

## **SINGLE-ISSUE CAMPAIGNS FOR THE SCOTTISH PARLIAMENT**

*Ryan Goldberg*

### **INTRODUCTION**

After the elections in 2003, Holyrood emerged as the 'rainbow' Scottish Parliament: there were now 17 MSPs who were either independent or representing minority parties – a rise of 14 from the first Parliament. One of the most important aspects of the 2003 election was the prevalence of single-issue candidates, specifically on a platform to save local hospitals, highlighted by the victory of hospital campaigner Dr Jean Turner in the Glasgow seat of Strathkelvin and Bearsden. The rise of single-issue candidates is a new development in Scottish politics, and for the most part, also new in the United Kingdom<sup>1</sup>. Though there have often been independent candidates in the UK with a background in party politics, single-issue candidates are different: neither connected to a political party nor having previous active political experience. Surprisingly, there has been little

---

*Ryan Goldberg from Brown University, Providence, Rhode Island, USA, participated in the Institute of Governance's Political Internship Programme with the Scottish Parliament (September–December 2003). This is a revised and edited version of his research paper for Dr Jean Turner MSP, which also formed part of his academic assessment at the Institute. Ryan Goldberg and **Scottish Affairs** are grateful to Dr Jean Turner for giving permission to publish the paper.*

<sup>1</sup> *But there have been cases, e.g. Dick Taverne, Eddie Milne. Further back, there were still independents being elected after the mass franchise was achieved: e.g. Scrymgeour (who famously defeated Churchill in Dundee in 1922), A.P. Herbert the MP for Oxford University, some Northern Ireland members, notably Gerry Fitt. There are also examples of independents making a significant impact, even if not winning. See John Ramsden's entry on 'independents' in J Ramsden (ed.), **The Oxford Companion to Twentieth-Century British Politics**, Oxford: Oxford University Press 2002, p. 324.*

### *Single-Issue Campaigns for the Scottish Parliament*

research on single-issue campaigns in previous elections and on this new trend in Scottish politics.

There were six people who ran as first-past-the-post candidates in May 2003 on platforms to prevent hospital closures or cutbacks. Though there were other candidates either representing small parties or standing as independents, this article focuses on hospital campaigners, as their mobilisation and success warrant a focused study. It will concentrate on the political causes and repercussions of these campaigns, rather than on the health care issues themselves. Since there has been little documentation of the single-issue campaigns of the last election, I will first provide a history and discussion of the campaigns and their outcomes, and how the single-issue campaigns in Scotland mirrored, and were an extension of, the Kidderminster hospital campaign that carried Dr Richard Taylor to Westminster in 2001. I will then analyse two major developments of these single-issue campaigns: first, the politicisation and coordination of four hospital campaigns into a political party, Local Health Concern; and second, the effect of the additional member electoral system (AMS) on single-issue candidates, and how tactical voting for single-issue candidates is possible in this system. Having established the foundations of the campaigns, I will analyse how they fit into the larger context of the 2003 elections: lower turnout across Scotland, a backlash against the major parties and, in the case of the hospital campaigns, a turn towards more localised politics.

### **INDEPENDENT CANDIDATES AND THE KIDDERMINSTER CAMPAIGN**

Since 1997, when Martin Bell was elected as an MP for Tatton on an anti-sleaze ticket, there has been a growth of interest in, and success of, independent candidates. Though independents are not a new phenomenon in the UK, their occurrence was perceived as being in long-term decline (Facey 2002, p. 1). There are two basic types of independents: those who have had a background in party politics and have for one reason or another left to stand or sit as an independent, and those with no background in party politics and no connection to any political party. Dr Richard Taylor, elected to Westminster in the constituency of Wyre Forest in 2001, belongs to the latter category.

