuration of the Oxford Sarcoma Service (OSS)

The Oxford Sarcoma Service provides a tertiary referral service to patients diagnosed with primary malignant bone tumours, complex soft tissue tumours which cannot be dealt with at their local centres, and complex metastatic cases.

We receive referrals from Cornwall to the Southwest, Isle of White in the South, Reading to the East, Milton Keynes to the North, and the Severn Crossing to the west. We serve a population of around 12.8 million.

The Oxford Sarcoma Service is a true multispecialty sarcoma service, covering primary malignant bone tumours of the extremities, the thoracic cavity, paediatric surgery, the abdomen and retroperitoneum, the spine, base of skull, head and neck, and all associated soft tissue areas.

The service continues to see an upward trajectory in terms of activity with over 300 new cases discussed each month in our dedicated multi-disciplinary team (MDT) meeting, and an average 160 new patients seen each month in clinic.



3. Establishment of the Sarcoma Advisory Group (SAG)

Sarcoma care in England is delivered through Sarcoma Networks coordinated by Sarcoma Advisory Groups (SAGs). Each SAG comprises at least one Specialist Sarcoma Centre hosting a sarcoma MDT and a number of designated Local Sarcoma Units that deliver defined aspects of care.

The Oxford SAG is hosted by the Oxford Sarcoma Service, which supports the management and governance functions of all aspects of care detailed in section 2. Hosting arrangements, including resourcing and oversight, are agreed with specialised commissioners.

4. Role of the SAG

The SAG is the primary source of clinical opinion for sarcoma services. Its purpose is to ensure services are delivered and monitored using consistent protocols and pathways in line with national specifications. The SAG will develop and deliver a work plan that includes:

- Implementing the aims of the sarcoma service specification across the network.
- Ensuring suspected or confirmed sarcoma cases are referred to the Specialist Sarcoma Centre and reviewed by a sarcoma MDT.
- Agreeing network service configuration and designation of the Specialist Sarcoma Centre(s) and Local Sarcoma Units.
- Designating practitioners involved in planned sarcoma care (including diagnostic, surgical, oncological and allied health professionals).
- Agreeing network-wide diagnostic and treatment protocols, including molecular pathology and whole-genome sequencing processes.
- Agreeing follow-up guidelines and ensuring pathways exist for all sarcoma subtypes, including arrangements with neighbouring SAGs where appropriate.
- Defining sites for retroperitoneal, abdominal and pelvic sarcoma surgery.
- Developing pathways for children and young people in conjunction with the relevant Children's and TYA Cancer Networks.
- Supporting network audit (including unplanned procedures, designated/non-designated activity, radiotherapy, chemotherapy algorithm compliance) and service evaluation using patient experience/PROMS data.
- Promoting research and innovation; monitoring performance and outcomes using dashboards and data; and ensuring effective communication (including via a maintained website).
- Planning and delivering education and training related to sarcoma pathways.

Frequency of meetings

OSAG will meet quarterly, with at least one face-to-face meeting per year where feasible. Core members are expected to attend; attendance is recorded and summarised in the Annual Report.

Accountability and governance

An Oversight Board will include representation from the host provider(s) and specialised commissioning. It oversees delivery of the SAG work plan, risk management and acts as a conduit between the OSN, NHS England regions, Cancer Alliances and Integrated Care Boards.

The SAG reports through the governance framework agreed by Oxford University Hospitals NHS Foundation Trust.

5. Membership of the SAG

Chair and Deputy Chair

A Chair and Deputy Chair are appointed for a three-year term, renewable once. The two roles are drawn from different professional backgrounds and different constituent services where possible. Appointments are made via nominations to the Oversight Board; where multiple nominations are received, an agreed appointment process is followed.

Quorum of SAG meetings

At minimum: Chair, at least one medical and one nursing member, at least one representative from each sub-specialty of the sarcoma service, a patient representative/advocate and two additional members.

Core membership

- SAG Chair and Deputy Chair
- Specialist Sarcoma Centre clinical teams, including MDT leads and research leads
- SAG Project Manager and administrative support
- NHS England Specialised Commissioning representative(s)
- Cancer Alliance and/or ICB representative(s)
- Patient representative(s) or advocate(s)
- Children/Teenagers & Young Adults (CTYA/TYA) Principal Treatment Centre representatives

Core members should ensure job plans allow attendance at SAG meetings.

