

1- Introduction

The COVID-19 pandemic started with an unexplained incidence of pneumonia in Wuhan, China, in December 2019 and spread swiftly. PRC CDC investigated respiratory samples and found a novel corona virus causing pneumonia (NCP). Before, corona virus erupted. SARS-CoV and MERS-CoV were previous outbreaks. COVID-19 affected 209 countries, including Pakistan. (Patel et al., 2021).

After spreading in China, COVID reached Europe in 1Q20. Many sectors will embrace public health measures by March 2020. The first wave was a global pandemic in Mid-April saw looser restrictions (Atkins et al., 2020). The second, deadlier wave peaked in mid-January 2021 with UK-origin strain. UK launched COVID-19 vaccinations in 2020. By August 2021, restrictions were relaxed. A third wave, fueled by the new Delta strain, began in July 2021, although deaths and hospitalizations were lower. Omicron caused record infection levels by early 2021. (Atkins et al., 2020).

The UK government and devolved administrations passed public health and economic laws. In May 2020, a nationwide lockdown was lifted. Mid-2021's third wave erased most constraints. In December 2021, the winter plan reintroduced certain Omicron-related restraints. All restrictions were lifted in February and March 2022. In troubled businesses, furloughs were given. The pandemic has affected UK healthcare, business, education, society, and politics.

2- Economists' reaction

The efforts that governments all over the globe are making to stop the spread of the corona virus are going to have a significant impact on economic activity. The COVID-19 epidemic prompted the United Kingdom to declare an emergency on March 23, 2020 (Khanji, Aung, Chahal, and Petersen, 2020).

The findings of National Statistics show that between April 6 and April 19, 2020, 23 percent of enterprises either stopped or postponed their activities, and over 60 percent reported declining sales. As soon as the restrictions imposed during the lockdown are released, regular economic activity will restart; however, the pace and patterns of this recovery are not yet known and will vary depending on the industry. According to McKinsey's projections, the gross UK Domestic product (GDP) will decrease by 9 percent in 2020 (Tera, Marc, and Vivian, 2021).

When output declines at such a rapid pace, the effect on employment is significant. Approximately 7.6 million jobs are at risk in the case of a lockdown, which includes both long-term and short-term layoffs and shift cutbacks. People at the bottom of the economic scale have the most significant risk of losing their employment due to this development. Most job opportunities are for those earning less than £10 an hour. (Average hourly pay in 2019: £13.30) A range of 23% to 29% of employment is at risk in Blackpool, Stoke on Trent, and Torbay, among the 20 lowest-income sub-regions (Foye et al., 2021).

3- UK Government Efforts in response to COVID-19

The British government started a health and economic efforts in response to COVID-19. Scotland, Wales, and Northern Ireland had different pandemic policies than England. During the crisis, laws were enacted.

The UK has a pandemic strategy. The UK issued a travel warning and began contact tracing after the first COVID-19 cases in January 2020 (Scally et al., 2020). Authorities' enacted tighter social restrictions after the virus spread, rejecting more extraordinary measures in Europe and Asia. Boris Johnson ordered the first nationwide lockdown on March 23, 2020, and Parliament passed the Corona virus Act 2020, giving devolved government's emergency powers and empowered police to enforce public health measures (Tera et al., 2021).

Stay-at-home policies changed practices. Scottish abolitionists Localized lockdowns, social distance, self-isolation laws for virus-exposed individuals, and face mask limitations were implemented nationwide, along with enhanced COVID-19 testing and monitoring. Due to an uptick in COVID-19 and Alpha, autumn and winter 2020 witnessed widespread lockdowns. 2020 will have COVID-19 vaccines (Khanji et al., 2020). During the third wave powered by Delta, the government relaxed most constraints until the "winter plan" reinstalled some curbs in mid-2021. On February 24, 2022, the government published a plan to live with COVID (Khanji et al., 2020)..

Businesses and furloughed employees have received economic relief. It bypassed procurement to address PPE and medical equipment shortages and created a contact monitoring app. Medical professionals, the media, COVID-19 victims' relatives, and some politicians criticized the British government's response, specifically the timeliness of public health measures. 2022 will tell.

4- Has the increase in COVID-19 instances had any long-term effects on medical care provided by the hospital?

There were 1,484 confirmed COVID deaths in the UK on January 19, 2021. There were 1,820 documented deaths on Wednesday, January 20, many of which occurred during the weekend. The number of COVID patients admitted to the hospital increased substantially between November and February. On January 18, 2021, 30 percent of NHS hospital beds in the UK were filled by COVID users(Brown et al, 2020).