### *Scottish Affairs*

Dr Taylor, a retired consultant, became only the second independent MP to be elected to Westminster since World War II, after he defeated junior minister David Lock (Labour) with a majority of 17,630, becoming the first hospital campaigner to win a parliamentary seat in the UK (Vasagar 2001). Independent candidates for the Scottish Parliament in 2003 consulted Dr Taylor and many modelled their political campaigns after his. The campaign to save Kidderminster Hospital, located in Kidderminster in the Wyre Forest constituency, started in the mid-1990s as the likelihood of cutbacks increased. After forming the Health Concern party in 1995 to advocate the issue of saving Kidderminster Hospital, supporters of the campaign wrote letters and petitions to the Prime Minister (one containing 60,000 names) and ministers, filed an application for judicial review, and organised marches, including one on Downing Street, and held rallies and public meetings frequently ([www.healthconcern.org.uk](http://www.healthconcern.org.uk)). The hospital supporters exhausted all forms of civic dissent, but could not prevent Kidderminster's closure; the government moved all accident and emergency services 14 miles away to Worcester in 1999. As a party, Health Concern had a considerable period of time to mobilise, and public support of its mission was extremely high, as Kidderminster was, according to Dr Taylor, a general hospital 'woven into the fabric of local life for about 150 years' (Taylor 2002, p. 3). Health Concern, based on the strong support it had in the area, fielded candidates for local councils, and won seven seats in May 1999. One year later, it strengthened its role in the Wyre Valley District Council to 17 seats, gaining a majority over Labour ([www.healthconcern.org.uk](http://www.healthconcern.org.uk)). The party structure and electoral success paved the way for Dr Taylor to run in the 2001 general election. He was then the only independent MP in Westminster (joined in 2003 by George Galloway MP, after his expulsion from the Labour Party over Iraq).

The Kidderminster campaign highlights the conditions for single-issue candidates to win, and it is necessary to establish these as a comparison for the Scottish hospital campaigns of 2003. The campaign was well-organised and had time to establish a cohesive strategy, centred on a political body – Health Concern. Most importantly, a single-issue campaign must be able to galvanise the public. The centrality of Kidderminster Hospital to daily life in the constituency had this effect. The turnout of 68% in Wyre Forest in the 2001 general election (59% nationwide) illustrates how the campaign triggered a significant public response (Vasagar 2001). 'I think the advantage we had was that we have a contained community,' Dr Taylor explained:

### *Single-Issue Campaigns for the Scottish Parliament*

'There was a natural focus for that hospital; everyone went to that hospital at one time or another in their lives' ([www.healthconcern.org.uk](http://www.healthconcern.org.uk)). Though there may have been sound clinical safety reasons for closing Kidderminster's casualty department and for centralising local services in Worcester, these were swept away by the voters' profound sense of betrayal by Labour and the fact their local NHS had been cut back (Butler 2001). Before the 1997 general election, David Lock had promised to defend Kidderminster Hospital's emergency department from being closed, but he retreated from this pledge after taking a position in government (ibid.).

Challenging the local council elections had dramatic results and gave the campaign a sense of legitimacy that was probably the most important factor in Dr Taylor's victory. As Dr Taylor expressed in an opinion piece in the **New Politics Network Bulletin**: 'Success in the parliamentary election was related to the existence of a vital local issue that had not been defended by the sitting MP and the fact that the local result would not affect the colour of the government elected' (Taylor 2002, p. 3). While the Kidderminster campaign did not affect Labour's 'landslide' victory in 2001, it sent an unequivocal message to Labour. In this sense, the greatest hope of single-issue campaigners is to raise awareness of their issue and cause a response, or change, out of proportion to their actual electoral success.

### **SINGLE-ISSUE CAMPAIGNS FOR THE SCOTTISH PARLIAMENT**

Single-issue campaigns in any political system are unique in a number of ways: their localised focus, their reactive stance, and their disengagement from party politics. Though the success rate is often low, many campaigns – as was the case in the 2003 election – are able to focus the spotlight on an issue ignored by government. Most independent campaigns are nurtured by voters' rejection of party candidates in favour of independents who they think will put their – the voters' – agenda above that of a party (Linsley 2002). This happened in Dr Taylor's victory in Kidderminster, and similarly occurred in Scotland in 2003. The drop in turnout of the 2003 election, from 59% in 1999 to 49% in 2003, arguably due to voters' lack of satisfaction with the performance of the Scottish Parliament, was conducive to the rise of smaller parties and single-issue campaigns. Public opinion of the Scottish Parliament illustrates this point: an Electoral Commission survey found that only 24% of the electorate believes the Scottish Parliament has the most influence over the way Scotland is run, down from 41% at the first parliamentary election.

### *Scottish Affairs*

Moreover, 57% of the electorate, and 67% of non-voters, say that the Parliament has changed little in Scottish society (Electoral Commission 2003, p. 6). I will return to these developments later in the paper.

