Statistical bulletin

Public service productivity, quarterly, UK: April to June 2026

UK total public service productivity, inputs, and output, to provide a timely indicator of annual productivity estimates. These are official statistics in development.

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1 . Main points

- Annualised quarterly total public service productivity (TPSP) grew by 0.3% in the year to June 2026 compared with the previous four quarters, as output growth (2.0%) outpaced inputs growth (1.6%).
- Annualised quarterly healthcare productivity grew by 0.7% in the year to June 2026 compared with the previous four quarters, as output growth (2.2%) outpaced inputs growth (1.5%).
- Provisional annual TPSP was 2.9% lower in 2025 than the pre-coronavirus (COVID-19) pandemic 2019 level; it follows an increase of 0.7% in 2024 (unrevised) and 0.5% in 2025 (revised down from 0.9%).
- Provisional annual healthcare productivity growth has been revised upwards to 1.5% in 2024 and 1.1% in 2025; it remained 5.3% lower in 2025 than the pre-pandemic 2019 level.
- Revisions are because of updated annual National Accounts data and healthcare output data, and refinements to how we account for price changes in the delivery of publicly funded social protection services through the independent sector.

These are official statistics in development and are subject to revision. Use caution when comparing quarterly estimates in 2024 and 2025 (which are official statistics in development) with earlier annual estimates (which are accredited official statistics), as some sources, methods and the structure of inputs and output differ. Read more in Section 9: Data sources and quality.

2 . About these estimates

Provisional estimates

Our quarterly estimates are official statistics in development and provide a short-term, timely indicator of total public service and healthcare productivity. These statistics take no further account of changes to the quality of public services in periods beyond the latest statistics published for 2023 in our annual Public service productivity: total, UK, 2023 article, which are accredited official statistics.

Therefore, annual estimates for 2024 and 2025 remain provisional until we publish updated accredited annual estimates covering these periods. Methodological differences between the annual and quarterly estimates, and a description of the quarterly data, can be found in Section 13 of our Public service productivity estimates: sources and methods methodology.

Updates in this release

This release incorporates data consistent with the UK National Accounts, The Blue Book: 2026, alongside methodological changes to refine how we account for price changes in the delivery of publicly funded social protection services through independent sector providers. For more information on how this has affected our estimates, see Section 5: Revisions to public service productivity estimates.

Comparing healthcare productivity estimates

Our estimates of healthcare productivity differ from NHS England's productivity growth estimates for a range of reasons, including different coverage, sources and methods for the two approaches.

The Office for National Statistics (ONS) statistics cover a wider range of healthcare services across the whole of the UK, including spend on primary care services. The NHS England measure looks specifically at services provided by NHS secondary care trusts in England only.

In producing inputs estimates, the ONS mainly uses expenditure data drawn from the central government Online System for Central Accounting and Reporting (OSCAR), which is consistent with the National Accounts. NHS England uses more up-to-date internal data that are available to it.

ONS statistics adhere to National Accounts methodology (for example, deflation, chain-linking aggregation, and seasonal adjustment processes). NHS England uses other approaches (including inflation adjustments and reconciling to published NHS trust accounts).

We noted some of these differences in our Comparison between the recently published ONS quarterly public service productivity statistics and NHS England productivity statistics statement, published on 13 February 2025. Since then, we have introduced improvements to healthcare inputs in our Public service productivity, quarterly, UK: April to June 2025 bulletin, published on 3 November 2025, and in our Public service productivity, quarterly, UK: January to March 2026 bulletin, published on 7 August 2026.

We have also made improvements to our estimates of healthcare output to reconcile the two approaches, as described in Section 5: Revisions to public service productivity estimates of our Public service productivity, quarterly, UK: January to March 2025 bulletin and Section 4: Revisions to public service productivity estimates of our Public service productivity, quarterly, UK: July to September 2025 bulletin.

We do not recommend direct comparison of ONS and NHS England estimates because these are different measures that are produced for different purposes with different coverage, sources and methods.

We continue to work with the Department for Health and Social Care, NHS England and HM Treasury to explore options to continually improve data granularity in our source data and to further minimise differences in coverage and timeliness between our estimates of healthcare inputs and output, wherever possible.