Even while the pace of increase has dropped dramatically in the third wave, hospital admissions have continued to rise. By August 8, 2020, Public Health England (PHE) estimated that the immunization program had saved more than 82,000 hospitalizations in the United Kingdom (Holt and Murray, 2021). The decreased transmission and the protection of people vaccinated resulted in scientists projecting that immunizations avoided between 102,500 and 109,500 deaths up to August 20 this year, this being taken into consideration (Tera et al., 2021).

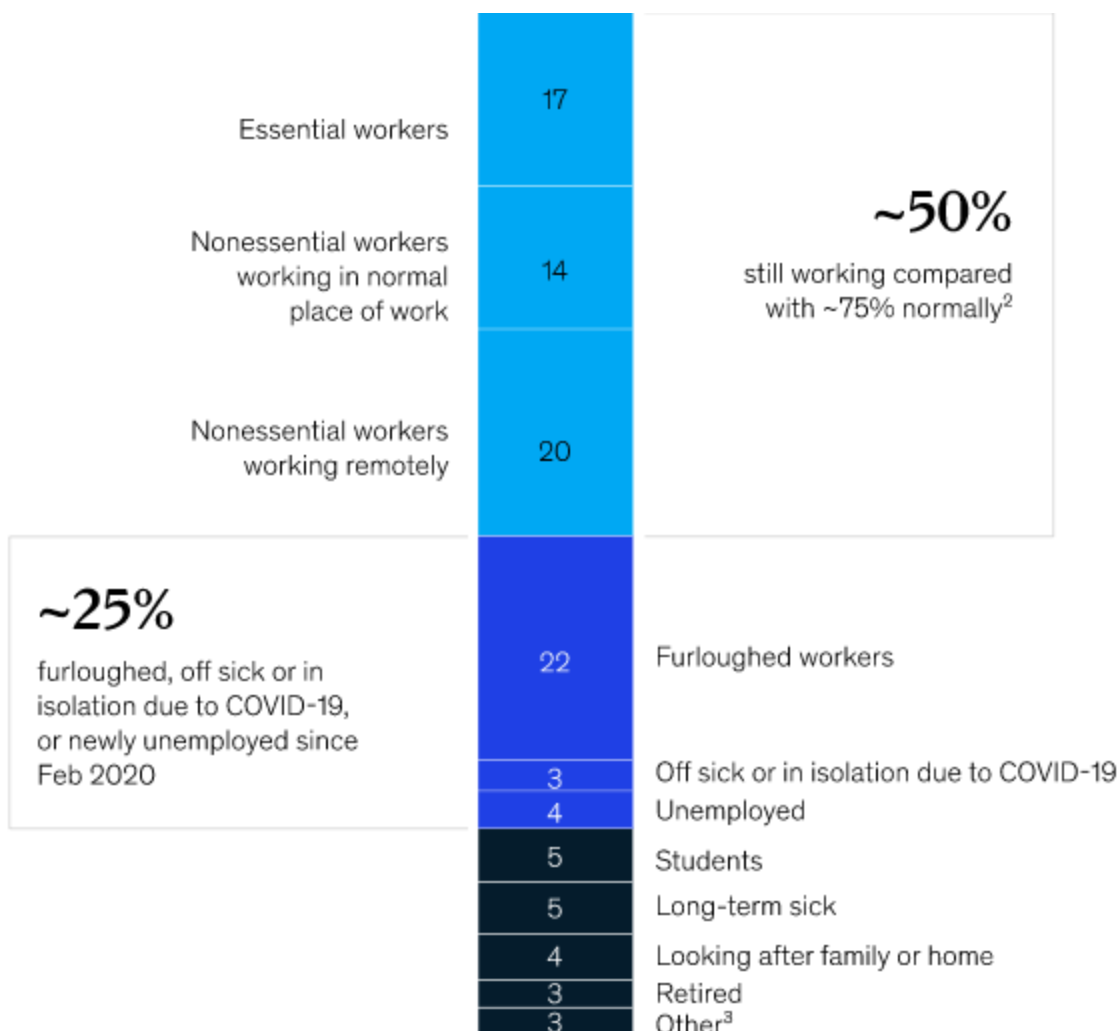
There seems to be a disparity between Northern Ireland's third-wave hospitalization rates and those of the other three nations, despite their overall case rates being almost equal. Compared to the most recent wave in England, 17,000 people were admitted to hospitals in Scotland and 14,000 in Wales. Just 10 % of England's population was hospitalized (Brown et al, 2020). This wave of hospitalizations and deaths in Northern Ireland is unknown. Vaccination rates may be lower, underlying health conditions may worsen in Northern Ireland, or health care practitioners may handle COVID differently there (Brown et al, 2020).