Extended membership

- Sarcoma Trust Leads across the Oxford Sarcoma Service
- Designated practitioners for local diagnostic services
- Representatives from providers hosting sarcoma diagnostic clinics
- Representatives from relevant Cancer Alliances within the Oxford Sarcoma Service geography

MDT Lead Clinicians must ensure MDTs are adequately represented at SAG meetings. The Chair ensures appropriate representation from all core MDT staff groups.

User involvement and Lead Nurse

The SAG incorporates patient and carer perspectives in planning and review, including routine patient experience capture. Lead sarcoma nurses at each centre are nominated members with responsibility for user involvement and information.

Lead nurses coordinate annual review of patient information, support user representatives and work with SAG members to act on patient experience data.

Research and Clinical Trials

Consultant oncologists from each sub-specialty are nominated leads to ensure recruitment to clinical trials and high-quality studies is embedded in network practice.

Administrative support

The MDT coordinator provide administrative support including agendas, minutes, attendance records and document dissemination. Documentation is made available via the Oxford Sarcoma Service agreed channels (e.g., website, intranet).

6. The MDTs

Each sarcoma MDT has an Operational Policy defining core and extended membership, meeting cadence and decision-making scope. This can be found separately.

The MDT members meet every Monday morning from 8:30am to 11:30am in the main lecture theatre, at the Nuffield Orthopaedic Centre. The lead clinician chairs the MDT but is supported by other trained surgeons to alternate the workload. The MDT has run as a hybrid meeting since COVID-19 with those able to attend in person doing so but giving greater opportunity for those working cross site / from home to join remotely.

All members of the MDT sign an attendance list. This is stored with the MDT coordinator.

The aim of the Sarcoma MDT is to ensure that the team provides a world-class service through a coordinated approach to diagnose, treat and support all patients with sarcoma.

Furthermore, the MDT is committed to achieving the highest standards of care and patient outcomes. Therefore, the MDT's objectives are to achieve:

- Collection of high-quality data including TNM staging and performance status
- Analysis of such data in audit cycles
- Providing comprehensive information to patients and their relatives/carers
- Involving patients in assessment and evolution of the service
- Incorporation of new research and best practice into patient care.
- To ensure mechanisms are in place to support entry of eligible patients into clinical trials, subject to patients giving fully informed consent.

- Implementation of relevant national standards e.g. NICE, BSG guidance etc.
- Working with the Sarcoma Advisory Group (SAG) to agree guidelines, pathways etc.

Shared management with site-specific MDTs

Some sarcomas present to/are managed with other site-specific MDTs (e.g., gynaecology, head & neck, CNS, paediatrics/TYA). Site-specific MDTs liaise with the sarcoma MDT to agree management. Shared-care pathways are included in the appendices.

Shared care

Where distance to the Specialist Sarcoma Centre is significant, aspects of care may be shared with named consultants at local hospitals (e.g., supportive therapies, bloods, transfusion), under agreed protocols.

7. Diagnostic Clinics for Soft Tissue Sarcomas of the Limbs and Trunk Wall

All primary and secondary care providers within the Oxford Sarcoma Service catchment refer bone sarcoma cases to the Specialist Sarcoma Centre for diagnosis and treatment.

The Oxford Sarcoma Service operates a hub-and-spoke model for soft tissue sarcomas. Designated sarcoma diagnostic clinics (spokes) provide initial assessment and diagnosis, linking to the Specialist Sarcoma MDT(s) (hubs) for definitive management of highly suspicious/diagnosed sarcomas.

Diagnostic clinics vary in local configuration but follow agreed principles and undertake periodic self-assessment.

Key functions of a diagnostic clinic

- Assess urgent cancer referrals (including review of accompanying imaging).
- Provide timely ultrasound and MRI access.
- Offer an appropriate biopsy service or arrange referral to the Specialist Centre for complex biopsies after discussion.
- Discuss suspected sarcoma patients in an appropriate MDT and ensure onward referral to the Specialist Sarcoma MDT when indicated.
- Ensure histopathology with sarcoma suspicion/diagnosis is reviewed at a sarcoma centre with appropriate molecular analysis.

Key workforce of a diagnostic clinic

- Named consultant clinical lead (service lead) responsible for clinic performance.
- CNS present for consultations involving breaking bad news.
- MDT/pathway coordinator to ensure Cancer Waiting Times (CWT) compliance.
- MSK radiologist reviewing ultrasound/MRI and attending local MDT.
- Consultant surgeon with sarcoma interest (or radiology-led clinic) to deliver outpatient clinics and supervise biopsies.

