Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · SCREENING

Your health MOT

what each test measures, and what it cannot tell you

A health check is useful when you understand what it is looking for and what it will not find. Done well it identifies silent, treatable risk — high blood pressure, prediabetes, high cholesterol, kidney and liver changes — years before symptoms. Done badly it produces a folder of numbers and no plan.

Do not wait for a health check if you have

- **chest pain, breathlessness at rest, or palpitations with faintness**
- **unexplained weight loss**, or a lump anywhere
- **blood in urine, stool, or when coughing**
- a **changing mole**, or a sore that has not healed in four weeks
- a **persistent change in bowel habit**, or difficulty swallowing
- any symptom that worries you

Screening is designed for people **without** symptoms. If you have a symptom, that needs investigating on its own terms and a normal screening result does not exclude it. Book a consultation rather than a health check.

What the core tests mean

- **Blood pressure** — the single most valuable measurement. Silent, common, and the biggest modifiable cause of stroke. Under 135/85 at home is the usual target.
- **HbA1c** — average blood glucose over three months. Under 42 is normal, 42–47 prediabetes, 48 or above diabetes.
- **Cholesterol profile** — total, LDL, HDL, triglycerides and non-HDL. The ratio and the non-HDL figure matter more than the total.
- **Kidney function** — creatinine and eGFR, plus urine albumin, which detects kidney damage earlier than blood tests alone.
- **Liver function** — commonly mildly abnormal, usually from fatty liver related to weight, alcohol or metabolic syndrome.
- **Full blood count** — anaemia, infection and blood disorders.
- **Thyroid function** — a common and easily treated cause of fatigue, weight change and low mood.

- **Ferritin and vitamin D** — both frequently low and both readily corrected.

Why an abnormal result is often not a diagnosis

Reference ranges are set so that 5% of entirely healthy people fall outside them. Run twenty tests on a well person and the odds of at least one flagging are high. That is why results must be interpreted together, in the context of your history and examination — and why a result slightly outside the range usually means repeating it rather than starting treatment. A health check that emails you a table of numbers has done the easy part.

What a health check will not do

- **It does not screen for most cancers.** There is no reliable blood test for the majority. National programmes — bowel, breast, cervical — exist because they are proven to save lives; most others are not.
- **A normal ECG does not exclude coronary disease.** It shows the heart at rest, at that moment.
- **Normal tumour markers do not exclude cancer**, and abnormal ones frequently reflect something benign. PSA in particular needs a proper discussion before testing.
- **Whole-body scanning is not recommended** for people without symptoms. It reliably finds harmless incidental findings that lead to further tests, procedures and anxiety.

Making it worth doing

A good health check

- Includes an examination and a proper history, not just bloods
- Explains every result in person, with context
- Produces a written plan with specific actions and dates
- Repeats borderline results rather than acting on one reading
- Arranges follow-up for anything that needs it

A poor one

- Emails a PDF of numbers with a traffic-light chart
- Runs dozens of tests with no clinical rationale
- Offers scans to asymptomatic people as a matter of course
- Has no mechanism for following anything up
- Leaves you more anxious than when you arrived

Who benefits most

Adults over 40; anyone with a family history of heart disease, diabetes, stroke or bowel cancer; people of South Asian, Black African or Caribbean heritage, who develop diabetes and cardiovascular disease earlier; anyone who has not seen a clinician in years; and those with symptoms they have been putting off mentioning — which, in practice, is a great many people.

Why have it here. Every health MOT includes an unhurried consultation with a doctor, an examination, and your results explained face to face — with a written plan you take away, not an emailed spreadsheet. Bloods, ECG, ultrasound and echocardiography are performed in-house, with MRI, CT and X-ray arranged rapidly through our CQC-registered imaging partners if anything needs following up. Anything abnormal is acted on the same week by the same team, on one clinical record, and every price is published in advance.

Results explained in person, with a plan

Bloods, ECG, ultrasound and echo in-house. Seven days a week, published fees.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Health Screening & MOT** · **Blood Tests** · **Blood Results Explained** · **Fees & Pricing** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS Health Check guidance, NICE guidance on cardiovascular risk assessment, and UK National Screening Committee recommendations. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.