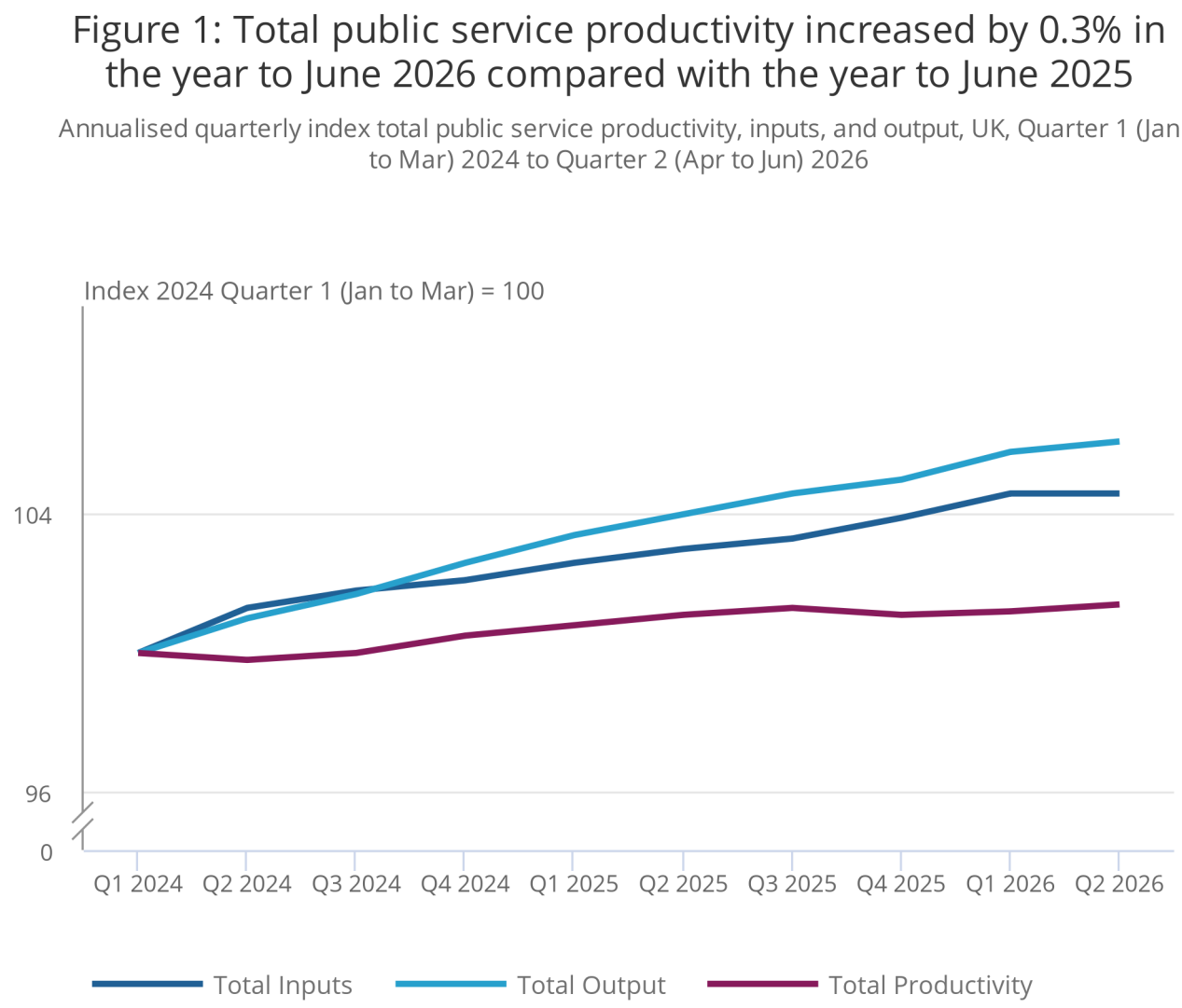
3 . Annualised quarterly estimates

This section shows medium-term trends in how inputs, outputs and productivity have changed over time. Annualised quarterly growth rates compare a four-quarter period with the same four-quarter period a year ago. For example, the growth rate shown for Quarter 1 (Jan to Mar) 2026 would compare the year to March 2026 with the year to March 2025.

Annualised estimates smooth trends over time and minimise the effects caused by short-term volatility in provisional data that might affect quarter-on-quarter or quarter-on-year comparisons.

Figure 1: Total public service productivity increased by 0.3% in the year to June 2026 compared with the year to June 2025

Annualised quarterly index total public service productivity, inputs, and output, UK, Quarter 1 (Jan to Mar) 2024 to Quarter 2 (Apr to Jun) 2026



Source: Public service productivity from the Office for National Statistics

Notes:

1. All estimates are official statistics in development and are annualised quarterly estimates.

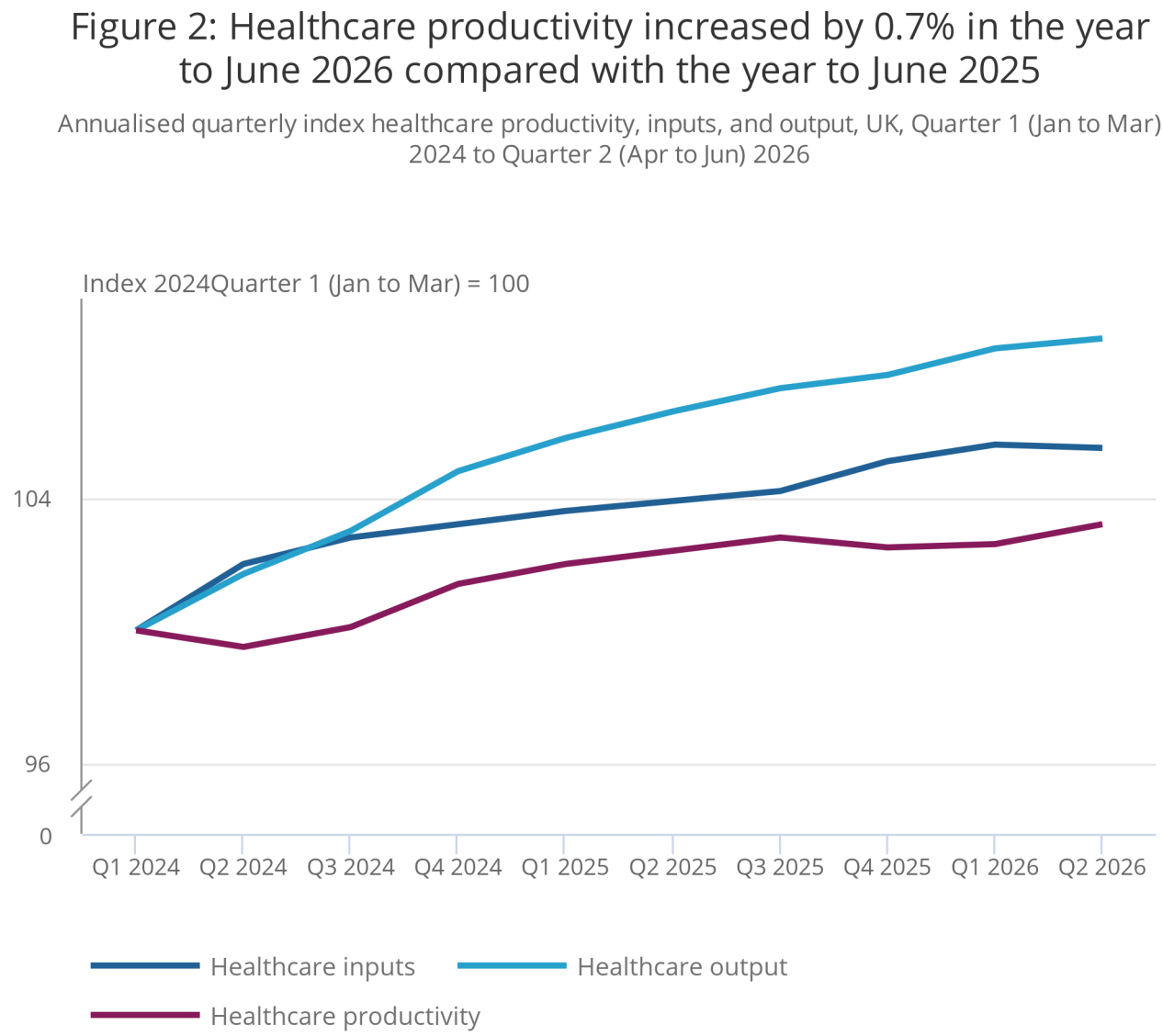
2. Estimates use different methodology and are not benchmarked to our accredited annual estimates, and will not give the same growth rates in periods covered by both sets of estimates.

Total public service productivity (TPSP) grew by 0.3% in the year to June 2026 compared with the year to June 2025, as output growth (2.0%) outpaced inputs growth (1.6%). Annualised productivity growth has not changed since the previous quarter; it is down from a peak of 1.3% growth in the year to September 2025 to its lowest level since the year to September 2024 (0.1% growth).

TPSP growth in the year to March 2026 was revised down to 0.3% (compared with 0.5%, as previously published). This is because upward revisions to inputs (1.9%, up from 1.2%) were greater than upward revisions to output (2.2%, up from 1.7%). For more on revisions, see Section 5: Revisions to public service productivity estimates.

Figure 2: Healthcare productivity increased by 0.7% in the year to June 2026 compared with the year to June 2025

Annualised quarterly index healthcare productivity, inputs, and output, UK, Quarter 1 (Jan to Mar) 2024 to Quarter 2 (Apr to Jun) 2026



Source: Public service productivity from the Office for National Statistics

Notes:

1. All estimates are official statistics in development and are annualised quarterly estimates.

2. Estimates use different methodology and are not benchmarked to our accredited annual estimates, and will not give the same growth rates in periods covered by both sets of estimates.

Healthcare forms almost 40% of all public service expenditure and is the single largest service. Healthcare productivity increased by 0.7% in the year to June 2026 compared with the year to June 2025. This was caused by outputs growth (2.2%) outpacing inputs growth (1.5%). Annualised quarterly healthcare productivity growth is up from 0.6% last quarter but remains significantly lower than its peak of 2.9% in the year to June 2025.

Annualised quarterly healthcare productivity growth in the year to March 2026 was revised up to 0.6% (compared with 0.4%, as previously published). This is because upward revisions to inputs (1.9%, up from 1.8%) were smaller than upward revisions to output (2.5%, up from 2.1%). For more on revisions, see Section 5: Revisions to public service productivity estimates.