There were six political campaigns against hospital closures, the majority of which were in the Glasgow region. Dr Jean Turner stood in Strathkelvin and Bearsden on a ticket to save the accident and emergency unit at Stobhill Hospital. She defeated incumbent Brian Fitzpatrick (Labour) by 438 votes, taking 31% of the total vote. David Wishart stood in Dunfermline West in protest against the threat to Queen Margaret hospital; and fellow campaigner Brian Stewart ran in neighbouring Dunfermline East. Wishart finished second in Dunfermline West behind Labour incumbent Scott Barrie, taking 18% of the vote to Barrie's 34%; Stewart finished fourth in Dunfermline East, winning 8% of the vote. Pat Lally, former Lord Provost of Glasgow, stood in Glasgow Cathcart to prevent the closure of Victoria Infirmary. Lally came fifth in Cathcart, winning almost 11% of the total vote. Margaret Hinds ran in Eastwood to prevent the cutback in accident and emergency units in Glasgow, and to push for a more modern and manageable hospital to be built across from Victoria Infirmary, rather than the proposed mega-hospital at the Southern General. She won 8% of the vote in Eastwood, finishing fifth. Danny McCafferty stood in Clydebank and Milngavie to prevent cutbacks in the accident and emergency services in the Glasgow area. McCafferty came sixth with 7% of the vote (Shifrin 2003). All candidates stood as first-past-the-post candidates.

It is worth noting the abundance of other grassroots campaigns; though not necessarily single-issue campaigns, they highlight the proliferation of small parties in 2003 and the existence of small pockets of disaffected voters, many of which are taking politics into their own hands. Across Scotland, 39 candidates represented elderly people's rights – 20 for the newly-formed Pensioners' party and 19 for the Scottish Senior Citizens Unity Party (SSCUP), of which John Swinburne became its sole elected MSP off the list system (Hannah, Johnston, and Marshall 2003). In the Highlands and Islands, three different rural parties stood: the Countryside party, Protect Rural Scotland, and the Rural party. In the northeast, George Geddes stood for the Fishing Party. The common thread among all the candidates was their anger, lack of political experience, and – with the exception of the 'grey panthers' – representation of a local issue. The candidates who stood on health tickets

### *Single-Issue Campaigns for the Scottish Parliament*

had better electoral results than the other independent campaigns, and this is, in all probability, due to the resonance of health issues to people's lives.

The six hospital campaigns for Parliament in 2003 shared many things in common, but also had noticeable differences. The most successful political campaigns were the ones that developed from established grassroots movements. This was most clear in the campaigns of Dr Turner, David Wishart and Brian Stewart. In Dr Turner's case in Strathkelvin and Bearsden, she stood for a campaign that had been struggling to prevent hospital cutbacks since the mid-1970s (Turner Nov 25 2003). The campaign to save Stobhill hospital included a 43,000-signature petition sent to then Health Minister Susan Deacon, marches, protests, and frequent public meetings to inform the public of imminent cuts of the hospital's accident and emergency services. It was difficult to relay the message that Stobhill would be turned into solely an outpatient unit, Dr Turner said, but public opinion was galvanised when the acute services review was released in 2001 calling for these cutbacks (Nov 25 2003). Stobhill hospital, which had been a general hospital since 1929, played an integral part in North Glasgow: 'Stobhill had a unique role in the community, and was a kind of system you would want to clone, not close. Stobhill had a well-loved reputation. Stobhill was the most cost-effective hospital in the city, and a whole area of people was being ignored' (ibid.).

After the acute services review was released, Dr Turner, recently retired from a 35-year career as a GP, filed her candidacy only 20 days before the 2001 by-election caused by the retirement of Sam Galbraith MSP. With her intention to raise public awareness of the planned cutbacks at Stobhill, Dr Turner finished second with 7,500 votes, compared to Labour's Brian Fitzpatrick with 15,401. 'To finish second in a strong Labour seat was great, especially since the media didn't even know I existed,' Dr Turner said (Nov 25 2003). The development of the campaign, from social to political, and the legitimacy she gained from her outstanding performance, set up Dr Turner's subsequent 2003 campaign.

David Wishart, a retired public servant, and Brian Stewart, chairman of a publishing company, created a similar protest campaign through the Fife Health Service Action Group. The group, established to protest against the downgrading of Queen Margaret hospital in September 1999, eventually made the decision to field candidates in Dunfermline West and East after nearly four years of protest. Fife Health Board made the decision to

### *Scottish Affairs*

downgrade Queen Margaret, then less than ten years old, to ambulatory care – and, eventually, to transfer acute services to Dundee or Kirkcaldy – in 1999. The Fife Health Service Action Group organised a 5,000-person march, repeatedly petitioned Parliament and the Executive, and testified before the Parliament's Health Committee, but eventually decided its last option was to stand candidates for Parliament (Stewart Nov 12 2003). Wishart and Stewart decided, only six weeks before the election, to form Local Health Concern to unite similar campaigns. Pat Lally and Margaret Hinds chose to come under the Local Health Concern banner. This is, potentially, the most interesting development of the campaign, and I will discuss it extensively in the next section.

