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## At the end of the covid-19 storm, another one is brewing

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Something's coming, around the corner. With vaccine delivery progressing apace, encouraging efficacy data, cases and deaths now declining, and a third booster dose likely in August and September,<sup>1,2</sup> some leaders are receiving positive media attention and a boost in the polls. The worst is over—possibly—for covid-19 in the UK, at least. But how long will this good feeling last?

What happens next is the question nobody can clearly answer, but if the growing anger, hurt, and exhaustion in the voices of health professionals are any indication, then trouble is brewing.<sup>3</sup> Health services were already stretched when the pandemic began. The morale of staff was low, exacerbating a workforce crisis. Baseline population health was reflected in slowed gains in life expectancy.

Now health professionals will be left to cope with a backlog of delayed care,<sup>4</sup> declines in morale and mental health,<sup>5</sup> workforce problems made worse by Brexit and concerns over pensions,<sup>6</sup> deepening inequalities and disenfranchised minorities,<sup>7</sup> and dismay over a budget that disinvests in public services and ignores social care.<sup>8</sup>

A deep sense of service has driven staff, the reason why many become healers, a purpose that is too often lost in the blood, sweat, and tears of meeting the expectations of patient care in a world of unlimited demand. That motivation was first tested by a crisis in personal protective equipment. While staff wore bin bags, risking their lives and those of patients, the government stockpiled tens of millions of unusable items made by unsuitable companies, and then, according to the High Court, failed to meet its legal obligation to publish the lucrative contracts for scrutiny within 30 days.<sup>9</sup>

The countries of East Asia, and some in the Middle East and Africa, prepared and responded better than the rest of the world.<sup>10</sup> They even shared their lessons from previous pandemics far and wide. There were no secrets, from border controls to personal protective equipment, the balance between central control and local provision, and the implementation of test, trace, isolate, and support strategies.

And the last of these is the greatest indictment of UK government policy. When a £37bn (€43bn; \$51bn) scheme stumbles in every area, ignoring sound experience and loud advice on how to do it well; when it makes no difference to the pandemic response, according to a report from the public accounts committee,<sup>11</sup> contributing to avoidable deaths and illness; and when its failings are roundly ignored and denied by those running it, you begin to understand why health staff, many of whom are lower paid, have no time for insincere claps of encouragement by ministers or the 1% proposed pay

rise that symbolises how their sacrifices are valued (p 384).<sup>12</sup>

How long can the goodwill of health professionals be taken for granted? Something's coming, and it probably isn't something good.

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