4 . Provisional annual estimates

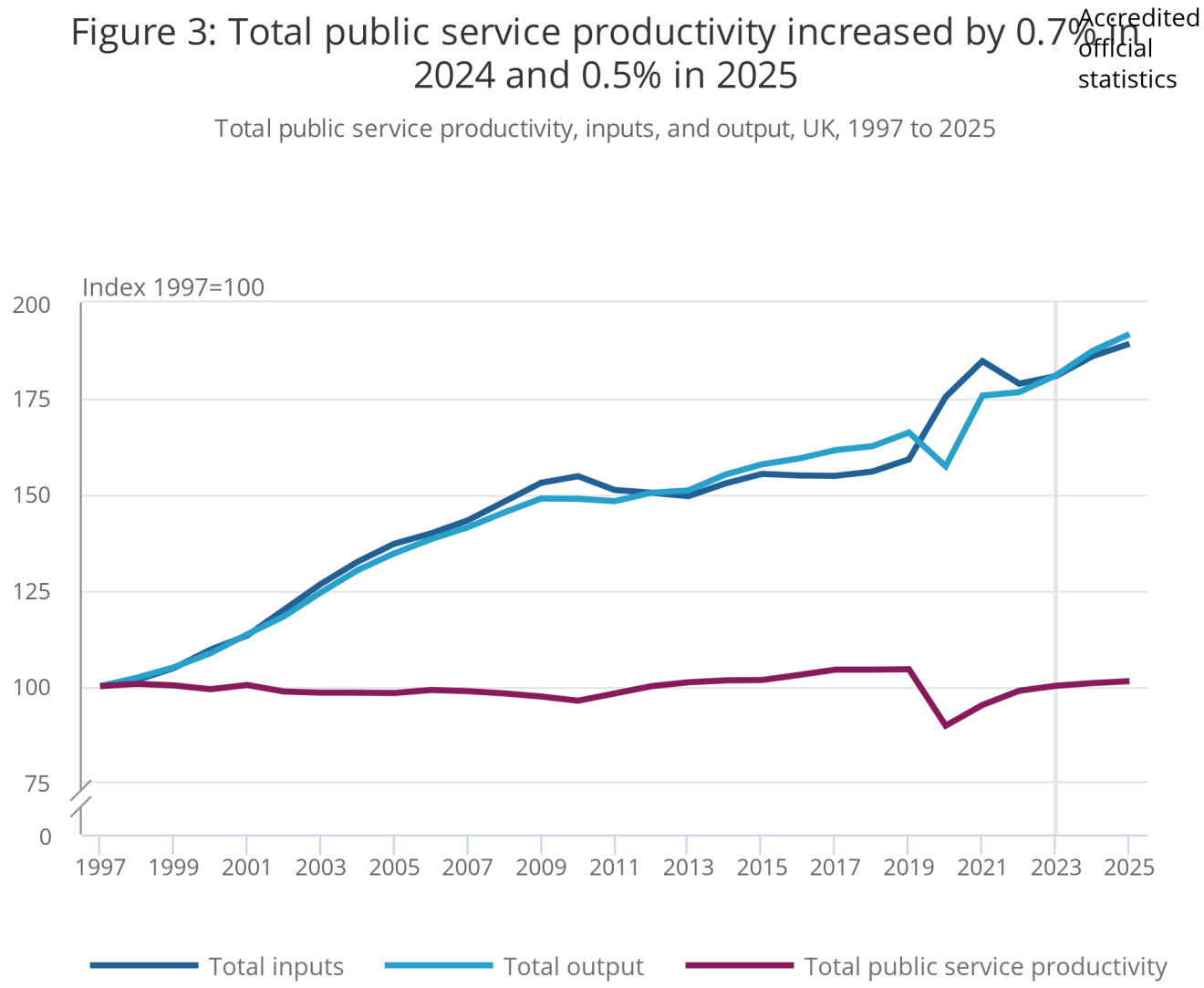
This section uses the data sources and methodology available for these quarterly estimates to produce a "nowcasted" prediction of what our accredited annual estimates will be for the latest two full calendar years. We do this by combining our accredited annual estimates from 1997 to 2023 with our annualised estimates for 2024 and 2025, which are official statistics in development. We focus on the annualised calendar year trend to help users better understand underlying long-term productivity trends that are consistent with national accounting periods. The annualised estimates are based on a quarterly annualised growth rate approach, which produces "nowcasted" estimates for 2024 and 2025. Read more on this method in Section 9: Data sources and quality.

Total public service productivity

Latest estimates continue to indicate that total public service productivity (TPSP) has grown for the fifth consecutive year in 2025, following the large fall in productivity in 2020 during the coronavirus (COVID-19) pandemic.

Figure 3: Total public service productivity increased by 0.7% in 2024 and 0.5% in 2025

Total public service productivity, inputs, and output, UK, 1997 to 2025



Source: Public service productivity from the Office for National Statistics

Notes:

1. Estimates from 1997 to 2023 are annual accredited official statistics.

2. Estimates for 2024 and 2025 are official statistics in development and are annualised quarterly estimates.

Total public service productivity in 2025 is estimated to be 2.9% below 2019 levels despite increasing by 0.7% in 2024 and 0.5% in 2025. These growth rates are similar to the average annual growth of 0.7% in the decade to 2019, before the coronavirus pandemic.

Latest estimates suggest that despite upward revisions to both inputs and output growth in 2025 since the previous publication, growth in inputs (1.7%) and output (2.3%) in 2025 was still slower compared with 2024. Healthcare is the largest public service in expenditure terms, and the main contributor to growth in total inputs and output.

The slowdown in inputs growth between 2024 and 2025 reflects weaker growth in labour inputs across most services.

All services saw growth in output in 2025, except for education, which fell slightly. The slowdown in output growth in 2025 was mainly caused by weaker growth in health and education services.