The timing of the announcement to run for Parliament was also an essential part of these single-issue campaigns. The candidates who entered the campaign only several months before the race, such as Danny McCafferty and Pat Lally, were less successful than Dr Turner or David Wishart, who entered the race earlier and stood only after civic protests in their constituencies seemed exhausted. McCafferty, who finished sixth in Clydebank and Milngavie, was one of four Labour councillors who resigned from the party in 2001, and he only finalised his plans to run for Parliament in mid-March, after resigning from the Greater Glasgow NHS Board (MacDermid 2003). Lally, a former Lord Provost of Glasgow, only officially declared his candidacy at the end of March, one month prior to the election. Because a single-issue campaign must galvanise the public and takes considerable effort to raise public awareness of the issue, these candidates put themselves in difficult situations for winning a seat. In addition, their public image as 'independents' may have been tarnished – being perceived as ex-politicians in a climate not exactly favourable to politicians.

On the other hand, Dr Turner, who had returned to retirement after the 2001 by-election, said she decided to stand for Parliament again after cutbacks at Stobhill became more imminent and there was little consultation of the public or responsiveness by Brian Fitzpatrick MSP (Nov 25 2003). She declared her candidacy in October 2002, nearly four months before other hospital campaigners, and seven months prior to the May election (Womersley 2003). The fact that she had stood for Parliament previously seemed to further legitimise her campaign, and was certainly crucial to her victory. With the political foundation in place and the public aware of her cause, the voters in Strathkelvin and Bearsden could feel assured that their vote for an

### *Single-Issue Campaigns for the Scottish Parliament*

independent candidate would not be wasted. Dr Turner agrees that her track record was key to her success and, for this reason, she has encouraged her fellow hospital campaigners to consider standing for Parliament again in the next election and to continue developing their nascent campaigns, building on their exposure during the 2003 elections.

The hospital campaigners' main goal was to spark public awareness of the issue they were espousing – to prevent cutbacks at a hospital that was central to the community in which they were running. Few candidates, other than Dr Turner, had high expectations of winning a seat. But success of single-issue campaigns is not specifically measured by electoral success; rather, it is measured by heightened awareness and raised consciousness of an issue. In this respect, the single-issue campaigns were mainly successful. In each constituency in which a hospital campaigner stood for election, other than Strathkelvin and Bearsden, Labour won the seat, but had its majority cut significantly from 1999 (Electoral Commission 2003). In the Glasgow area, which is predominantly Labour, Pat Lally, Margaret Hinds, and Danny McCafferty took between 7-10% of the vote. The seats of Dunfermline West and East are very safe Labour seats; Labour has held Dunfermline in UK elections since 1935. 'The main thing is getting people more aware, and raising the profile of the single issue,' Brian Stewart said: 'I was very happy to get nearly 10% of the vote in a Labour-intensive area. However, winning raises the issue the most. It became an achievable goal for all of us when Jean won' (Stewart Nov 12 2003). In Dunfermline West, David Wishart gained over 18% of the vote, finishing ahead of all other major opposition parties, and cutting into each of the main parties' share of the total vote. Still, Wishart believed winning the seat was attainable and had high expectations that his campaign could do so:

Expectations were high during the campaign, because of the large groundswell of anger from the public about the prospective downgrading of Queen Margaret hospital and requests from the local people to put up an alternative candidate to stand against Scott Barrie. ... Despite beating all the other opposition parties, to come second was therefore a disappointment to me personally. My helpers and I put a tremendous amount of work into the campaign, and we felt very let down by the thousands of people who prepared to sign the petition and march against the hospital downgrading, but were not prepared to come out and vote for

### *Scottish Affairs*

the Local Health Concern candidate.  
(Nov 26 2003)

The victory by Dr Turner in a seemingly safe Labour seat, on the very issue which Labour places at the centre of its policy agenda – health care – sent shock waves through the Scottish political establishment (Ritchie 2003). If the goal of single-issue campaigns is to raise public awareness and convey a reactive message to government, then the 2003 campaigns were a definite success. The 14 additional seats gained by independents, the SSP, the Greens and SSCUP came at the expense of lost seats from Labour and the SNP. The great success of these candidates sent both Labour and the major opposition parties a powerful message of discontent and a reminder that Parliament and Government must address voters' most local needs. On the morning after the elections, First Minister Jack McConnell recognized this message: 'Low turnout, protest votes, votes for minor parties send a signal to all politicians that the people of Scotland are impatient for change' (Ritchie 2003).