Except for Northern Ireland, where infection rates are still high, almost all restrictions have been lifted in the United Kingdom. However, COVID continues to be a significant drain on health care resources. There were 1,240 new enrollments at COVID on October 31, 2020, the day before the England lockdown announcement. This means that for every 100,000 persons in the country, there were 2.2 new COVID enrollments (Tera et al., 2021). It has already been crossed in this wave of cases in Scotland, Northern Ireland, and Wales, despite the vaccine's ability to protect against severe disease. In addition to COVID, other health care limits may need new social regulations (Tera et al., 2021).

During previous lockdowns, A&E and other medical institutions saw a massive decrease in visits. While the frequency of illnesses and injuries went down, many remained away from the ER because they were fearful of contracting COVID or concerned about straining the NHS. As a result of the rise in demand for emergency treatment due to the epidemic, patients are being forced to wait for extended periods (Andrew, Alrawi, and Lovat, 2020).

5- COVID-19 has resulted in a decrease in the number of employees.

According to McKinsey's projections estimates, a furlough affected over 22 percent of the population of the United Kingdom who were of working age between April 6 and April 19, 2020. This equates to nine million individuals. During that period, less than one percent of enterprises reported shutting their doors or laying off employees. It is anticipated that the lockdown would have secondary effects that will result in considerable employment losses. Hiring and retaining people may become more challenging due to the gradual withdrawal of government subsidies. More than six times as many people have applied for social assistance under the new universal credit system since March 16, 2021, compared to the total number of people who did so in the prior four weeks combined. (Bhatia, 2020). According to McKinsey and Oxford Economics models, unemployment might reach 9 percent by the middle of the projected period, up from 4 percent in February 2020 (Tera et al., 2021). It is predicted that secondary impacts will play a role in job losses caused by furloughs across the whole supply chain upstream of the industries now under lockdown, both inside the United Kingdom and elsewhere in the world.



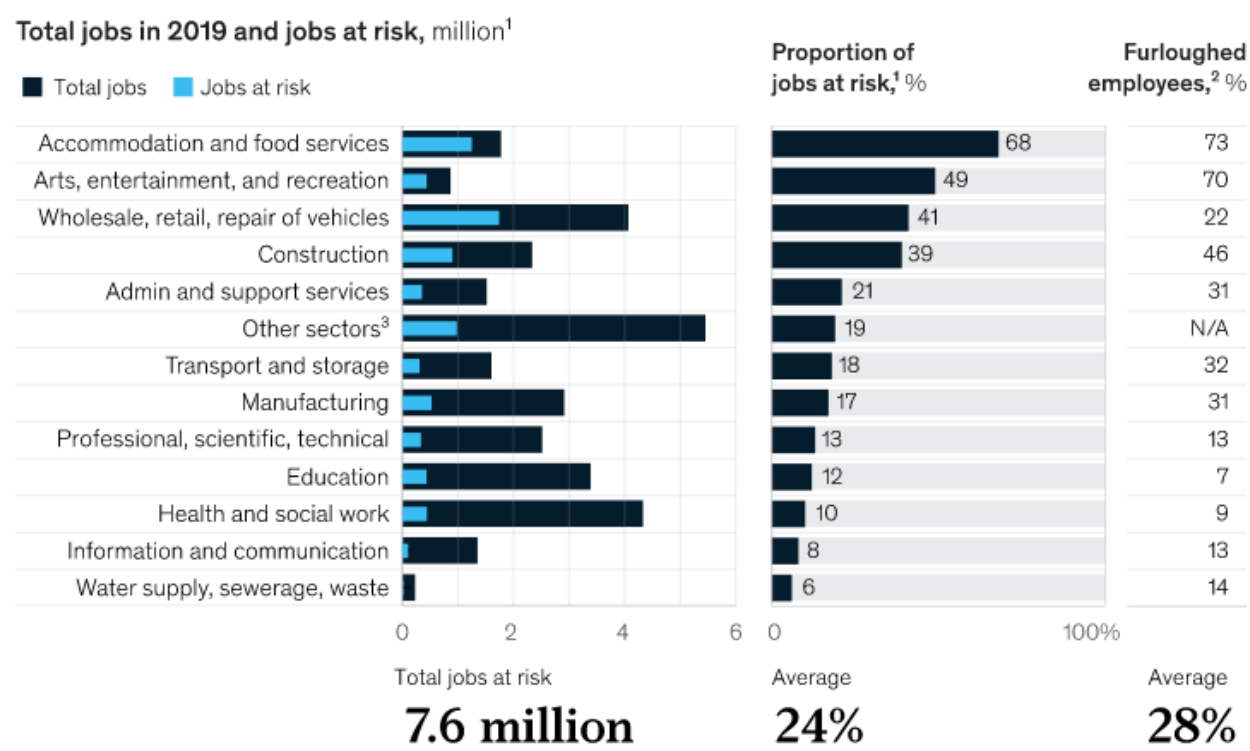
Workers who have been furloughed or laid off are only at the beginning. Unemployment anxiety, even in those who can keep their jobs, has an accretive effect on community well-being that is four times greater than the impact on an individual's well-being. In the UK, 30 percent of the nearly 7 million key workers have health and safety concerns. More than a million of the UK's 8 million home-based workers say they face problems (Tera et al., 2022). Moreover, 40% of those polled said they had lost employment (Harky et al., 2020).