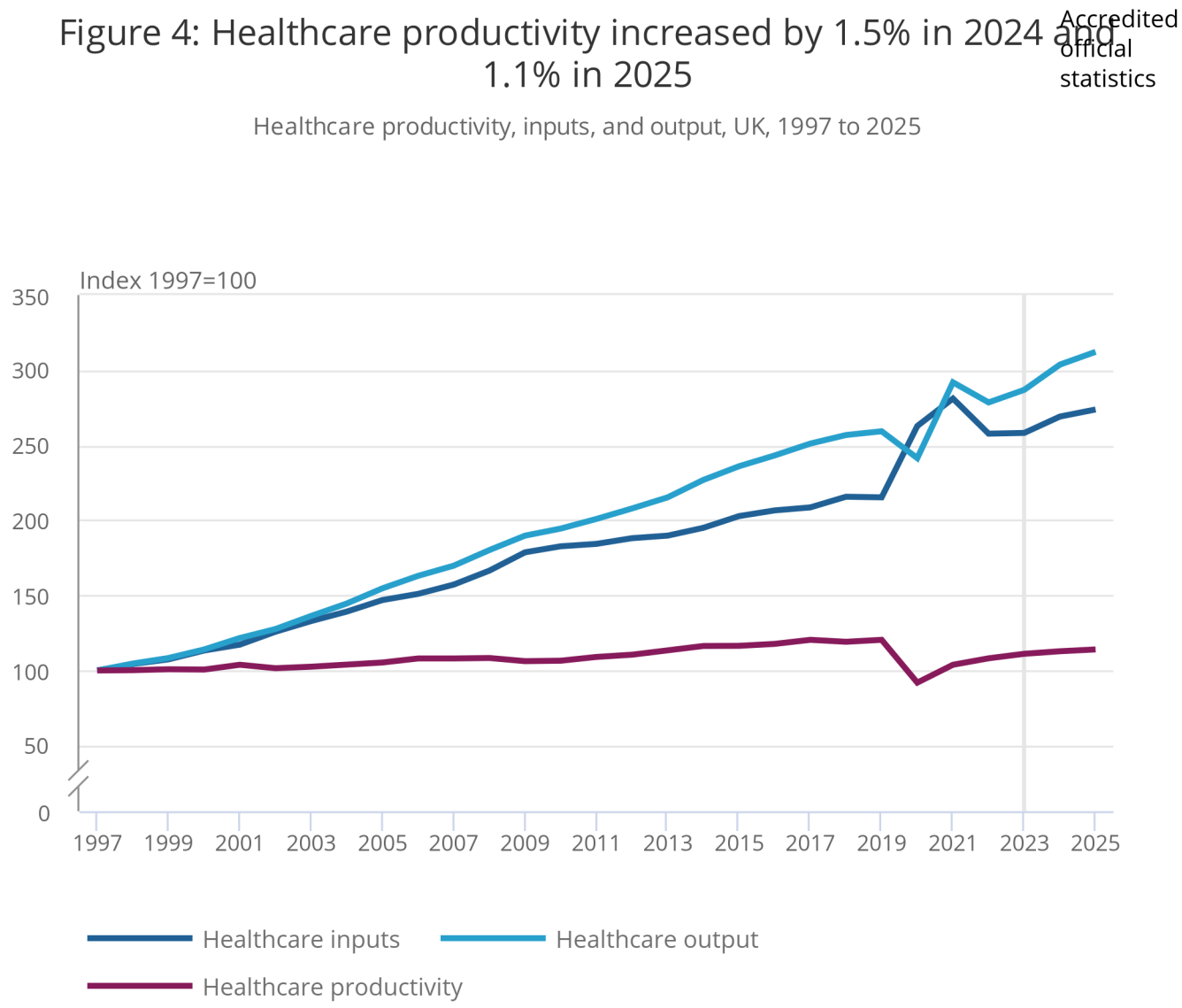
For more on revisions, see Section 5: Revisions to public service productivity estimates.

Healthcare productivity

Latest estimates indicate that healthcare productivity has grown for the fifth consecutive year in 2025, following the large fall in productivity in 2020 during the coronavirus pandemic.

Figure 4: Healthcare productivity increased by 1.5% in 2024 and 1.1% in 2025

Healthcare productivity, inputs, and output, UK, 1997 to 2025



Source: Public service productivity from the Office for National Statistics

Notes:

1. Estimates from 1997 to 2023 are annual accredited official statistics.

2. Estimates for 2024 and 2025 are official statistics in development and are annualised quarterly estimates.

Healthcare productivity in 2025 is estimated to be 5.3% below 2019 levels but has increased by 1.5% in 2024 and 1.1% in 2025. These growth rates are similar to the average annual growth of 1.3% in the decade to 2019, before the pandemic.

Latest estimates suggest that despite upward revisions since the previous publication, growth in both healthcare inputs (1.7%) and healthcare output (2.8%) in 2025 was still slower compared with 2024. For more on revisions, see Section 5: Revisions to public service productivity estimates.

The slowdown in inputs growth in 2025 was caused by weaker growth in healthcare labour inputs, which are now more comparable to trends seen in the decade to 2019.

5 . Revisions to public service productivity estimates

In line with our National Accounts Revisions Policy, this release contains data that are consistent with the UK National Accounts, The Blue Book: 2026, which was released on 30 October 2026. As these estimates are official statistics in development, revisions from method improvements are to be expected, and typically greater than those seen in accredited statistics. Table 1 compares our latest provisional annual total public service productivity estimates with previously published estimates.

Table 1: Latest and previously published annualised estimates for total inputs, output and productivity growth, UK, percentage

Year	Estimate	Inputs	Output	Productivity	Productivity compared with 2019
2024	Previously published	2.7%	3.5%	0.7%	3.4% lower
2024	Latest	2.9%	3.6%	0.7%	3.5% lower
2025	Previously published	0.7%	1.7%	0.9%	2.5% lower
2025	Latest	1.7%	2.3%	0.5%	2.9% lower

Source: Public service productivity from the Office for National Statistics

Notes

1. The "Productivity compared with 2019" column compares the annualisedquarterly estimates for 2024 and 2025 (official statistics in development) with annual estimates for 2019 (accredited official statistics).

2. "Previously published" estimates refer to estimates as of our Public service productivity, quarterly, UK: January to March 2026 release, published on 7 August 2026.