### **LOCAL HEALTH CONCERN**

The most intriguing development in the short history of hospital campaigns in Scotland was the creation of a political party – Local Health Concern – and the consolidation of four hospital campaigns under this political banner. The campaigns of David Wishart and Brian Stewart joined to create the party for several important reasons:

- to coordinate the hospital campaigns under an overriding principle;
- to provide the candidates with more flexibility in publicising their causes;
- to correct an electoral bias against independent candidates;
- to establish a cohesive body for future elections and campaigns.

Since the founders of the party were political novices, their decision to politicise their cause under one unified group across constituencies was an important development which may serve as a model for future single-issue campaigns.

The Health Concern party of Dr Richard Taylor in Kidderminster was the inspiration for Local Health Concern in Scotland, and Dr Taylor personally advised the campaigns of Brian Stewart and David Wishart on how to set up

### *Single-Issue Campaigns for the Scottish Parliament*

a political party. The idea to create the party arose at an 'independents workshop' at Kidderminster in mid-February 2003, hosted by Dr Taylor and former MP Martin Bell. Though the seminar mainly focused on independent candidates for local councils in England, Wishart, Stewart, and Dr Turner all attended. According to Stewart, the representatives of Health Concern pushed the fact that they had registered as a political party and instantly gained success in securing local council seats (Nov 12 2003). Dr Taylor gave his permission to Local Health Concern to borrow the heart logo he had used on the ballot when he ran for Westminster in 2001 and which, he told Stewart, in his opinion accounted for 10% of his share of the vote (ibid). Local Health Concern was designed to be a loose organisation, giving candidates an utmost degree of flexibility in publicising their causes while allowing them to closely identify themselves with an overarching hospital campaign.

The foremost reason for the creation of Local Health Concern was to correct an electoral bias against independents in the Scottish Parliament ballot system. The Electoral Commission, which regulates the voting system, allows party candidates to include their party, a logo, and up to a six-word message on the ballot. For example, in the last elections, the SSP used 'Scrap the Council Tax', and some Labour candidates used 'Labour and Co-operative Candidate' (Simpson 2003). Independent candidates are not allowed any message or logo, and are restricted to putting 'Independent' next to their name. Single-issue candidates perceive this as especially unfair. Because they have such localised and specific platforms, the inability to refer to their issue on the ballot prevents them from conveying their crucial message. For the four campaigners who joined Local Health Concern, this was their main reason: 'If I only ran as an independent,' Brian Stewart said, 'then there would be no description of what we were doing' (Nov 12 2003).

When Wishart and Stewart returned from Kidderminster and began considering the logistics of setting up the party, the electoral argument was their main selling point to Pat Lally and Margaret Hinds. They had to rely on this electoral argument, because no funding was given to any of the campaigns – it was simply an umbrella organisation that gave the candidates the chance to have a logo and message on the ballot. In the long run, the hospital campaigns of 2003 may change this: the Electoral Commission may, in the future, give individual independent candidates the same opportunities without the necessity of having to form a political party (Wishart Nov 26 2003).

### *Scottish Affairs*

It is difficult to tell if the creation of Local Health Concern actually helped its candidates at the ballot box. The most difficult part, according to interviews with the candidates and media coverage analysis, was explaining to voters that anti-establishment single-issue campaigners were actually forming a political party to convey their message. Furthermore, the logistics of setting up the party delayed its official filing with the Electoral Commission. The founders had to develop a vision and plan for the party, write a constitution, and gather funds to pay for the registration and yearly fees. The party was officially set up with the Electoral Commission on March 20, only 41 days prior to the election on 1 May. This did not give the Local Health Concern candidates much time to push the party's manifesto. At that point, it was not much more than a convenient arrangement between the respective hospital campaigns, allowing them to have the Local Health Concern heart logo and their own message on the ballot. 'Some of the disadvantages were the lack of numbers to cope with the demands of a political party and the amount of statutory work we had to do and watch out for – basically, we did not have the benefit of a "party machine" behind us' (Wishart Nov 26 2003). In essence, the party was more like a coordinating body than a political entity. 'Most people had no idea that we were a registered political party and always considered us as independent or single-issue candidates.' (Stewart Nov 12 2003).