- Patient pathway coordinator to track patients through the pathway.

Other criteria

- Provide the SAG with a named clinical lead and ensure attendance at quarterly SAG meetings.
- Maintain a clear link to the affiliated Specialist Sarcoma MDT and adhere to the Oxford Sarcoma Service Diagnostic Pathway.
- Ensure staff training and audit with/through the affiliated sarcoma MDT.
- Ensure systems for timely onward referral to enable CWT standards to be achieved.
- Expect and facilitate good communication with the affiliated Specialist Sarcoma MDT(s).

Pathway responsibility: The diagnostic clinic retains clinical responsibility until patients are discharged, referred to another site-specific MDT, or transferred to the Specialist Sarcoma Centre following MDT discussion. The clinic must comply with CWT standards and the Faster Diagnosis Standard up to the point of transfer and follow inter-trust transfer processes.

Referral form

Primary care referral forms list referral criteria and contact details for diagnostic clinics and the Specialist Centre(s). Local Cancer Alliances may adapt the form using national referral criteria.

8. Designated Practitioners for Local Diagnostic Services

The SAG agrees the designated practitioners responsible for local diagnostic services. The list is reviewed annually by the Trust, relevant ICS Imaging Boards and the SAG.

- Completion of sarcoma-specific training provided by the Specialist Centre.
- Ongoing CPD and participation in SAG-led audits.
- Attendance at a minimum number of sarcoma MDTs per year (e.g., ≥ 2).
- Inclusion of sarcoma clinics/SAG/MDT commitments within job plans.
- Inclusion on the OSN register of designated diagnostic practitioners with contact details and organisational approval.

9. Designated Chemotherapy Service and Chemotherapy Practitioners

The SAG agrees which chemotherapy services are authorised to deliver sarcoma chemotherapy and names oncologists (outside the core sarcoma MDTs) responsible for delivery. Principles and criteria for shared-care chemotherapy are set out in OSN Chemotherapy Shared Care Guidelines. Designated chemotherapy practitioners are recorded as extended members of the relevant MDT and the SAG.

10. Designated Radiotherapy Department and Radiotherapy Practitioners

The SAG agrees which radiotherapy departments are authorised to deliver radical radiotherapy for sarcoma and names oncologists (outside core MDTs) responsible for delivery. Principles and criteria for

shared-care radiotherapy are set out in OSN Radiotherapy Shared Care Guidelines. Designated radiotherapy practitioners are recorded as extended members of the relevant MDT and the SAG.

11. Pathways and Guidelines

The Oxford Sarcoma Service follows national guidelines for the management of sarcoma as detailed in the Sarcoma Service Specification (170122S). The Service agrees referral guidance, a Patient Management Policy and patient pathways adopted by the MDTs. Documents are available in the appendices and via agreed official channels (e.g., website/intranet).

Chemotherapy Treatment Algorithms: agreed by the SAG in consultation with the Network Chemotherapy Group and updated bi-annually.

TYA Pathways

In line with national guidance for children and young people with cancer, patients aged 16–18 are managed at a Principal Treatment Centre (PTC) for TYA cancers and those aged 19–24 are offered a choice of management at a PTC or TYA-designated hospital. All should be referred to the TYA MDT at the relevant PTC using the standard referral process. The sarcoma MDTs work jointly with TYA MDTs to agree management plans.

12. Data Collection

Minimum dataset across the Oxford Sarcoma Service includes:

- Cancer Waiting Times monitoring (see National Cancer Waiting Times Monitoring Dataset Guidance v12.0).
- Cancer Outcomes and Services Dataset (COSD).
- Local audit datasets agreed annually by the SAG.

MDTs submit relevant data items. Referring Trusts submit referral/diagnostic data; Specialist Centres upload diagnostic/treatment data and link to the original referral via NHS number. Responsibility for collection/submission sits with the organisation currently responsible for the patient at each pathway stage. Data topics are discussed at SAG meetings as needed.

13. Audit

The SAG agrees at least one audit project each year to which both MDTs contribute. Results are presented at a SAG meeting and summarised in the Annual Report.

14. Research and Clinical Trials

MDTs participate in local and national ethically approved clinical trials. A trials report is shared at each SAG meeting from each MDT covering open, pending and recently closed studies, and circulated to all

SAG members. Where available, up-to-date information is also maintained on the Oxford Sarcoma Service website/intranet.