Total public service productivity growth for 2025 was revised down by 0.4 percentage points because upward revisions to inputs growth were larger than upward revisions to output growth. Revisions to inputs and output were mainly caused by new data released with UK National Accounts, The Blue Book: 2026, including upward revisions to inputs relating to the delivery of publicly funded services by independent sector providers in social protection and health, and upward revisions to healthcare output.

In this release we have also refined how we account for changes in the price of publicly funded social protection services delivered through the independent sector, to bring it in line with public service productivity principles. To do this, we have changed the way we calculate the social transfers in kind (STIK) deflator for social protection to be the same as how it is calculated in healthcare. This results in a further upward revision to the inputs for social protection. For more information on this change, please see the "Quarterly healthcare inputs methods improvements" subsection of Section 4: Revisions to public service productivity estimates of our Public service productivity, quarterly, UK: January to March 2026 bulletin.

This downward revision to productivity growth in 2025 means that productivity in 2025 is estimated to be lower compared with 2019 levels than previously published.

Table 2 summarises the latest provisional annual healthcare growth rates for 2024 and 2025.

Table 2: Latest and previously published estimates for healthcare inputs, output and productivity growth, UK, percentage

Year	Estimate	Inputs	Output	Productivity	Productivity compared with 2019
2024	Previously published	4.2%	5.3%	1.1%	6.7% lower
2024	Latest	4.2%	5.8%	1.5%	6.3% lower
2025	Previously published	1.1%	2.2%	1.0%	5.8% lower
2025	Latest	1.7%	2.8%	1.1%	5.3% lower

Source: Public service productivity from the Office for National Statistics

Notes

1. The "Productivity compared with 2019" column compares the annualisedquarterly estimates for 2024 and 2025 (official statistics in development) with annual estimates for 2019 (accredited official statistics).

2. "Previously published" estimates refer to estimates as of our Public service productivity, quarterly, UK: January to March 2026 release, published on 7 August 2026.

Healthcare productivity growth in 2024 has been revised up by 0.4 percentage points because of upward revisions to healthcare output data. Both healthcare inputs growth and output growth have been revised up in 2025, resulting in a 0.1 percentage point upward revision to productivity. These revisions are mainly a result of new data released with UK National Accounts, The Blue Book: 2026, alongside a small revision caused by us updating a deflator used to account for changes in the price of goods and services used in healthcare. These changes mean that healthcare productivity in 2024 and 2025 is now estimated to be closer to 2019 levels than previously published.

6 . Confidence intervals for provisional annual estimates

Confidence intervals surrounding our provisional nowcasted productivity estimates are shown in Table 3. The purpose of these intervals is to give users a sense of the scale of possible revisions to our provisional annual growth rates when our accredited annual estimates for 2024 and 2025 are released. The interval width is determined by historical differences between the growth rates of calendar year estimates calculated using our quarterly and annual methods. We do not include 2019 to 2023 in our calculation of confidence intervals, as growth during this period is not reflective of historical and underlying differences between our quarterly and annual methods.

Typically, there is a greater variance between our annual and quarterly estimates on inputs than output, and in later periods (for example, 2025) rather than earlier periods (for example, 2024). Nowcasted estimates are official statistics in development and should be treated with caution until our 2024 and 2025 annual accredited estimates become available.

Table 3: Nowcast estimates for 2024 and 2025 total and healthcare public service productivity, inputs and output growth rates, UK, percentage

95% confidence interval

		Total PSP			Healthcare		
	Year	**Lower**	**Central**	**Upper**	**Lower**	**Central**	**Upper**
Productivity	**2024**	-1.1%	0.7%	2.4%	-2.2%	1.5%	5.3%
	2025	-1.9%	0.5%	2.9%	-3.6%	1.1%	5.7%
Inputs	**2024**	1.3%	2.9%	4.5%	1.6%	4.2%	6.9%
	2025	-0.6%	1.7%	4.0%	-1.6%	1.7%	5.1%
Output	**2024**	2.8%	3.6%	4.4%	4.8%	5.8%	6.8%
	2025	0.9%	2.3%	3.6%	1.2%	2.8%	4.4%

Source: Public service productivity from the Office for National Statistics

Notes

1. We use a quarterly annualised growth rate nowcast. For more details please seeour Developing nowcast methodologies for public service productivity

2. UK article.

The confidence intervals provide a measure of the differences in data sources and methodology between the quarterly and annual estimates and do not mean that the quarterly data has a large uncertainty. This approach is based on variance between the quarterly and annual estimates in the period up to 2019 and may not perfectly reflect the situation after the public service productivity review concluded in March 2025.

For an example, the current estimate of total public service inputs growth using annualised quarterly methods is 0.8% in 2023, and the accredited annual estimate is 1.1% for 2023 (published in March 2026).

The current estimate of total public service output growth using annualised quarterly methods is 1.7% for 2023. The annual estimate for non-quality adjusted output was 2.1% for 2023 (published in March 2026).

In healthcare the differences are larger, but still within the width of the confidence intervals outlined in this section. The current estimate of healthcare inputs growth using annualised quarterly methods is a 2.1% decrease in 2023, and the accredited annual estimate is 0.2% growth for 2023 (published in March 2026).

The current estimate of healthcare output growth using annualised quarterly methods is 0.4% for 2023. The accredited annual estimate for non-quality adjusted output was 2.2% for 2023 (published in March 2026).