Due to Local Health Concern's late registration, Dr Turner chose to keep her independent status and not to join the party. 'In a way, I didn't want to join a party, because it was the system people don't like and what we were running against. Long term, though, I think it's a good idea' (Nov 25 2003). Though David Wishart and those involved said they understood Dr Turner's decision, mainly because she already had a developed campaign, the prospects of Local Health Concern candidates may have been affected negatively by her decision. 'Jean became the most famous single-issue candidate in the 2003 campaign, and was consequently given high profile media coverage,' David Wishart said: 'I am sure that if we had all been seen together more often, on the campaign trail and at press conferences, we could have created a bigger impact, which could well have made a difference to the end result' (Nov 26 2003).

A final verdict on the sustainability and success of Local Health Concern may not be possible for years to come – or at least not until the next election. Though it was formed too late to fully catch the electorate's imagination in

### *Single-Issue Campaigns for the Scottish Parliament*

the 2003 campaign, the years ahead provide many opportunities for the party to develop its message, begin building civic and political campaigns, and develop grassroots support similar to the Kidderminster or Stobhill campaigns. Local Health Concern has the potential to mobilise public opinion on the NHS as a whole, and act as a critic of government health policy.

The organisers are now trying to attract local councillors to the party, and there is currently a committee of nine local activists overseeing the party's activities. Yet, Brian Stewart said they are also considering not to re-register the party if the Electoral Commission will allow independents to use a logo and message on the ballot papers (Nov 12 2003). And David Wishart said he sees support for the party drifting:

I think the politicisation of our hospital campaign did help the cause at election time, but since the election, people have said we should now wind up the political side, and some have actually shied away because we are seen to be 'political.' However, my only politics are those of trying to save services at Queen Margaret hospital.  
(Nov 26 2003)

Only time will tell if Local Health Concern can channel the public reaction that has continued even after the last election. Public campaigns have been gearing up elsewhere in Scotland, particularly in Fort William, where the downgrading of Belford hospital is being proposed, and in Glasgow, where protests have increased over the threatened link between the Queen Mother's maternity ward and Royal Hospital for Sick Children (Leask and Currie 2003). Local Health Concern, if it is to survive and make an impact on Scottish politics, would have to educate and advise these campaigns on civic protests and eventually politicise those causes under a single, yet diverse, organisation.

### **TACTICAL VOTING FOR SINGLE-ISSUE CANDIDATES**

The Additional Member System (AMS) used for the Scottish Parliament elections has, as was widely predicted, led to coalition governments in the first two sessions of Parliament and, since 2003, to a solid representation of independents and minority parties. It is accepted, as seen in other countries using similar electoral systems, that AMS provides better proportional

### *Scottish Affairs*

representation than the First-Past-the-Post (FPTP) system used in Westminster elections. But how do single-issue candidates fare under AMS, and how does the interplay between the first and second votes in the electoral system affect these candidates?

The Additional Member System was designed to achieve approximate proportional representation while maintaining a link between the elected and the electors. Elections under this system give electors two votes – a first vote for a constituency MSP, decided by FPTP, and a second vote for a party or list, electing seven 'list MSPs' per region. In 2003 tactical voting increased: voters were more likely to split their tickets. A significant number of Scottish voters seem to have used their second votes as an opportunity to vote for smaller parties and independents (McEwen 2003, p. 33). All four main parties polled less in the second vote than in the first. The overall difference between the first and second votes was 1.11% for the Conservatives, 2.92% for the SNP, 3.57% for the Liberal Democrats, and 5.32% for the Labour Party (ibid). The main beneficiaries of that ticket splitting were independent list candidates – Margo MacDonald and John Swinburne of the SSCUP – and the SSP and Greens. The Green Party did not field any constituency candidates but focused solely on the regional vote. The trend of the 2003 elections was for electors to use their second votes for candidates outside the major parties (Burnside, Herbert, and Curtis 2003, pp. 30-1). But, since most single-issue candidates ran as constituency candidates, did this trend actually hurt their chances?