6- Employees are most at risk.

In the COVID-19 crisis, low-income workers are more likely to be laid off or furloughed than high-income workers. Previously performed sector analysis shows this. An hourly income of about £8.60 is the norm in the hotel and food service sectors, while £19.20 is customary in the technology and communications industry. Another way to say it is that: Average hourly wages in the five worst-hit industries are approximately £10.60, compared to around £14.60 in the least affected sectors (Collin, O'Selmo, and Whitehead, 2021).

In contrast, wage disparities across professions are far more evident. Cleaning staff, cooks, waiters, and bartenders are all included in the essential occupations predicted to be in jeopardy in 2019(Tera et al., 2022). A 5-percent unemployment rate is seen among professional occupations such as computer programmers, project leaders, and accountants. This group is paid an average of 2.4 times more than individuals who work in elementary positions(Tera et al., 2022). The European employment outlook is bleak, with customer service, sales, and food service among the most vulnerable jobs.

The impact across sectors is highly uneven, as shown by both furloughed employees and jobs at risk.



Low-paying occupations have a higher concentration of at-risk jobs. Over a third of individuals earning less than £10 an hour have lost their jobs in the last year. More than 3 million people fall into the lowest pay bracket category, including those economically disadvantaged and underemployed. As of 2019, an estimated one-fifth of all jobs at risk were those earning less than the UK's hourly median salary of £13.30(Tera et al., 2022). This, too, is consistent with findings from other parts of the world.

7- What impact will the impending on the health care system?

At this point, there is no way to tell whether or whether the COVID-19 epidemic will have a significant impact on healthcare resources or not. While certain parts of the situation are encouraging, others are not. A single dosage of the flu vaccination is now available to children

aged 12 to 15 years old. Vaccinations in younger age groups will only affect a tiny percentage of those with severe COVID who require hospitalization. To ensure that individuals at risk of catastrophic disease or death are appropriately covered, a new initiative is enrolling those over 50 year's age.

Vaccines, home monitoring, and innovative drugs, all of which may be utilized for individuals who do not have an antibody response, are now available as alternatives for COVID treatment. COVID may now access all of these treatments. To make up for a lost time, the NHS is working hard to bring back other services. A further rise in the number of people seeking emergency treatment has been seen in recent years, With fewer patients requiring urgent care. The NHS maintained a greater level of elective activity in wave two than in wave one. COVID cases and hospitalizations are on the rise again, and there is no indication that the NHS will be less stressed or better prepared to cope with the backlog of patients if this pattern continues (Flynn et al., 2020).

Healthcare employees have been under tremendous stress for 18 months, and this impact on services must be seen in that context. The long-term impact of healthcare and social services professionals on sickness and attrition in the workforce is uncertain. The intensity of this winter's flu pandemic, new COVID strains, and how the general public will respond to the virus' continuing threat are just a few of the many unknowns. It is easy to see how social events like Euros impact COVID transmission patterns. A practical method of decreasing uncertainty in disease transmission models is influencing social mixing since it can lessen the severity of succeeding waves (O'Connor et al., 2020). Winter plan details what data points will be monitored by government officials so that NHS resources do not get overworked. For the record: When it comes to implementing COVID, it is unclear where things are at this point. For a country with one of the highest rates of COVID use in Europe, this winter will be even more challenging for the UK's health care infrastructure.

8- References

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