Contributing factors to the revisions in this period stem largely from differences in the calculation of output between national accounts and annual public service productivity estimates. This includes different methods for estimating the volume of non-NHS healthcare services, the equivalisation of weights for acute care and ambulance services within productivity estimates, and different approaches to producing calendar year estimates.

7 . Data on public service productivity

Public service productivity, quarterly, UK
Dataset | Released 6 November 2026
UK total public service productivity and healthcare productivity. Includes estimates of inputs, output, productivity, and revisions. These are official statistics in development.

8 . Glossary

Deflator

A price index used to remove inflation effects from current price estimates of expenditure to provide a volume estimate.

Direct output measurement

Output is estimated using an activity-based index (typically weighted by cost). For example, the number of students in state schools, adjusted for attendance and weighted by the cost of different phases of schooling. This differs from an indirect output measurement, where output is assumed equal to inputs.

Intermediate inputs

Also referred to as "goods and services", or "intermediate consumption" (the National Accounts term). Intermediate inputs include goods and services used up in the provision of a public service, such as utilities, energy, professional services, and medical supplies, among others.

Public services

These are services delivered by or paid for by government (central or local). If paid for by the government, they may be delivered by a private body - for example, the provision of nursery places by the private sector, where these places were funded by the government.

Quality adjustment

A statistical estimate of the change in the quality of a public service, using an appropriate metric, such as safety in prisons as part of the public order and safety adjustment.

Service area

The way we refer to the breakdown of public services into seven areas, closely following standard industrial classification (SIC) codes.

Standard industrial classification

The industrial classification applied to the collection and publication of a wide range of economic statistics.

9 . Data sources and quality

Official statistics in development

These statistics are labelled as "official statistics in development". We are continuously developing our data sources and methods to improve their quality.

Data sources

We use different sources and methods to produce our official statistics in development quarterly statistics and our annual accredited official statistics.

This bulletin uses expenditure data from quarterly UK National Accounts, split into seven categories:

- healthcare
- education
- social protection
- justice and fire
- military defence
- central government services
- local government services

Data sources and methods differ from the annual publication, depending on data availability and appropriateness on a quarterly or annual basis. For example, some inputs measures that are available on an annual basis as direct measures are not available on a quarterly basis. These missing quarterly direct input measures may only be obtainable using indirect measures (deflated expenditure).

Our annual total public service productivity (accredited official statistics) also use different deflators to estimate volumes of inputs other than those used in this release. As such, estimates are not directly comparable between the quarterly and annual publications. Estimates of productivity, inputs and output up to 2023 are reported on an annual basis and use data from our Public service productivity, total, UK, 2023 article. Further information about our annual accredited official statistics can be found in our Public service productivity: total, UK, quality and methodology information (QMI).

Seasonal adjustment

Our quarterly estimates of public service productivity contain systematic calendar related variation. Therefore, we apply seasonal adjustment for comparability. Office for National Statistics seasonal adjustment publication. For our quarterly estimates, we use the X11 algorithm in the X-13 ARIMA-SEATS software to perform seasonal adjustment.

Since our November 2025 publication, we treat Quarter 2 (Apr to Jun) 2020 to Quarter 2 2022 as outliers in our seasonal adjustment process. This reflects advice from time series experts given the current data and length of time series available since 2022. We also apply indirect seasonal adjustment consistent with other areas of National Accounts. This step uses the chain-linking aggregation approach to aggregate the seasonally adjusted service areas and ensures additivity across our service area estimates and the total.

Additional steps are taken to ensure a robust seasonal adjustment process for healthcare inputs. Since Quarter 3 (July to Sept) 2022, the non-seasonally adjusted data on healthcare inputs show a different seasonal pattern than earlier data. For example, growth in Quarter 4 (Oct to Dec) estimates are stronger, compared with pre pandemic trends; while Quarter 1 (Jan to Mar) estimates are now weaker, Quarter 2 estimates are now relatively stronger. This could be because of policies and measures adopted by government departments following the coronavirus (COVID-19) pandemic.

This new seasonality is not properly captured by the seasonal adjustment model for inputs, which produce estimates that do not appear to fully reflect the current economic scenario since 2022. To revise the seasonal adjustment fully requires more quarters of data post-Quarter 3 2022 to enable a re-estimation of the trend of the new seasonality. These estimates will be subject to continued assessment as new data become available, and as we work to further align ourselves with National Accounts best practice.

Measuring public service productivity

These statistics take no further account of changes to the quality of public services in periods beyond the latest statistics published for 2023 in our annual total public service productivity article, which are accredited official statistics. We incorporate data consistent with the UK National Accounts, unless otherwise specified (such as in cases where we have more timely data available to inform our estimates).

These estimates are not a measure of the productivity of an individual worker within the public sector. Instead, they reflect the volume of services delivered to end users, relative to the volume of total inputs required to deliver these services. Productivity will increase when more output is being produced for each unit of inputs used. Estimates of inputs, output, and productivity are given both as growth rates between consecutive periods and as indices, showing the cumulative trend over time.

For total UK public services, estimates of inputs are made up of aggregated series for individual public services, weighted together by their relative share of total expenditure on public services in current price (expenditure weight). Inputs include labour, goods and services, social transfers in kind (STIK), and consumption of fixed capital. Expenditure data, used to estimate most inputs growth, are taken from our GDP quarterly national accounts bulletin.

Output in our productivity estimates reflects total general government final consumption expenditure (GGFCE). The quarterly national accounts produce estimates of government output, based on direct measures where they are available, and indirect measures where they are not.

