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 **United Kingdom – ONS “Public Service Productivity” series**  
Publishes annual and (now-cast) quarterly indices that weight service volumes by outcome quality.  
• **Healthcare**: adjusts activity counts with survival rates, health-gain scores and waiting-time changes.  
• **Education**: pupil-hours are uplifted (or reduced) by exam-grade performance.  
• **Public order & safety / adult social care**: uses re-offending rates and user-experience scores to refine output. [Office for National Statistics](https://www.ons.gov.uk/economy/economicoutputandproductivity/publicservicesproductivity/articles/aguidetoqualityadjustmentinpublicserviceproductivitymeasures/2019-08-07)

 **Netherlands – Statistics Netherlands (CBS) experimental indices**  
Pilots sector-specific quality adjustments before rolling them into official accounts.  
• **Libraries**: loans, visits and events are re-weighted for the breadth of the physical-and-digital collection.  
• **Fire services**: intervention counts are scaled by the **monetary value of property and health damage avoided** (a direct outcome proxy). [Centraal Bureau voor de Statistiek](https://www.cbs.nl/-/media/_pdf/2021/26/2021dp09-productivity-in-the-dutch-public-sector.pdf)

 **Denmark – Statistics Denmark output-based national-accounts method (since 2014)**  
Replaces input-=-output with direct volume indicators and paves the way for quality layers.  
• Tracks numbers of hospital treatments, pupils taught, preschool and elder-care places; next step (under way) is to fold in waiting-time targets and student test results as quality modifiers. [Danmarks Statistik](https://www.dst.dk/pubomtale/18684)

 **Nordic pioneers (Finland & Sweden)**  
Long-running “hospital benchmarking” and the seminal Swedish ESO study show how outcome markers enhance volume counts.  
• **Finland** pairs hospital activity with cost-and-productivity dashboards that compare units on case-mix-adjusted treatment outcomes. [Statistics Finland](https://stat.fi/en/statistics/sairt)  
• **Sweden** (ESO, 1980s) weighted service outputs by patient-health improvements and school-exam results, demonstrating quality-adjusted productivity almost four decades ago. [nber.org](https://www.nber.org/system/files/chapters/c7244/c7244.pdf)