In actual fact, single-issue candidates – especially hospital campaigners – have less chance of being elected on a regional list system with the second vote than they do as FPTP candidates. The hospital campaigners in 2003 represented such a localised issue that it would have been difficult for them to galvanise support for a hospital that neighbouring towns had no vested interest in. For example, in the Mid Scotland and Fife region, Brian Stewart and David Wishart were running as Local Health Concern constituency candidates in Dunfermline. Yet, voters in other constituencies in that region, say in Kirkcaldy, have no incentive to use their second vote on candidates fighting to save hospitals in Dunfermline when hospital services in Kirkcaldy are actually being strengthened and adequately funded. For this reason, few hospital campaigners would be able to garner enough public support throughout a region to successfully contest a list seat. Oddly enough, they

### *Single-Issue Campaigns for the Scottish Parliament*

have a better opportunity running as first-past-the-post candidates on the first vote because they are appealing to a more locally focused group of voters.

The AMS, however, can still be beneficial to single-issue candidates in that it allows voters to maintain party loyalty with their second vote. The voter psychology of 'splitting the ticket' can work both ways. Each of the single-issue FPTP candidates urged voters to vote for them with their first vote, and maintain – if they so wished – party identification with their second vote. Because single-issue candidates run on such a focused issue, AMS is probably the ideal electoral system for their purposes, because it allows voters to have two choices, so that they can maintain party loyalty as well as express identification with a local cause.

Comparing the marginal figures for the constituency and regional ballot in the Strathkelvin and Bearsden constituency (data from the official Electoral Commission report on the election, pp. 110-1 and 120-1), Jean Turner got 10,998 votes. The number of net extra votes gained by Labour on the regional ballot in that constituency was 488; the corresponding figure for the SNP was 653, for the Lib Dems 666 and for the Conservatives 1694. That makes 3501, and so 'ticket splitting' from the four main parties can explain at most a third of her vote. The SSP received 2290 votes, and the Greens 2366, making about another 40%, but that still leaves about 30% going elsewhere.

Although it is impossible to completely break down how tickets were split for those who voted for Dr Turner in Strathkelvin and Bearsden, it would be safe to say that 'splitting the ticket' was a factor in her victory. Furthermore, political analysts on the subject expect small party and independent representation to continue in Parliament as long as the additional member electoral system is used. Voters seem to have developed the knowledge and the confidence to split their tickets.

### **SINGLE-ISSUE CAMPAIGNS WITHIN THE OVERALL CONTEXT OF THE 2003 ELECTIONS**

The survey data from the last election point to a disengagement and dissatisfaction among Scottish voters. A majority of respondents perceived little or no difference between the major parties. As many as 49% indicated that they agreed with the statement, 'There wasn't much difference between the parties,' whereas two years earlier only 38% respondents across the UK as

### *Scottish Affairs*

a whole agreed with a similar statement (Scottish Elections Research 2003, p. 28). As many as 37% said that they felt they had received too little information about the party leaders, whereas only just under a quarter of people across Britain as a whole said the same in a 2001 survey (ibid). In 1999, 41% believed that the Scottish Parliament had the most influence over the way Scotland is run. By 2003, that proportion had fallen to 24%. This is due to the perception that the Parliament has changed little in Scottish society, with 57% of the electorate (and 67% of non-voters) saying it has made no difference to the way Scotland is governed (Electoral Commission 2003, p. 6). Thus, it appears that the fall in turnout from 1999 to 2003 was caused by the fact that many voters felt disengaged from the major parties and their leaders. But there was something else at work.

The high profile of single-issue campaigns in the 2003 Parliament election is part of a developing trend towards localised politics in Scotland and voters' higher confidence in local politicians. Single-issue candidates, responding to a local issue relevant to the community, tapped into this reservoir of support:

The focus groups showed a higher regard being attributed to local councillors than other politicians, even where the name of the individual was unknown. A feeling was expressed that all politics is local, and that local councillors have the easiest job of being seen to make a difference. ... This represents a key difference in attitude toward local councillors and other members of political institutions. Participants felt that if they had a problem it would be relatively easy to locate a councillor who would be prepared to solve it, and it was easy to then establish that the problem had been solved. This was much more difficult to achieve when talking about national policy and its implementation.  
(Electoral Commission 2003, pp. 26-7)

The 'rainbow' Parliament composed of 17 small party or independent MSPs, in addition to the four main parties, can be seen as the result of such perceptions.

These results signify that a significant number of voters are moving away from the major parties who, they believe, are incapable of handling the specific issues in their constituencies. Devolution, bringing government back to Scotland and away from a distant parliament in Westminster, has allowed voters to express these sentiments through the ballot box.