Our quarterly data do not currently account for staff absenteeism in our labour estimates. However, our annual accredited official statistics estimates do account for this. More information on the differences in method and sources used in our quarterly and annual estimates of public service productivity can be found in our Public service productivity: total, UK QMI.

Healthcare inputs are calculated as follows. Labour growth is based on our public sector employment data (direct implied expenditure), and deflated bank staff implied expenditure. The volume growth of healthcare labour inputs are then weighted according to its current price expenditure share relative to other health inputs components. Our estimates of intermediate consumption and capital are based on national accounts sources and adopt the same aggregation approach.

In recent releases (August and November 2026) we have updated STIK deflators to reflect labour, intermediate consumption and capital consumption deflators for healthcare and social protection, replacing the previous approach that was linked to output growth.

Our public service quarterly output volume measure for healthcare is estimated based on the growth in the following types of activities in England, which have timely data collections:

- elective and non-elective treatments
- hospital outpatient first and follow-up appointments
- emergency care
- critical care services
- ambulance attendances
- community health services
- mental health treatments
- community prescribed drugs
- general practitioner (GP) consultations
- dental services
- ophthalmic services
- NHS phone and website services
- COVID-19 vaccinations

More information can be found in our Improvements to healthcare volume output in the quarterly national accounts methodology.

Quarterly healthcare output growth is based on available data for a subset of services in England. Because of limited data, these indicators are assumed to reflect overall healthcare trends. Longer-term estimates are adjusted when more complete annual data become available.

Public service productivity estimates relate to all public services produced or purchased by government, including services where employees are central or local government, as well as services commissioned to independent sector providers. This differs from the public sector, which includes public corporations but excludes services produced by independent sector providers, to avoid double-counting with other institutional sectors.

Public service productivity is measured differently to labour productivity and multi-factor productivity and is not directly comparable. It reflects the volume of services delivered to end users, relative to the volume of total inputs (which include labour, intermediate consumption, and capital). The measure is dominated by healthcare and education services because of their relative size.

These estimates should be considered a first estimate of public service productivity. The Office for National Statistics, together with HM Treasury and other government departments, will continue to develop and improve its methods, which may lead to revisions of these preliminary estimates.

Annualised estimates

Annualised inputs and output estimates are derived by averaging the non-seasonally adjusted index values across four quarters of a year. These estimates are used to calculate productivity growth rates for 2024 and 2025, which are then applied to our 2023 accredited official statistics. This method is used in our Developing nowcast methodologies for public service productivity, UK article.

We also make pre-pandemic annual comparisons, recognising the impact the COVID-19 pandemic had on public services. Inputs rose in 2020, reflecting the extra resources provided to public services to deal with the pandemic. Conversely, output fell in 2020, as many services were delivered in a different way than in 2019, with additional costs and mandatory restrictions present for certain services.

Recommendations from National Statistician's Independent Review of the Measurement of Public Services Productivity

We continue to make incremental improvements to this release and accompanying datasets, in line with recommendations set out in the National Statistician's Independent Review of the Measurement of Public Services Productivity.

We have made progress on:

- replacing the current "contribution to growth" compilation method with "chain volume measures", and implementing reconciliation of the quarterly estimates with the annual estimates each year to align with UK National Accounts protocols and improve coherence and understanding for users (see Recommendation 18)
- applying the Quarterly cumulative Average Growth Rates (QAGR) method to provide timelier nowcast estimates for annual estimate, as further research is undertaken to evaluate the efficacy of alternative methods in the light of the coronavirus pandemic (see Recommendation 19)

We will continue to work on remaining recommendations to:

- account for available quality adjustment data and, where this is not possible, keep nowcasting models under annual review to provide the most accurate and timely data possible (see Recommendation 16)
- proceed with best practice improvements to align quarterly and annual production statistics (see Recommendation 20)

In addition to this, we will continually review our data sources and methods to provide the best timely indicator of UK public service productivity.

10 . Related links

Public service productivity: total, UK, 2023
Article | Released 30 March 2026
Updated measures of output, inputs and productivity for UK public services between 1997 and 2023, including service area breakdown, quality adjustment, and latest revisions.

Impact of improved methods on total public service productivity 1997 to 2022
Article | Last revised 16 March 2026
This article presents the improvements to public service productivity measures introduced in the Public Services Productivity Review implemented in March 2026.

National Statistician's Independent Review of the Measurement of Public Services Productivity
Report | 13 March 2025
Review of the measurement of UK Public Services Productivity.

GDP quarterly national accounts, UK
Statistical bulletin | Released 30 September 2026
Revised quarterly estimate of gross domestic product (GDP) for the UK. Uses additional data to provide a more precise indication of economic growth than the first estimate.

Productivity flash estimate and overview, UK
Article | Released 18 August 2026
Productivity flash estimates for Quarter 2 (Apr to Jun) 2026, based on the GDP first quarterly estimate and labour market statistics, and productivity overview for Quarter 1 (Jan to Mar) 2026.

Developing nowcast methodologies for public service productivity, UK
Article | Released 11 December 2024
An overview of the latest experimental methods to produce timelier estimates of annual UK public service productivity. These are official statistics in development.

11 . Cite this statistical bulletin

Office for National Statistics (ONS), released 6 November 2026, ONS website, statistical bulletin,Public service productivity, quarterly, UK: April to June 2026