## **CONCLUSION**

Public and media interest in single-issue candidates during the last parliamentary election was high because it was a new development in Scottish politics, and, for the most part, a new trend in the United Kingdom. However, it has to be noted that none of the media punters predicted the remarkable success of the small parties and independents. Media interest, thus, was higher after the event than in the run-up to it.

Despite this interest, little research has so far been conducted on this issue, which is surprising, given the causes and direct impact of since single-issue campaigns. Devolution brought home rule back to Scotland, and single-issue campaigns filled a space that voters believed the major parties had vacated. Though Dr Jean Turner was the only victorious hospital campaigner, the five other hospital campaigns were successful in raising the profile of their issue locally and nationally. In this respect, a solid foundation has been laid for single-issue campaigns in future Scottish parliamentary elections. Voters now have confidence that single-issue campaigns can win as first-past-the-post candidates, and voters are also able to maintain their party identification by splitting their ticket between the first and second votes.

The high profile of the hospital campaigns will undoubtedly encourage the politicisation of similar campaigns in the future if present conditions in the NHS continue. The Scottish Executive's intentions to consolidate services throughout Scotland threatens to strip towns and cities of hospitals that are woven into the daily life and history of those communities. Local Health Concern, the umbrella party of four hospital campaigns in 2003, could harness the protests against these cuts and coordinate efficient and targeted campaigns. Already, grassroots campaigns are enlisting supporters throughout Scotland, and the debate has recently moved into the Parliament chamber. If the internal structure of Local Health Concern is consolidated over the next few years, it has the potential to become a citizen-oriented check on the NHS in Scotland.

Will Jean Turner become the natural person to whom hospital closure campaigners throughout Scotland now go? Or even to which campaigners on any health issues now go – especially given that she is on the health committee? Will she be judged by her electorate on her success in saving Stobhill, on her health policies – or on her (voting) record as an MSP across the board of devolved issues?

### *Scottish Affairs*

Ultimately, the success of small parties and independents will depend on the results their campaigns and elected representatives can produce. Will services be saved, hospital closures be reversed, thanks to the presence and pressure of elected single-issue representatives? But even as an expression of dissent, they have to play an important role.

The most essential goal of single-issue campaigns remains raising public and government awareness to an important local issue. If the Scottish Parliament is to fulfil its principles of responsiveness and accountability to the Scottish people – and single-issue campaigns embody these very principles – then their continued existence in Scotland may signal that devolution is actually moving in the right direction.

#### **REFERENCES**

- Burnside, Ross, Stephen Curtis, and Stephen Herbert (comp.), **Election 2003** (SPICe briefing), Edinburgh: The Scottish Parliament 2003, 1-49.
- Butler, Patrick. 'Voters voice their opposition against privatisation', **The Guardian**, 8 June 2001.
- Electoral Commission. **Scottish Elections 2003**, Edinburgh: 2003.
- Facey, Peter. 'Politically Independent - Are Voters Giving Up on Parties?', **New Politics Network** (2002): 1.
- Hannah, Valerie, Lisette Johnson, and Hilary Marshall. 'Single-minded about Holyrood; independent candidates hope to improve pensions and health care.' **The Herald**, 8 April 2003.
- Independent Kidderminster Hospital and Health Concern.  
<<http://www.healthconcern.org.uk>>.
- Linsley, Benjamin. 'A challenge to political parties', **New Politics Network** (2002):2.
- MacDermid, Alan. 'Health board member resigns to fight hospital reform plans at election', **The Herald** 19 March 2003.
- McEwen, Nicola. 'The Impact of the Second Vote', in Burnside et al. (comp.), **Election 2003**, 33-34.
- Ritchie, Murray. 'Shaking up the old order: McConnell faces tough balancing act as Swinney fights for his survival', **The Herald**, 3 May 2003.
- Shifrin, Tash. 'Kidderminster effect spreads to Scotland', **The Guardian**, 2 May 2003.
- Simpson, Cameron. 'Voting papers "unfair to independents"', **The Herald**, 14 April 2003.

*Single-Issue Campaigns for the Scottish Parliament*

Stewart, Brian. Personal interview. 12 November 2003.

Taylor, Richard. 'Fighting arrogance', **New Politics Network**, (2002): 3.

Turner, Jean. Personal interview. 25 November 2003.

Vasagar, Jeevan. 'Hospital campaigner crushes Labour', **The Guardian**, 8 June 2001.

Wishart, David. Online interview. 26 November 2003.

Womersley, Tara. 'Meet the retired doctor who is taking on the Labour Party machine', **The Scotsman**, 31 January 2003.

*March 2004*